

Gold Hill Housing Association Limited

Gold Hill Homecare

Inspection report

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17 January 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This announced inspection took place on 13, 16 and 17 January 2017. Gold Hill Homecare is a domiciliary care agency which provided care to people in their own homes.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Overall we found the service to be well managed. Staff appeared to be committed to offering a good service and had confidence in the senior staff and registered manager. People received medicines from staff who had been trained. However, they did not always comply with the requirement to record what medicines they had administered to people. Despite several attempts by the registered manager to address this problem, it was still ongoing. We spoke with the nominated individual following the inspection, and measures were to be put in place to ensure this situation was improved with immediate effect.

We also had concerns that when a medicine error occurred, medical advice was not always sought for people. We have made a recommendation to the provider to improve their practice in this area.

Prior to care being provided an assessment of people's individual needs was carried out. From this information a care plan and risk assessments were drawn up. Some people told us they were involved in reviewing their care. Documents verified this. Through talking with staff it was apparent staff were familiar with the individual needs of the people they supported.

People spoke positively about the care they received and the skills and knowledge of the staff. Where people were being cared for by regular staff it was clear that strong relationships had developed. People were pleased to have regular carers. Where visits to people may have been delayed, staff telephoned people to inform them of the situation. An on call facility was available for people and staff to call outside of office hours for support or guidance.

Prior to staff being employed the necessary checks were carried out to ensure their safety and suitability to work for the service.

People told us they believed staff were sufficiently trained to meet people's needs. Training records showed 78% of staff were up to date with the training deemed mandatory by the provider. Staff received induction training and continuous support throughout their employment. This took the form of supervision, spot checks, competency checks, staff meetings and appraisals.

The service was complying with the Mental Capacity Act 2005 (MCA). We found mental capacity assessments had not always been completed appropriately, for example they were not time or decision specific. The

registered manager implemented a new form which highlighted these areas and would improve their accuracy.

Where people required support with food and drink this was provided by staff. People were also supported to maintain good health, with staff being vigilant in noticing health changes in people and responding appropriately.

People told us staff were caring. Staff projected a caring nature when we spoke to them. Staff knew how to protect people's privacy and dignity, and placed value in doing this. People told us staff were kind and compassionate. Staff knew the importance of supporting people to be as independent as possible. There was evidence staff had gone over and above what was expected of them in the course of their work, to support people and show kindness and sensitivity.

People told us they knew how to complain but they had never needed to. The provider had a complaints procedure in place, and records showed it was used effectively.

Both people and staff told us they felt the service was well managed. It was apparent in the records the provider had actively sought feedback from people and staff either through questionnaires, care reviews, home visits or through complaints. Actions had been taken in response to the information received to improve the service to people.

Staff felt supported and committed to provide the best quality of care they could. They were clear about the expectations of their role, and felt they performed well. As a result of positive support, staff valued the management team, and expressed high levels of job satisfaction in their roles.

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.

People were supported with medicines by trained staff, however the service did not always seek medical advice when medicine errors occurred.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered employment. This minimised the risk of unsuitable candidates working with people.

People were protected from harm, as staff knew how to protect people from abuse and who to report concerns to.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received training to carry out their roles; the training was on-going and relevant to the care being provided by the service.

Staff understood how the MCA applied to their role and the lives of the people they were caring for.

People were supported to maintain good health. Staff responded quickly and appropriately to people's changing health needs.

Good ●

Is the service caring?

The service was caring.

People spoke positively about the caring attitude and skills of the staff.

Staff knew how to protect people's privacy and dignity. People told us they were treated with compassion and kindness.

People valued that staff understood the importance of assisting them to be as independent as possible.

Good ●

Is the service responsive?

The service was responsive.

An assessment of need, followed by a care plan and risk assessment was in place for each person receiving a service. This protected people from receiving inappropriate care.

Care packages were reviewed regularly with people or their representative to identify if any changes were needed.

The service worked alongside other health professionals to assist people to maintain good health.

Good ●

Is the service well-led?

The service was well led.

People and staff told us they thought the service was well managed.

Staff felt supported in their roles, and were clear about the expectations to report concerns. They felt confident to do so.

Audits of the service had been completed and improvement plans and actions had been taken to improve the service to people.

Good ●

Gold Hill Homecare

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014

This inspection took place on 13, 16 and 17 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service who are often out during the day; we needed to be sure that someone would be available to assist with our inspection. The inspection was carried out by an 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.

