

Golden Keys Care Agency Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Golden Keys Care Agency Ltd is a large domiciliary care agency providing the regulated activity of personal care to people living in their own homes. At the time of our inspection there were 95 people using the service.

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.

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

The provider had made improvements to their processes for monitoring and auditing the quality and safety of the service since the last inspection. However further improvements were required in relation to communication and gathering people's feedback and using this information to improve the quality of the service being provided. Risks to people had been identified and assessed, however some risk assessments were not dated which made it difficult to ascertain when they had been completed or reviewed. We have made a recommendation around this.

People told us they had not had any missed calls, however on occasions the calls were not at their scheduled times. People and their relatives told us they felt safe using the service. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm.

Effective arrangements were in place to ensure recruitment checks on staff were safe. Staff had received an induction and training to enable them to meet people's needs. Supervisions, appraisals, and competency assessments for staff were carried out and staff told us they felt supported by the senior team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider was very receptive to the feedback provided and was fully aware of the required improvements they needed to make to improve the quality of the service.

Rating at last inspection and update

The last rating for this service was requires improvement (published 13 April 2023) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check whether the Warning Notices we previously served in relation

to Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met about providing safe care and treatment and monitoring the quality of the service and to see if they had followed their action plan and to confirm they now met legal requirements.

This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Golden Keys Care Agency Ltd on our website at www.cqc.org.uk.

Recommendations

We have made a recommendation about the completion of risk assessments.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

<p>Is the service safe?</p> <p>The service was not always safe.</p> <p>Details are in our safe findings below.</p>	<p>Requires Improvement ●</p>
<p>Is the service well-led?</p> <p>The service was not always well led.</p> <p>Details are in our well led findings below.</p>	<p>Requires Improvement ●</p>

Golden Keys Care Agency Ltd

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 Health and Social Care Act 2008.

This was a focused inspection and to check whether the provider had met the requirements of the Warning Notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post, who is also the provider of the service.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 01 December and ended on 20 December 2023. We visited the location's office on 11 December 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 13 members of staff including the registered manager and care coordinator. This was by telephone or email correspondence. We reviewed a range of records which included 9 people's care records, associated risk assessments and a selection of Medicines Administration Records [MAR]. We looked at 5 staff files in relation to recruitment, training, and supervisions and 6 agency profiles to ensure appropriate checks and relevant training had been carried out. We looked at a sample of the service's quality assurance systems, accident/incident, and complaints management records. The Expert by Experience spoke with 11 people who used the service or their relatives about their experience of the care provided.

Following the inspection to the domiciliary care office, we continued to seek clarification from the registered manager and care coordinator 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. 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.

Staffing and recruitment

At our last inspection in April 2023, systems were either not in place or robust enough to demonstrate recruitment processes were effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- People's feedback was mixed regarding the timings of their care calls. They told us although they had not experienced any missed visits, timings could be improved. Comments included, "Staff do not always arrive on time and carers are not always consistent," "We have had some issues with timings," and "They come at the same time every day. They seem to do everything they should and do not rush [name of person]."
- The registered manager told us, "At Golden Keys, we believe in consistency of care, we have regular staff for every round who are allocated regular shift days and times. This has always enabled our service users to know who is coming in and when. We have been notifying service users if there are changes to their timings or regular carers. We will continue to improve communications to improve our service delivery."
- The care coordinator kept an overview of the services missed or late calls generated by their electronic monitoring system. This helped identify any themes or trends and noted actions the service had taken to rectify these issues.
- Staff told us there were enough staff to support people safely and they had enough travel time between people's visits. All staff told us their scheduled calls were in a close geographical area with travel time being between 5 and 7 minutes. One member of staff told us, "□ I do have enough travel time because my clients are so close to each other, for staying the duration it depends on the needs of the client, some want us assist them then we leave but others we can actually overstay."
- The registered manager had recently recruited several staff under the overseas sponsorship scheme. Relevant checks had been carried out in accordance with current guidance. The registered manager told us, "We recognise there may be some cultural changes/language barriers initially, however we are working closely with our new staff to ensure they receive all of our training and are supported to work to the standards we expect."
- Staff were subject to Disclosure and Barring checks. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staff told us they received supervisions and appraisals. One member of staff said, "Yes, every quarter. They are held regularly; they are a platform for feedback for any support I might need or any training need."

Systems and processes to safeguard people from the risk of abuse; Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection we found systems were either not in place or robust enough to demonstrate safe medicines management. In addition, safety and risk processes were not effectively managed. This placed people 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. We issued a warning notice for this breach.

At this inspection, we found enough improvement had been made to meet the requirements of the warning notice.

