

Goldcrest Care Services Ltd

# Goldcrest Care Services

## Inspection report

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17 December 2021

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Goldcrest Care Services is registered to provide personal care and support to people in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection the service provided care and support to 43 people.

### People's experience of using this service and what we found

Most people spoke positively about the caring nature of staff. However, some people felt the management of care call visits, was uncaring. A person told us, "It's been annoying because they (management) just send anybody in and it's making my anxiety worse."

Peoples' privacy and dignity was protected but this did not happen consistently. People told us they were able to maintain their independence.

People said they felt safe from abuse. Comments included, "Yes, safe enough" and "Yes, they don't do any harm to her."

People had not always received the level of support required to protect them from the risk of neglect. Staff demonstrated an understanding of how to identify and report abuse. Arrangements in place to assess and manage risks were not robust enough to keep people safe from harm. There were unsafe recruitment practices. The provider failed to ensure people received medicine support from staff who were assessed as competent to support them. The provider did not have robust systems in place to minimise the spread of Covid-19.

People received care from staff who were not appropriately trained and supported to fulfil the requirements of their role. Needs assessments did not take into account specific issues that are common in certain groups of people, document peoples' food preferences and record and fully record peoples' nutritional and hydrational needs. We have made recommendations about this. The provider worked with health and social care professionals to ensure peoples' health care could be met.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; as the policies and systems in the service did not support this practice. We found the service failed to act in accordance with the Mental Capacity Act 2005.

Some people felt the provider was not always responsive to their care and support needs. We have made a recommendation about this. The provider did not follow its complaints policy in regard to recording and

investigating verbal complaints. We have made a recommendation about this. The service worked in accordance with the Accessible Information Standard (AIS), to ensure they met peoples' communication needs.

Quality assurance systems and processes in place, did not enable the provider to identify where quality and/or safety was being compromised. This was seen when looking at various audits, monitoring and scheduling of care calls and how the provider responded to feedback. Staff did not follow Duty of Candour (DoC) policy to enable them to work in an open and transparent way. We have made a recommendation about this. There was no managerial oversight to ensure the provider could meet its regulatory responsibilities.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 28 January 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

The inspection was prompted in part due to concerns received about recruitment and staff training. A decision was made for us to inspect and examine those risks. We have found evidence that the provider needs to make improvements. Please see all the sections of this full report.

#### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified multiple breaches in relation to need for consent, safe care and treatment, safeguarding service users from abuse and improper treatment, good governance, staffing, fit and proper persons employed and statement of purpose.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not well-led.

Details are in our effective findings below.

**Requires Improvement** ●

# Goldcrest Care Services

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. The EXE made telephone calls to people and their relatives.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service did not have a manager registered with the Care Quality Commission. This is a requirement to ensure they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 December 2021 and ended on 23 December 2021. We visited the office location on 15, 16 and 17 December 2021. The Expert by Experience made calls to people and relatives on 17 December 2021.

#### What we did before the inspection

The provider did not complete the required Provider Information Return. This is information providers are required to send us with key information about the service, what it does well and improvements they plan to

make. We took this into account in making our judgements in this report.

We reviewed information we had received about the service since the last inspection and used this to plan and our inspection.

During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with three care workers, a care supervisor, acting manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We sent 10 feedback request questionnaires to staff, of which one was completed and returned.

We reviewed a range of records. This included seven people's care records, 11 recruitment records, staff training matrix and training records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek further information and clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we recommended that the service includes questions about abuse and neglect in their interview processes. The provider had made some improvements, but further improvements were required.

- At this inspection, the service did not have a reliable method for determining what time was spent by care workers at the call and whether the call was late or early.
- People shared their experience of call visits. although most people had a positive experience, this was not the case for everyone. Comments included, "One minute they (office staff) are sending them (care staff) at half four and then it was nearly eight o'clock when they got here. It's not fair, they (office staff) said I wanted a late call but it's not fair because I never know what time they (care staff) are coming" and "Timekeeping is appalling, they (care staff) just turn up when they want. The supervisor said 10.30 am give or take half an hour. I said it's a bit late and she said that's all the slot they have got. Sometimes they have turned up at 8 in the morning other times it's 12 at lunch time."
- During this inspection, we found care call rosters and daily care records confirmed what people told us. There were inconsistencies in rostered care call times and call durations. For instance, there was no consistency of call visits for a person who was cared for in bed and could not move without assistance. Call rosters for their first call of the day was 10am on 10 December 2021 and 08.55am on 11 December 2021. The person had half an hour visits for their bedtime calls, but we noted on 12 December 2021, care staff only spent 13 minutes with the person. This meant people had not always received the level of support required to protect them from the risk of neglect.