Prior to and after the inspection, we reviewed previous inspection reports and other information we held about the home including notifications. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and used this to inform our inspection.

We sent out 86 questionnaires to people who used the service, relatives, friends and staff. We received 21 responses from those who knew the service. We spoke with 5 staff, including the registered manager and six people. Following the inspection we spoke by telephone with the nominated individual for the service.

We reviewed a range of records about people's care and how the service was managed. These included care records for five people, medicine administration record (MAR) sheets and other records relating to the management of the service. We examined staff training records and support and employment records for three staff. Other documents we viewed included quality assurance audits, minutes of meetings with staff, and incident reports amongst others.

Is the service safe?

Our findings

From the questionnaire we sent to people 10 out of the 11 people who responded told us they felt safe from abuse and or harm from their care and support workers. People spoke positively about the staff team, and how this reassured them about their security. One person said, "I feel totally safe with them [staff]". Another person said "Overall we get the same person, which I prefer, you get to know them. They always send a rota in advance so you know who is coming and when."

Where people required assistance with medicines these were administered by trained staff. Staff competency was checked by senior staff. Audits were carried out by the registered manager to ensure medicines were being administered safely. We viewed audits carried out over recent months. The registered manager had identified staff were not always signing the medication administration record (MAR). We viewed four people's MAR charts for December 2016. For two people we found six occurrences where the medicines had not been signed for on the MAR chart. On two of these occasions the record of administering medicines was recorded in the daily record notes. On one occasion the staff member realised later in the day and returned to administer the medicines they had forgotten to give the person. On three occasions medicines appeared not to have been administered. As a result of the audits the registered manager had arranged refresher training for all staff on the administration of medicines, however, the problem continued. Following the inspection we were given assurances by the nominated individual that firm action was being taken against any staff who did not comply with the requirement to sign the MAR charts.

We looked at the medicines policy which clearly stated staff should report any errors in medicine administration to senior on call staff and this would then be reported to a doctor. On call staff were not medically qualified to make clinical judgements about any remedial actions. No medical advice was being sought following occasions where there were medicines errors. This placed people at risk of harm or injury.

We recommend that the service consider current guidance on medicine errors and take action to update their practice accordingly.

Environmental risk assessments had been completed for staff when working in people's home. Other risks had been considered such as moving and handling and transport. However, we found some areas of people's care did not have detailed risk assessments in place. For example risks related to people being assisted with showering. Although the hazard had been identified, there was no advice for staff on how to minimise the risk. We discussed this with the registered manager, who agreed with our findings and planned to improve the details in the risk assessments for people.

Care plans were in place to describe to staff how people wanted their needs to be met. Staff were familiar with people's needs and were able to discuss these with us. We discussed with the registered manager how the care plans could be developed to include additional information about people. For example, the care plans clearly stated what tasks staff had to undertake on each visit. They did not always go into the details of how staff should carry out the task. One person told us "Oh yes there is a folder but I don't look at it. They (staff) know what needs doing and do a good job." People spoke positively about the care they received.

The provider had systems in place to ensure checks were carried out prior to candidate's being offered employment. These included the completion of an application form, checks with the disclosure and barring service, and proof of identity documents. References were also sought from previous employers to account for the candidates conduct in previous roles. Employment histories had been checked and where there were gaps, the reason had been identified with the candidate and had been recorded. This ensured the registered manager had minimised the risk of unsuitable candidates working with people.

The provider assessed the needs of people and matched this to the required staffing level to meet their needs. They told us they were in the process of employing more staff to cover in the absence of regular staff. Staff told us they required more staff to cover for staff absences, but when fully staffed there were enough staff in place. People told us there were enough staff, and although occasionally there may be delays, these were due to circumstances outside of staff's control. They told us they were always informed if staff were going to be delayed. Comments included "They are normally on time and sometimes will stay over time. They have never let me down." "I know they have a job to get cover, they will phone if they are going to be more than 15 minutes late, which is not often." "No they haven't ever missed. If there has been something go wrong at a previous call they have always covered."

Staff had received training in safeguarding people from abuse. They were able to tell us how they would protect people and knew who to report concerns to. Staff told us they had confidence that management would deal with any concerns they raised. Both the registered manager and the deputy manager felt they would benefit from further training in the area of responding to allegations of abuse; this would assist them to be confident in the reporting process and to ensure they could protect evidence.

