Care Quality Commission

Golden Years Care Limited

Golden Years Limited

Inspection report

Unit C Park Hall Industrial Estate,
Park Hall Road, Longton,
Stoke-on-Trent,
ST3 5AT
Tel: 01782 599866
Website:

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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?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

The inspection was announced 48 hours prior to it taking place, this was to ensure someone was available. At our last inspection 14 October 2013 we found the service was not compliant with Regulation 10. The provider had not regularly assessed the quality of the service provided and had not sought the views of people who used the service to help to improve the quality of care. Following the last inspection we were provided with an action plan outlining the action the provider had taken to make the improvements required. We checked to see if these improvements had been made.

Golden Years Limited is a small domiciliary care service providing both personal and domestic support to people who live in their own homes. At the time of our inspection there were 38 people using the service.

Summary of findings

The service had a registered manager in post who was responsible for management of the agency. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People told us they were happy with the care they received from Golden Years Care, they liked the staff who provided support and were happy that they were treated with dignity and respect.

People received individualised care that took account of their needs and wishes. We found that people's support needs were assessed and care was planned and delivered as agreed with each individual. There were examples where care plans had not been reviewed this meant they may not be up to date and people were at risk of receiving inappropriate care.

Recruitment procedures were in place meaning checks were carried out to ensure staff were suitable to work with vulnerable people. There were examples where the procedures had not been robust, which meant people may have been placed at risk.

Staff and the registered manager told us that their care practice was monitored to ensure they delivered people's personal care to the standards expected and in accordance with their plan of care.

People's views of the quality of the service they received had been sought to enable the provider to make any improvements necessary. We found management arrangements were satisfactory but further improvements were needed to ensure that the service was monitored effectively and improvements initiated.

Staff told us they had received essential training to meet people's needs, but there were examples where staff felt their training could be improved.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

Systems in place did not include ensuring the equipment staff had to use in a persons home was serviced and suitable for use.

Staff recruitment procedures were in place to ensure staff were suitable to work with vulnerable people, but there was an example where checks had not been received before a staff started to work.

People who received a service were kept safe. Staff knew about different types of abuse and knew what to do if they had concerns. Risks to people were assessed and acted upon.

Is the service effective?

Requires Improvement

People received personalised care that took account of their individual needs. People's personal care was monitored and any health concerns were referred for appropriately.

People's nutritional needs were assessed and if people needed support this was provided.

Staff received supervisions and appraisal of their practice to ensure they maintained the standards of care the provider expected.

Is the service caring?

Good

The service is caring.

People told us they received a good standard of care from the provider.

People who used the service and the relatives we spoke with told us that staff were caring and treated them with dignity and respect.

Is the service responsive?

Requires Improvement

The service is responsive.

Care plans included people's care preferences. Some people had received reviews of their care, but others hadn't.

People were involved in making decisions about their care or were supported to do so by family.

Summary of findings

The provider had a complaints procedure in place, people we spoke with told us they knew how to complain.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The service had made improvements to ensure they sought the views of people who used the service on the quality and delivery of care they received. But the provider had not yet analysed the responses and included them in a development plan or improvement plan for the service.

Systems were being developed to audit, review and monitor the quality of the service, but these were not yet fully place. This meant the provider was not able to demonstrate where improvements to the service were needed.

Staff were supported and felt their views were listened to, they were encouraged to raise any concerns.

Golden Years Limited

Detailed findings

Background to this inspection

We carried out this inspection on 17 July 2014. The inspection team consisted of one inspector and an expert by experience who undertook to telephone people who used the service on 22 and 24 July. The expert by experience we used had personal experience of using services and spoke with 12 people or their relatives.

Prior to the inspection date we gathered and reviewed the information we had about the service. We looked at the information we had collected since the last inspection including notifications and information of concern. We had asked the provider to return a Provider Information Report (PIR) four weeks prior to the inspection date, but we did not receive this until four days before. The PIR 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. This meant we hadn't received the information we needed to look at in a timely manner.

During the inspection we looked at care records of five people who used the service. This included initial assessments of their care needs, care plans and risk assessments outlining how their needs could be safely met. We looked at daily records and medication administration charts. We reviewed five staff recruitment and training records. We looked at policies and procedures where they related to people's safety, these included, safeguarding, whistleblowing. We spoke with the provider, the registered manager, two staff during our inspection, and a further five staff and two health and social care professionals after our inspection.

Requires Improvement

Is the service safe?

Our findings

People who used the service told us they felt safe, and relatives and professionals we spoke with confirmed this. People told us staff entered their homes using coded key safes or were admitted by someone in the house. One person told us, "My money is always correct and receipts are provided".