- Staff had completed safeguarding training and were able to describe different types of abuse and knew how to escalate concerns should they need to. A member of staff told us, "If I suspected anyone, I would report my concerns to the office and ensure I documented everything. The office would report this to the local authority, police and CQC."
- People we spoke with told us they felt safe. One person said, "Yes, I am safe, there's no problem," and "I feel safe leaving [person] with the carer, they chat to them, and it brightens their day."
- The provider had improved their systems to monitor and audit people's medicines. We saw regular monthly auditing was taking place and where the care coordinator had identified any issues, for example where a gap on a person's (MAR) chart had not been signed we saw a discussion had been had with the member of staff concerned.
- People and their relative's feedback regarding their experience around their or their loved one's medicines management were mainly positive, "They (care staff) do give [person] all their medicines and eye drops." And "They (care staff) make recommendations to me. They advised me to get some cream for [person's] skin as it was itchy."
- Following the inspection the registered manager advised whilst we are responsible for the ordering and oversight of some of our clients medicines this is not the case for all clients. It would be down to the named individual for the client.
- Staff had received medicines training and the provider had assessed their competency to administer medicines safely.
- People's care plans contained basic information on how to provide care and support to people. Risks to people's safety had been assessed and included information and guidance about people's health conditions and the risks associated with these. For example, risk assessments for people who were diabetic, on oxygen therapy, and prescribed anticoagulant medicines (medicines which help prevent blood clots). However, some had no date of completion so it was difficult to see when they were completed and how often they would be reviewed.

We recommend the provider seeks guidance and support around ensuring all risk assessments are completed in full.

- The provider told us they recognised people's care plans were not as comprehensive as they would like them to be and said, "In the new year I want to include staff in developing the care plans with the clients as they are the ones providing hands on care to people."

Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves and aprons were provided for them. People confirmed staff were following correct infection control procedures and wore appropriate PPE when providing care and support.
- Staff told us they had an adequate supply of PPE. One member of staff said, "There is always enough PPE. We are able to wash our hands before and after personal care and food preparation. We have hand sanitisers and change our gloves depending on the task."

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. One member of staff told us, " We have an Incident report to complete. We record what has happened and make sure the person is comfortable. We are not allowed to break a person's fall nor get them up. We would call 999. The office will notify the persons next of kin."
- The registered manager had systems in place to monitor accidents, incidents and complaints and where required information was shared regarding lessons learned. The registered manager had completed case study files where the service had worked collaboratively with people and other health care professionals to improve a person's care and treatment or their home environment.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained 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.

At our inspection in April 2023, effective systems to monitor and improve the quality of the service, were either not in place or robust enough. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued a warning notice for this breach.

At this inspection, we found sufficient improvements had been made to meet the requirements of the warning notice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities and knew the different types of events they were required to notify CQC about.
- Staff had received training and understood their responsibilities. Staff were in regular communication with the office, the registered manager and attended staff meetings where various topics were discussed in relation to the running of the service, for example stoma and diabetes care. One member of staff told us, "I try not to miss them. They are held monthly. The last 3-6 months meetings have been interesting. Different training, catheter care, stoma training. Staff get to meet each other."
- The registered manager understood the duty of candour. They confirmed they would be open in sharing details of any incidents or accidents which occurred with people, where appropriate.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people, Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The leadership, governance and culture did not always support the delivery of high-quality, person centred care.
- People and relatives' feedback was mixed about the care they or their loved ones received. Comments included, "The staff are friendly and not miserable," "There's no communication with carers unless it's [name of staff], they are always doing things like make the bed, wash up and empty the bins," and "I am pleased with the care, staff do message me if they are concerned about [persons] refusal of care."
- After the inspection the registered manager told us, "We are going to readdress and reiterate with staff, the importance of communicating with service users when delivering care."
- Staff spoke positively about working at the service and all staff we spoke with told us they felt supported

by the senior team. Comments included, "I feel part of the company, I feel involved and appreciated which motivates me to work for them. I can talk to the manager about any problems I am facing both work and personal ones." "My boss [name] is very accessible and friendly and offers guidance and support," and "It is a friendly environment, the carers are beautiful, and the boss is very nice. I feel appreciated and valued. I love my job."

- People and relatives, we spoke with felt able to report concerns, there was some mixed feedback regarding communication. Comments included, "When I phone the office, I need someone to be able to answer the problem I've got not pass it on and wait for someone to phone back, however someone does always get back to me," "I would certainly be confident to phone the office." So far me and [name] have had no problems," and "When I do speak to the office, they are very responsive and do listen."
- Satisfaction surveys were sent to people periodically to seek feedback on the service they received. However, the most recent survey sent out to people between June and October 2023 showed only 48 surveys were sent and of those sent 30 replies were received missing an opportunity to capture all feedback from people using the service.
- The feedback received was mainly positive and where feedback had not been so positive, we saw where the provider had taken action. The registered manager told us they were looking at ways to improve communications by introducing six monthly surveys to receive a larger response which would help drive improvements within the service.

Continuous learning and improving care

- The provider had a service improvement plan in place which identified areas requiring further input to make changes and improve the quality of the service being provided. The provider had sought advice with regards to people using the service and their relatives having access to their electronic monitoring app to see call times, outcomes of scheduled care call in real time moving forward. The provider said, "We are hoping with the involvement of service users and their relatives in using [name of app] we will be able to measure and improve our communication with the service users and their families."

Working in partnership with others

- The provider worked in partnership with different healthcare professionals where required to support people's needs, these included GP's and district nurses.