An on call service was provided to staff outside of working hours. This enabled staff to contact a senior staff member if needed for guidance or advice. Two senior staff were on call each night and at weekends. If staff were absent the on call person would cover the shift and their on call partner would take over the on call telephone calls. Staff told us that when they had used the on call service, the senior staff had responded quickly to them.

Is the service effective?

Our findings

People told us they believed staff were sufficiently trained to meet people's needs. One person told us they felt safe with care staff because they knew they had been properly trained. Staff told us they believed they had received sufficient training to do their jobs.

We read the training matrix, which recorded all the training completed by staff. We found 78% of staff had completed the mandatory training and were up to date. Some staff were new and were completing or had completed the care certificate. This influenced the figures on the matrix. The Care Certificate is a recognised set of standards that health and social care workers adhere to in their daily work. This involved observations of staff performance and tests of their knowledge and skills following the training. In doing so the provider could be assured that staff received the correct information to carry out their role and their knowledge and skills were assessed. Documents we saw verified this was the case.

Staff spoke positively about the training provided "You learn something new every time, even if it is very tiny." "If we ask about training here they [management] do try and get it." "Refreshers like first aid are so important especially if you haven't had to use it all year; it is good to be reminded of it." In addition to mandatory training the service offered staff the opportunity to attend specialist training courses in areas such as diabetes and care planning. One staff member told us how they had learnt a lot from attending a dementia awareness training course. They said It was really useful, "We learnt about the different types of dementia. I asked about whether we should correct people who kept repeating themselves or should we play along." They explained how they had learnt about how dementia affected the brain and how to deal sensitively with people who lived with this condition. Another staff member told us how they had benefited from training in skin care. Their understanding of how pressure sores developed was enhanced by learning about the different layers of the skin; they also told us first aid training had improved their confidence.

Staff also told us they were offered support through regular supervision and appraisals. Records verified this. Supervision took various formats, it included one to one discussions with a member of senior staff, it also took place during spot checks and observations of care and care meetings. Staff told us they felt supported in their role. When asked, one staff member told us, "Yes, I wouldn't have been here for 11 years if I had any quibbles."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty.

People's mental capacity had been assessed; however, the form used was not conducive to a time or decision specific assessment. We pointed this out to the registered manager who agreed the assessment

was not helpful or in line with the Act's code of practice. On the second day of the inspection they showed us a new form, this laid out the process of assessment clearly and in line with the requirements of the act. They assured us this would be used moving forward, where there were any concerns about people's mental capacity. Most of the staff we spoke with were confident about how the Act applied to the lives of the people they cared for. They understood the legal requirements of how to support people with decision making.

People told us they were supported with food and drink by staff. Comments included "We always make the choices we want. One of them [staff] offers to shop or bring something in if we are running short." "Never had anything I couldn't eat can't really knock her cooking". "She makes me lunch, it varies, she does a mean bacon and egg sandwich." "Yes, as I said it can be basic but nutritious." Staff were aware of people's dietary needs. Staff told us how they encouraged people to eat and drink. One staff member described how one person struggled to drink. They told us they prepared the drinks the person liked and explained to the person the consequences of what would happen if they didn't keep up their fluid intake. Another staff member told us "I can prepare food and drinks and I can serve it to them and be around to support and encourage them to eat it, but I cannot make them eat it." They explained that if they had concerns about a person's food or fluid intake they would report it to the registered manager, who would visit the person to assess the person's health. We were told nobody using the service had problems with eating or swallowing.

People were supported to maintain good health. Staff responded quickly to people's changing health needs. Whilst supporting one person, staff had concerns about their health. They arranged for the person to be seen by their GP. The person was diagnosed with cancer and was receiving medical treatment and support from the service to cope with the treatment.

Another person told us "I had a heart attack four years ago. I thought I was OK but the carer came in saw how grey I was and immediately called an ambulance. If she hadn't acted as quickly as she did I wouldn't be here. They said I might have lasted another 20 minutes." Records showed other medical professionals were involved in the care and support of people including district nurses and community psychiatric services. This ensured where people had physical and mental health needs these were being addressed and supported by the staff within the service.

Is the service caring?

Our findings

People told us the service was caring. They described staff as "Helpful and happy in their work." "Absolutely lovely." "Very good, very willing very friendly." "98% excellent, I am quite happy."