We spoke with staff about their understanding of keeping people safe and how to act if they had any concerns that someone may be at risk of being abused. The staff told us, "I know about the different types of abuse and how to report it" and "I would report it straight away. I have done the training". Another member of staff said, "We discuss safeguarding and abuse during induction and then do the training on line". The staff told us this meant they knew how to protect people from the risk of, or actual harm.

Records confirmed that the provider had risk management systems in place. Individual risks were assessed and guidance provided to staff to ensure people were protected from any avoidable harm. These included risks were associated with the people's homes and the equipment needed to ensure their personal care could be delivered. We noted that some risk assessments hadn't been updated or revised since the original assessment, and dates of the servicing of equipment used to support people were recorded at the time of the original risk assessment to evidence the equipment was safe to use. For example, we saw a record that showed one person's hoist had been serviced in May 2012 but no evidence of a review since then. We saw other examples of this kind.

There was a recruitment and selection process in place. All the staff we spoke with confirmed they had gone through a formal recruitment process that included an interview, pre employment checks, references and a criminal records check (DBS). A DBS check includes a criminal records check and a check of the list of people not suitable to work with vulnerable people. In one example we saw the provider had employed someone to work with people who used the service before the full DBS check had been received. We saw that references had been sought for any new staff members and where possible a reference had been sought from a previous employer. In one record a reference highlighted some negative aspects of the staff member's performance. There was no evidence in the records that these had been discussed to confirm that this new member of staff was suitable to carry out the work they were employed to undertake.

Staffing numbers were determined by the number of 'care calls' to be completed. The registered manager told us: "We have enough staff. We also have three of us in the office now to pick up any gaps in the rosters or to cover for annual leave or sickness" and: "We try to ensure that our clients get the care at the time they want it. There are occasions when this doesn't happen and we have agreed a half hour window. If staff are going to be later than that we will phone the person and let them know. It doesn't happen often". Some staff we spoke with told us: "I can sometimes work long days with hardly any time for breaks" and "When staff are off for holidays and are sick we can be asked to pick up calls at short notice which means we can work long days". People we spoke with told us they didn't have any concerns about staff punctuality. Daily care notes we looked at confirmed that people who used the service received their care at, or around the time they had agreed. This meant that the provider was aware of gaps in the service and had acted to ensure people received the care they required at the time they needed it.

Requires Improvement

Is the service effective?

Our findings

People who used the service and their relatives told us that they were very happy with the standard of the care provided. They said: "I can't grumble at all – they always do what I ask" and "They all seem pretty good". All people we spoke with said new workers were always introduced by a staff member known to them and worked under their supervision on their first visits.

A care professional we spoke with confirmed that the service provided good quality care and that care staff knew each person well. A second care professional was also positive about the standard of care provision and how the provider worked collaboratively with them to ensure people received the best possible care.

Discussions with staff, relatives and professional's confirmed that people's personal needs were identified and met. For example, we spoke with a healthcare professional who confirmed that staff reported any concerns about people's personal or health care promptly. They said that the staff acted upon any recommendations made. This meant people's health and personal care needs were met.

Records confirmed that people's personal and basic care needs were monitored and action taken to address concerns. For example, we saw a staff member report a concern to the registered manager who discussed it with them and agreed how to ensure the person received suitable care. This meant the provider had acted upon this concern to ensure the person received the care they needed.

We saw that some people who used the service required assistance to maintain an adequate food and drink intake. Where this was required we saw that staff maintained a record to show people had eaten and drunk enough to keep them healthy, and monitored this.

None of the people we spoke with expressed any concerns about the skills and knowledge of staff. The registered manager told us training had been provided for staff in relation to ensuring people received sufficient food and drink, and how this should be recorded. The training records we looked at did not confirm this, with no record of staff having undertaken this training.

The records of staff training showed they had received essential training during their induction to the service. Some staff said the training had been basic and had not always provided them with the information they needed to be effective. They told us that the training was supplemented by practical experience during the induction where they shadowed more experienced staff. The registered manager told us, that staff training had been provided electronically, with some additional classroom or 'on-site training taking place. The registered manager was a manual handling trainer who delivered this practical training to new staff.

The records of training showed most staff had received training in health and safety, infection control, manual handling, food hygiene, medication and record keeping. Where people who used the service had specific needs, for example dementia care or palliative care needs, we saw that few staff were recorded as having the training. Staff we spoke told us this training would support them to meet people's dementia or palliative care needs.

The registered manager told us that a review of the frequency of staff supervision and monitoring had taken place since our last inspection. A supervision session can be a one to one meeting with a manager or senior staff to discuss care practice and any concern. It can also include a 'spot check' of care staff to ensure they are carrying out personal care to the standard expected. They said: "We are planning a supervision session approximately every three months with an additional one if required. We have not yet completed an appraisal yet but these will be annual". Staff we spoke with confirmed they had received an individual supervision with a senior and had been subject to 'spot checks'.

Good

Is the service caring?