This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At our last visit, we recommended the service includes questions about abuse and neglect in their interview processes. During this visit, we saw interview processes now included questions about abuse and neglect.
- People said they felt safe from abuse. Comments included, "Yes, safe enough", "Whenever they (staff) come and I put my essence and wallet on the table, they never touch it" and "Yes, they don't do any harm to her."
- Staff understood how to keep people safe from abuse and told us they had received relevant training. For instance, a staff member commented, "Yes, I have received my safeguarding training and I have learned that it is everyone's duty to protect the people who may be at the risk of harm. I have also learned that every

local authority has their own protocols that you must follow. However, any abuse detected must be outlined and reported immediately." The provider's staff training matrix showed dates staff completed the relevant training.

- Safeguarding policy and procedures were in place to guide staff on how to identify abuse and inform them of what actions to take when allegations of abuse or abuse happened. The manager told us staff had easy access to this online which was supported by some of the staff we spoke with. This would ensure people were protected from abuse and avoidable harm.

#### Assessing risk, safety monitoring and management

- People were not routinely and effectively protected from potential avoidable harm. We found the provider had not ensured they had done all that was reasonably practicable to mitigate risks. Risk assessments had not always been completed when required or lacked accurate detail to mitigate harm to people.

- For instance, a person had multiple medical conditions which could be detrimental on their health if not managed appropriately. One of their medical conditions caused them to have difficulty with swallowing. The needs assessment had acknowledged the person had difficulty swallowing fluids but there was no risk assessment and risk management plan in place to show what staff should do if the person started to choke.

- Where people were cared for in bed, needs assessments only asked if there were histories of past or present pressure ulcers. There were no risk assessments to identify the level of risk of them developing pressure ulcers, what signs staff should look out for and how to prevent people developing pressure ulcers. This was noted in the needs assessment of a person who had a pressure ulcer.

- Although the service provided care and support to people who were immobile or had mobility issues, there were no moving and handling risk assessments in place. We noted a person's needs assessment had identified they were at risk of falls but there was no falls risk assessment that identified the level of risk to the person and what action staff should take to reduce or mitigate further falls.

The provider had not done all that was reasonably practicable to mitigate the risks to the health and safety of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

- People were not routinely and effectively protected from the risk of infection. The provider's failed to ensure their practices around prevention of infection were robust. We found the service failed to follow government guidance about the management of the Covid-19 virus.

- For instance, its 'Pandemic Policy and Procedure' last reviewed and amended on 13/12/21 stated, 'Goldcrest Care Services will have a pandemic co-ordinator and identified them as the former registered manager. In addition, the provider will be aware of staff's pre-existing health conditions.' A follow up conversation with the manager revealed, there was no pandemic co-ordinator and the provider had not undertaken Covid-19 risk assessments for staff.

- The manager told us they took 'Discharge to Assess' referrals (D2A). D2A is a process designed to rapidly discharge 95% people from hospital once it is medically optimal and safe for them to return home. We looked at the provider's 'Admission During Covid-19 Policy and Procedure' last reviewed 29 May 2021.

- The policy stated a Covid-19 assessment should be undertaken for people recently recovered from Covid-19, been nursed on a ward where there were confirmed cases of Covid-19, If they have Covid-19 symptoms, if they needed to be shielded due to underlying conditions, do they lack the capacity to self-isolate for 7 days. The manager confirmed this had not been completed for people referred under D2A.

- The provider's office can accommodate up to five staff members. During our visit, we observed there was little ventilation in the office and staff were not wearing masks. We spoke with the manager and the nominated individual (NI) who confirmed the relevant risk assessment had not been completed to mitigate the spread of Covid-19 in the office.

People were not harmed but a lack of assessing, managing identified risks, and following policies to prevent the spread of Covid-19, placed them at risk of harm. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff said they had access to and wore personal protective equipment (PPE), such as masks, aprons and gloves. This was confirmed by people we spoke with.