Staff were able to describe to us how they protected people's privacy and dignity. One staff member told us when entering people's homes they call out to the person to let them know they are present. They went on to say that when carrying out a task they asked people if it was ok to carry on, or if there was anything particular they wished them to do instead. When carrying out personal care, several staff told us they kept people covered as much as possible to preserve their dignity. One staff member told us they never touched anyone with telling them first. "I never do anything without telling them first, I always ask them what they want me to do." Another staff member told us "I treat people as I would like to be treated. If a person is not comfortable with anything I am doing, I wouldn't do it."

People told us their privacy and dignity was respected by staff. Comments included "They are very gentle and respectful when they oil my legs." "They are very respectful and will keep doors and curtains closed." One person told us about an upsetting incident that had happened in their family. They described how the staff had supported them. "Not once was it mentioned to anyone, she [carer] sat with me all day when it happened. No judgement, just sat with me."

People told us they felt the service listened to them. Comments included "The carers do listen and do whatever I ask of them." "Always discussed, never assumed. Definitely listened to." They described the communication between themselves and staff as "I would say it is excellent." "It's pretty good and we are kept fully informed by the office." Most are nice to talk to...Yes they explain what they are about to do and who to contact." "Exceptionally good in all communication and information." "Very good, they all speak perfect English."

When asked if staff treated them with kindness and compassion people's responses were "They are kind and caring, They do everything I ask of them and always ask if I'm OK." "Some are very kind. They will offer to shop and are very willing to do what I need." "Mostly, if you need a bit of help they won't stand and watch you struggle." "Very much so. They have been very vigilant and helpful at all times." "Oh yes, they respect your age."

It was clear when discussing people with staff that they had built healthy rapport and they knew people's needs well. They understood people's preferences and how they wished to be cared for. One staff member told us they always told a person what their medicines were for when they administered them." Another told us "Everyone is an individual; you have to respect who they are and their ways of doing things. You have to be polite and do things the way they want them done." Care plans also reflected people's choices for example, "[named person] will choose what she would like to wear." "She likes to cream her face, she will do it herself." This assisted staff to understand what people's lifestyle choices were and to protect people's independence.

Staff understood the importance of assisting people to be as independent as possible. One person told us "I am not as independent as I would like but with their help I get by." Another said, "They oversee anything I am doing and offer help if needed." Staff told us, "I always say 'Can you do it on your own? If not do you want help?' I always reiterate if you want to do it, do as much as you can, if you need my help I will help you." Another staff member told us, "I encourage people as much as possible, making sure they live as normal a life as possible. People don't want to rely on others. When they lose their independence they fear having to go into a home. The most beneficial thing we can do for someone is to keep them in their own environment for as long as possible."

We were given an example of how staff went over and above the call of duty. A person called the on call number during the night because they thought there was someone in their property. Although it was not the responsibility of the on call staff member they called the police and went to check the person's property was secure and the person was reassured. This demonstrated how staff's attitude towards the people they supported was especially caring.

Is the service responsive?

Our findings

People told us prior to care commencing an assessment of the person's needs took place; this involved family members where appropriate. Documents verified this. People told us, "My daughter handled the initial assessment. Yes it was explained to me." "Yes and it is reviewed and updated regularly by a supervisor or manager." "Yes, they came in and discussed my needs."

A risk assessment was carried out on the environment to ensure it was safe for staff to work in people's homes. Following this a care plan was drawn up. Care plans and risk assessment contained basic information regarding people's care needs and how risks could be minimised. We discussed with the registered manager how these could be improved by adding more detail. There was sufficient information to guide staff as to the required tasks to be completed on each visit. We were shown one care plan where more detail had been added, including information about the person's personal history and likes and dislikes.

Both people and staff told us staff were informed about what the needs of each individual person was. People's comments included "They [staff] know what to do and carry on after their initial greeting." "They [staff] just do what's necessary, clean the kitchen and get meals." "I just let them get on with it. If a new girl comes, I will tell her what needs doing." "They all know what to do. I am used to them and they are used to me." People told us because the communication between the person, the care staff and the office staff was so good, they felt involved in developing their care package. They felt confident if any change needed to be carried out this was communicated with the office. We saw an example of this when it was agreed between the person and care staff the person required more support time as their needs had changed. This information was passed to the senior staff who made the necessary changes to the care package to accommodate the person's needs.