#### Staffing and Recruitment

- The provider did not ensure all staff applications included all the required checks stated in the relevant Regulation.
- The provider failed to routinely seek references from potential staff's most recent employer, gaps in employment were not routinely explained and reasons for leaving employment was not always sought.
- For instance, a staff member told us they had previously worked for the provider and another service two years ago but did not explain their reason for leaving. We noted this information was not reflected in the staff member's job application.
- The manager confirmed they were aware of this but could not give an explanation as to why this was not addressed with the staff member at the interview and why their job application was not updated accordingly, with relevant references sought.
- Another staff member's job application showed contradictory information regarding their employment dates and gaps in employment which was not followed by the provider. Whilst another staff member's job application did not provide dates of employment and reason for leaving. This meant people could not be assured staff recruited would be able to provide safe care.
- We had concerns about how the provider checked and verified the identification of potential recruits, but we were unable to follow this up with the NI after our visit, due to their unavailability.

People had not been harmed but reasonable steps had not been taken to ensure staff were suitably recruited. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed feedback in regard to staffing deployment and have addressed this under the Well-Led section of this report.

#### Using medicines safely

- At our previous visit, we found continued improvement of medicines safety was required. For instance, we asked about medicines competency assessments for staff. These were not completed and there was no mechanism in place for checking the competency of staff who prompted or supervised medicines administration.
- The provider's 'Overarching Medicine Policy and Procedure' last reviewed in May 2021 stated, 'management will ensure all staff involved in medication management are trained, assessed and competent to perform they role they are required to perform.'
- During this inspection, although the service's staff training matrix records showed staff were up to date with relevant medicines training, we only cited one completed medicine competency assessment. We asked the manager if they could locate other completed medicine competency assessments and was told if they were not in staff files, they had not been completed.
- The provider had notified us of a medicine error that had been investigated by a local authority. The local authority had found and concluded the allegation of neglect had been substantiated against the provider. However, although the provider had stated they would re-train the staff member involved, this did not include an assessment of the staff member's ability to administer medicines.

People had not been harmed but the provider failed to ensure people received medicine support from staff who were assessed as competent to support them.

This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- Staff told us they recorded and reported any safety concerns. We viewed completed electronic accident and incident forms which support what they had said. However, we noted accidents and incidents were not routinely analysed to look for themes and trends.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection we found improvements were required to ensure people received care from well-supported staff. We made recommendations for the provider to seek guidance about supervision, appraisals and for the service to keep accurate records of the dates of all staff training. During this inspection we found the provider had not made the required improvements.

- Since our last inspection, the provider's supervision policy was reviewed and updated on 9 July 2021. This described three types of supervisions namely, induction, professional development and managerial supervisions. These would take place in the form of one to one, group or competency supervisions but could be a combination of the three. There should be four supervisions annually.
- Discussions with staff and staff records showed the service did not follow their supervision policy to ensure this consistently happened. The manager told us formal supervisions had not taken place due the Covid-19 pandemic, however they had conducted one to one supervision meetings with some staff by telephone but did not make a record of this. Staff who had been working for the provider for over a year, told us they their work performance had not been appraised by the manager.
- Unannounced spot checks were carried out as a form of supervision, but these provided brief information and focussed only on what was observed when care staff arrived at peoples' homes. Therefore, we were unable to determine how effectively care tasks were carried out.
- A care supervisor explained their job role, "I supervise the Aylesbury care staff, conduct home visit monitoring, conduct telephone call monitoring and provide on-call support. I conduct all assessments. I am up to date with all mandatory training but have not undertaken training specific to my role. All my supervisions have been completed by the former registered manager but since they have left in July, I have not had any formal supervisions."
- The provider's staff training matrix showed staff had completed the Care Certificate, a nationally recognised set of 15 learning standards for new workers to complete. Providers are also required to assess staff competency to apply what they had learnt as part of the Care Certificate. The manager confirmed this had not been completed.
- The manager confirmed they had not completed a managerial level qualification in health and social care management and senior care staff had not received essential role specific training to enable them to carry out their role.

People received care from staff who were not appropriately trained and supported to fulfil the requirements

of their role. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- The provider identified if people had difficulties making informed decisions. However, they did not routinely carry out a mental capacity assessment when there were concerns about whether people could make specific decisions.
- The service had recorded whether third parties held legal powers to act on peoples' behalf. However, they did not check their validity and only accepted verbal feedback from relatives.
- Where third parties did not hold legal power to act on peoples' behalf, the MCA's Code of Practice states a best interest decision should be recorded. The provider did not routinely record or hold best interest decision meetings or discussions on behalf of people who were unable to consent to care and support.
- The manager and care supervisors had not received specific job role training to enable them to demonstrate a good understanding of how to apply the MCA legislation to their work practice.