The registered manager told us they reviewed people's care plans annually or sooner if people's needs changed. Documents in some people's care plans showed this had happened and people had been involved in the review of their care. Some people we spoke with couldn't remember if they had participated in a care review, however others commented. "I haven't had a review lately, but the girls report back every time they come." "My package is reviewed on a very regular basis and if necessary between reviews. If there is a significant change they will come out or ring me straight away." This ensured people received care appropriate to their needs.

People told us they knew how to complain but they had never needed to. The registered manager showed us the complaints log. We saw there had been 4 complaints in the previous 12 months. The log demonstrated the action taken and how the complaints had been resolved. Any actions to prevent a reoccurrence had been put in place. Staff were able to describe to us how they would deal with complaints. The service also received 14 compliments in the previous five months. These complimented staff and management for the care and attention they had given people, at the point at which they needed it.

Records showed that where people received support from health professionals, each services input was documented. Care plans reflected people's health appointments and desired outcomes. This ensured those

professionals who were involved in supporting people, shared an overview of people's needs and were kept up to date with relevant changes. This meant people received a consistent service.

Is the service well-led?

Our findings

People spoke positively about the management of the service. They said they would recommend the service to other people. They told us they believed there was an honest and open culture within the service, comments included, "I think they are open and honest, I've not experienced any issues." "The invoice is always spot on, yes she [registered manager] is very competent." "Very well managed. We get a rota every week which they stick to."

Staff told us "I think Gold Hill is managed really well. I think we have a really good team. It is the best job I have ever had. As a team we work hard and really well together." "In the past I have worked for the worst service possible. I don't think it can get much better than this. She [registered manager] is there, she is not afraid to get down and help out. She is a boss and a half. She has the qualities necessary to manage a very good team."

The registered manager carried out audits of the service to establish if improvements were required. The nominated individual carried out audits of care plans. The person employed to train staff carried out home visits to people to obtain their views on the quality of the service received. These comments along with the results of the questionnaires sent out twice yearly were entered onto a spread sheet. An action plan was drawn up of improvements to be made. We saw one action from the improvement plan was for staff to be more vigilant in informing people if they were going to be late for a visit. People's comments reflected this situation had improved. "I appreciate the difficulties and make allowances for lateness, it is never a problem and they always turn up. If they are going to be very late then the office will ring." "I've never been let down, they always stay for the required 30 mins. If there is ever a delay they will phone." There was no evidence of recent complaints about lateness of visits. Another area picked up in the audits was the poor recording of the administration of medicines on the MAR charts. Following the inspection we received information from the nominated individual to inform us they were taking stringent steps to enforce improvements in this area. They told us "The important thing for me here is that Gold Hill Care need to take immediate steps to ensure the safety of our service users." This demonstrated the service was taking action to improve the service to people, and learning had taken place from the audits undertaken and the feedback received.

Staff told us the aim of the service was to, "Provide the best level of care to people to enable them to stay at home." "To be able to keep people in their own homes, but to be able to do it in a way that is safe for them and our staff. Making people feel they are important and valued." "Trying to make sure we do the best job we can. We have got a good reputation and it is about maintaining that. Every service user is treated well."

Staff told us they felt supported by senior staff to achieve the vision and values of the service. One staff member told us how they felt about the team meetings. "They are quite good, you can speak up about any problems or updates on people's welfare." They went on to tell us "If you get praise from a service user or a family you are always told about it. The manager is really good, if I have any problems I can always approach them. If the problem is with a service user she will respond quickly. I always feel I can come in here [office] and get the support I need." Another staff member told us, "I think it is managed quite well. In meetings people's needs are discussed and how we can support carers. We have improved on training. In general the

organisation has improved over the last few years. Overall I think it runs well. [The registered manager] is very accessible." "There is an open door policy with [registered manager and deputy manager] I have no qualms in contacting them if I need support. If I have a suggestion they listen. I have rung her [registered manager] at all sorts of times. She is very fair and she is rewarding. She is very trusting. I see that being the right combination...She is top of my tree."

As a result of the support staff received they told us they enjoyed their jobs and had job satisfaction. Comments included "I absolutely love my job and will keep going as long as I can." The most rewarding thing is the 'Thank you' phone calls, chocolates at Christmas. Referrals are made by word of mouth which is really encouraging." One staff member told us the best thing about working for Gold Hill Care was "I think it is being allowed to do the job that I have been trained for and that I love." "Although I work on my own I don't feel on my own, I really do feel part of the whole team. Everyone is there to do what we do, I haven't been there very long, but think we do a really good job, I love it....Every single one of the girls who works here are amazing."