The provider did not ensure the manager and senior care staff had the required level of skills and knowledge to work in accordance with the MCA and its Code of Practice. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing peoples' needs and choices; delivering care in line with standards, guidance and the law:

- An electronic needs assessment was completed and cited in people's care records. This information included, routines, preferences, dislikes, medical conditions and how independent they were in various care tasks.
- More thought was required on the completion of such assessments due to contradicting information. For example, where needs assessments had listed any medical conditions people had, the assessor would later document there no medical histories.
- Where peoples' medical conditions had been documented, we noted no specific care plans had been developed to ensure staff could effectively care and support them.
- Assessments should take into account specific issues that are common in certain groups of people and can result in poor outcomes.

We recommend the service seek current guidance and best practice regarding the completion of needs assessments.

- Assessments identified any individual needs which related to the protected characteristics identified in the Equality Act 2010 and how these impacted on people's care. For instance, preferred language, faith, religion,

and sexuality and cultural considerations.

Supporting people to eat and drink enough to maintain a balanced diet

- Needs assessments looked at what peoples' appetites were like, whether they could feed themselves and had any swallowing issues. Most care records showed people's relatives supported them at mealtimes or they were able to eat and prepare their meals independently.
- Where staff supported people at mealtimes, needs assessments and care plans did not record what their food preferences and dislikes were, even though staff we spoke with were aware of them. Care plans only instructed staff to ensure people were assisted to eat and drink adequately.

We recommend the provider seek current guidance and best practice on how to record people's peoples' nutritional and hydration needs and develop appropriate care plans in relation to this.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People and relatives felt the service supported to maintain their health. The service made referrals to external healthcare professionals when required. For instance, we cited minutes of meetings held jointly with the service and health professionals in order to ensure a person received external support.
- People told us care staff responded to changes in their health. A relative commented, "The other day the carers noticed her (family member) leg was weeping, from that point of view yes. I hadn't noticed and I got the district nurse in."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives spoke positively about the caring nature of care staff, but some felt management of care call visits was uncaring. When describing how this negatively impacted them a person commented, "It's been annoying because they (management) just send anybody in and it's making my anxiety worse."
- Peoples' relatives comments included, "There is no consistency. This morning they (care staff) turned up at 11.30am. I'm there all the time. It's just that I have to remind them to brush her (family member) hair and teeth. I've not had carers before so I can't compare them. They are supposed to be there for half an hour but they are in and out in 10 minutes" and "He (family member) gets irritable with them (care staff) because they are always rushing. It's not all the time just in the mornings and the last call at night." This meant people were not always well treated.
- People and relatives talked about how well they knew the staff who provided care and support to them. Comments included, "I don't know them (all care staff) personally, only them that come. They help me in the shower, they make me a cup of tea, they make my bed, fill in the book, then they put their apron and gloves in the bin and off they go", "There had been lots of changes because they had new carers but I told them (management) I don't want them, I want my own carers." The person told us, "This had been granted at the minute, fingers crossed" and "I've got to know most of the staff. They know us, they seem to really, really care. They are very at ease with him, communicate with him and joke with him. I've seen more or less the same girls (care staff)."
- Staff we spoke with demonstrated a good understanding of people family histories, as well as their care and support needs.

Respecting and promoting people's privacy, dignity and independence

- People gave examples of how they were able to maintain their independence. Comments Included, "I wash my face but not my legs, I get partly dressed but not all of it. I can't carry heavy objects or anything like that", and "Yes, everything I can do for myself I do. They (care staff) quite often ask me if they can give me extra help and I say no. While I can still do it, I will do it and they accept it."
- Staff explained how they ensured peoples' privacy and dignity were protected. Examples given included making sure doors were closed when intimate care was carried out. This was supported by what people had told us but there were occasions when this did not always happen. A person commented, "There's only been one or two incidents when I have had to say, can you come into the shower room and shut the door so my 3-year old doesn't see anything."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

- People did not always receive personalised care. A constant theme throughout this visit was people's dissatisfaction with how care calls were rostered. People gave examples of how the provider was not responsive to their requests for care call times to be changed. For instance, a person commented, "I ask for early mornings, but they say they can't do that. Sometimes they come at 12 o'clock." This meant the provider did not always make every reasonable effort to meet people's preferences.
- Electronic needs and assessments failed to record people's preferences for call visits at the start of their care package and when care plans had been developed. We cited no review of care meetings showing how the provider responded when call visit changes were required. This meant the provider did not always design care planning and support for people that made sure it met all their needs.
- The provider had captured the care and support needs of a person who was on end of life care. Their electronic needs assessment form captured the person's advanced care wishes. Staff told us and the person confirmed, their health status had improved, and they were happy with the care and support received. However, the provider's staff training matrix showed staff had not received the relevant training to be able to respond appropriately when people were at the end stages of life.

We recommend the providers seek nationally recognised evidence-based guidance in relation to designing, delivering and reviewing of people's care needs.

- Care records captured people's life stories, those who were important to them and social interests. We noted people were not socially active but had family and friends who provided social support. Staff we spoke with demonstrated a good knowledge of this and told us it helped them to provide person-centred care.
- Staff talked about the training received to ensure their care practice did not discriminate against people. Comments included, "At the beginning of the job I had to shadow and make sure I delivered care the way he [person receiving support] wants it delivered. Everyone has their own way of living and I make sure I do not compare myself to them" and "I have done my equality and diversity training so I would always make sure that everyone's views are respected and everyone is treated fairly & equally."

Improving care quality in response to complaints or concerns

- The provider had a 'Complaints Policy and Procedure' last reviewed and updated on 2 September 2021. This stated as well as written complaints, verbal complaints should be documented and investigated.

- We were not confident the provider followed the complaints policy regarding verbal complaints, as there were no documented complaints relating to concerns people had shared with us during visit. Even though they had shared these concerns with care staff and the manager. The manager told us they would not document verbal complaints but would instead try to resolve them. This meant the provider did not always maintain a record of all complaints, outcomes and actions taken in response to complaints.
- Providers should monitor complaints over time, looking for trends and areas of risk that may be addressed. The manager confirmed no analysis had been undertaken.
- People and relatives told us what they would do if they had concerns. Comments included, "My first point of call would be to contact a lady called [name of manager] who is very helpful, if I had any concerns she would correct it", "Probably (speak with) the people in the office their manager" and "He (family member) would tell me and I'm always around. The night carer is extremely patient with him and I trust them. One girl (care staff) was very willing but didn't have the experience so I spoke to [name of [manager] who sorted it out.

We recommend the provider seek current guidance and best practice in regard to recording and investigating verbal complaints.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Electronic needs assessments and electronic care records captured peoples' communication needs. This included people's sensory needs covering speech, hearing, sight difficulties, preferred languages and how staff should support them.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection we found the service had taken insufficient action to implement systems to monitor the safety and quality of care. This resulted in a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had made some improvements but, further improvements were required and the provider was still in breach of Regulation 17.

- People were not supported by a service that was well led.
- At our last inspection the former NI could not show us evidence of any audits or checks of the safety and quality of care. During this inspection, we found quality assurance systems and processes in place, still did not enable the provider to identify where quality and/or safety was being compromised.
- Audits were now conducted however, these were not effective as they did not pick up the issues, we had found regarding risk assessments, infection control, medicine management and staff recruitment records. Medicine administration records were audited but the provider did not ensure systems were in place to ensure staff's competency to administer medicines were assessed.
- The provider had developed a spreadsheet to check car motor insurance and Ministry of Transport (MOT) test details for staff who used their motor vehicles for work. We noted the spreadsheet did not capture what type of car insurance staff had. A view of staff files showed all staff had domestic insurance cover. We spoke with the NI about this and enquired why staff had not been instructed to obtain business insurance cover. The NI and manager believed business cover would only be required if care staff conducted social or shopping visits and sent us a blank 'Goldcrest Care Services Employee Opt-Out of Business Insurance Agreement' form. This stated staff would agree not to use their vehicle to conduct social and shopping if they refused to obtain business insurance cover. However, it is a legal requirement where motor vehicles were used for any work purposes, business insurance cover would need to be obtained. Therefore, if staff were to have a car accident whilst travelling to schedules calls, they would be considered uninsured.
- At our last inspection, we found the provider had not satisfactorily acted on our recommendation to "implement a suitable system to assess the safety and quality of care."
- During this inspection we found the provider had acted upon our recommendation and had implemented a new electronic call monitoring system. We found instances where care calls were not consistently

monitored, and any identified concerns were not immediately followed up.

- For instance, when looking at the care call roster for a person, the electronic call monitoring system showed a staff member had failed to confirm they had arrived at one of the scheduled call times, but office staff had failed to follow this up. We brought this to the attention of the manager who immediately took action to contact the staff member.

Systems and processes established were not effectively operated to ensure the provider was compliant with the Regulation. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Before our inspection, the NI notified us that the registered manager had left the service at the end of July 2021 and informed us, they were in the process of recruiting and a new registered manager would be in post by 13 September 2021.
- At this inspection, no registered manager was in place. The NI had promoted a senior care supervisor to the role of manager in the interim period but failed to ensure the manager was adequately supported, trained and had the skills and required knowledge to carry out their regulatory responsibilities. This meant there was no managerial oversight to ensure the provider could meet its regulatory responsibilities.
- The provider had failed to ensure staff followed its policies and procedures to ensure they worked in line with current legislation and best practice guidance. We noted policies had not been updated to reflect changes in management. This was noted when we looked at the medicines policy, supervision policy, staff recruitment policy and complaints policy, for example.
- Accurate, complete and contemporaneous records of all decisions taken in relation to care and support were not cited in needs assessments and mental capacity assessments, staff recruitment files and spot check records.
- People told us there were sufficient staff to provide care and support, which was also supported by the staff we spoke with. However, this was difficult to determine as, information relating to staffing were not always accurate as it was not updated to show when staff had left the service and worked full-time, part-time or bank.
- There was no analysis of the information gathered to drive forward improvements, as cited in accident and incident records and complaints register.
- Providers are required to respond and submit information within specified timescales when requested by the Care Quality Commission (CQC). CQC sent the provider a PIR to complete on 10 November 2021 and return by 10 December 2021. The provider failed to submit a PIR by the requested date.

The provider failed to ensure records were always accurate, submit information requested by the CQC by the specified timeframe and failed to act on feedback. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a statement of purpose (SoP). This described what the service did; where they did it and who they did it for. It is a legal requirement for providers to notify the CQC when there are changes with information in the SoP. The provider had a SoP.
- Since our last inspection, a new Nominated Individual (NI) took over the management of the business on 11 May 2020 and a manager had de-registered and left the service at the end of July 2021. However, the provider's SoP had not been updated to reflect this. We brought this to the attention of the NI after our visit, but the required notification was not submitted.

This is a breach of Regulation 12 (Statement of Purpose) of the Care Quality Commission (Registration) Regulations 2009.

How the provider understands and acts on the Duty of Candour (DoC), which is their legal responsibility to be open and honest with people when something goes wrong;

- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The provider had a 'Duty of Candour Policy' last reviewed and updated on 26 March 2021. Where notifiable safety incidents had happened, there was no records to show staff had followed the policy to determine if the DoC was applicable. This would have showed how staff worked in an open and transparent way, when thing went wrong.

We recommend the provider seek current guidance and best practice in relation on how to apply the DoC to their work practice.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Home monitoring visit records and telephone monitoring records undertaken in August 2021, gathered people's views about various parts of service delivery. Most of the feedback were positive however, we cited a similar comment made by two separate people (one from a home visit and the other from a telephone monitoring call) stating staff did not always wear their identification badges. There were no records to show what action the provider had taken in response and what improvement had been made as a result this feedback.
- The manager was unable to provide us with minutes of staff meetings during and after our visit. They told us they used a social media application (App) to provide updates and get feedback from staff but they were not able to share or give us access to see discussions held on the App. Therefore, we were unable to determine what action was taken in response to staff feedback.

We recommend the service seek current guidance and best practice on how to use feedback to improve service delivery.

- The service worked in partnership with healthcare professionals. Minutes of joint meetings held with people and external health and social professionals confirmed this.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 Registration Regulations 2009 (Schedule 3) Statement of purpose</p> <p>The provider did not meet the requirements and send an updated statement of purpose to the Commission due to recent changes.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure the manager and senior care staff had the required level of skills and knowledge to work in accordance with the MCA and its Code of Practice.</p> <p>Regulation 11 (1).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Arrangements in place to assess and manage risks were not robust enough to keep people safe from harm.</p> <p>Regulation 12 (2) (a), (b), (g), (h).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>People had not always received the level of support required to protect them from the risk</p>

of neglect.

Regulation 13 (1), (6) (d).

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems and processes in place, still did not enable the provider to identify where quality and/or safety was being compromised.</p> <p>There was no managerial oversight to ensure the provider could meet its regulatory responsibilities.</p> <p>Regulation 17 (1), (2) (a), (b), (c), (3) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure staff were suitably recruited.</p> <p>Regulation 19 (1) (a), (3) (a).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>Staff were not appropriately trained and supported to fulfil the requirements of their role.</p> <p>Regulation 18 (2) (a), (b).</p>