Our findings

People who used the service and relatives we spoke with said that they felt that staff were caring. They spoke very highly about the attitude of the staff and the management, and all staff were said to be respectful and polite. No one felt they were rushed and all said staff always gave the time they were booked for even if they were running late. All felt they were given personalised service that met their needs. One person commented: “They [care staff] always ask if I’m alright or I need anything else doing”, "I think they're wonderful. I can’t fault them [care staff], they are well trained, they listen, they care". Another person said: “Fantastic very satisfied”. We saw in people’s records that each person’s individual care needs had been assessed and there was information setting out their needs should be met.

We saw that staff were allocated to support specific people who used the service and continued to provide the care and support needed. This meant staff were consistent and continuity of care was assured. The registered manager said: “Because we are small, it’s easy to ensure our clients receive care from staff that know them. Where there are problems because of annual leave etc, one of the management team can provide the care. We [the management] will have carried out an initial assessment with the person and will have spoken with them regularly. We always tell our clients who their care worker is going to be”. People told us this meant they received consistent care and support from staff who knew them well.

Our discussions with four care staff confirmed that they knew people’s individual likes and dislikes, and knew how to ensure people’s privacy and dignity was respected. People who used the service and their relatives told us people’s privacy and dignity was promoted. All commented positively on the personal service provided. This meant that care staff promoted and respected people’s preferences and wishes.

Requires Improvement

Is the service responsive?

Our findings

Family members told us how important the care was in enabling their relative to stay at home rather than go into residential care. One relative told how a person had a mishap just after a member of staff had left. They had not known what to do and called the office and the staff returned to the person's home to deal efficiently and kindly with the issue. They also spoke about how a staff member 'just got on with it' when her relative needed to go to hospital: "They were calm and efficient and did not worry about the extra time needed". Another person said: "The carer came to the hospital with me and stayed all the time." A third person told us: "They will always offer to do something else for me if there is time".

All people we spoke with were clear that the service was highly responsive to their needs. They told us telephone calls were returned at the earliest opportunity. Nothing was seen as a problem.

Records showed that some people had signed their plans of care to show they agreed with the contents and had been included in discussion about the care they needed. One person we spoke with told us they knew what was in their plan of care. They told us: "The folder with my plan in is in my home, I look at it every now and then". Some of the people we spoke with told us that reviews were carried out but others weren't sure. Some formal reviews were held when social services were involved. We checked the plans of care and saw that some of them hadn't been reviewed or evaluated. The provider confirmed that a plan to undertake reviews of people's care needs had not taken place, but intended to review each persons care with them now they had secured additional office staff.

The service had a complaints procedure and we saw this was made available to people in their information packs. People we spoke with and their relatives confirmed this. All of the people we spoke with told us they knew how to make a complaint and stated they would have no hesitation in contacting 'the office'. The manager told us any complaints received would be noted. At the time of our inspection there were no complaints on record.

Requires Improvement

Is the service well-led?

Our findings

All people we spoke with told us they felt able to speak with the management if needed. No one had any cause for complaint. A relative told us: "They couldn't do enough for us. They bent over backwards to make sure the care was right". Most of the people we spoke with told us they got regular calls from the office asking if things were 'okay' or if there were any problems. One person told us: "The management look after their staff and have 'stood in' when needed so staff do not get over worked". Another person told us: "Managers muck in when needed".

During this inspection we saw that the provider had sought the views of people that used the service and their relatives twice since our last inspection. The results of the most recent survey were overwhelmingly positive showing people were satisfied with the service provided. We saw comments such as: 'No improvement possible, it is top notch all the way' and 'I am very pleased with the service'. The survey showed that all 17 of the respondents felt they or their relatives were receiving a good service. Both care professionals we spoke with told us: "We have been happy with the service delivery". The provider had not yet analysed the responses and included them in a development plan or improvement plan for the service to evidence how they intended to learn from comments.

The registered manager told us they were keen to develop and improve the service. They told us that they have improved communication and monitoring of the service.

Spot checks of staff practices' had been organised either as an unannounced visit to observe how members of staff performed or via telephone contact with people who used the service. Staff and people we spoke with confirmed this.

Staff were positive about the management and leadership of the service, saying they felt they were approachable and listened. Some staff felt that the manager was always available to talk through any issue or concerns. Most staff said that they would have no hesitation in reporting any concerns about care practices and were sure that the manager would take the necessary action to ensure people's safety. This meant the management team had developed a policy of openness and accessibility.

The registered manager told us of the changes they had made since our last inspection to ensure they were monitoring and assessing the quality of service and to make further improvements where needed. The provider had recruited two additional senior staff to support the registered manager and provider with auditing and monitoring the quality of the service and to review procedures. For example, support staff were expected to bring daily log sheets into the office at least on a monthly basis. A member of the office team would then audit the logs for things like missing signatures, late call times. From the records we looked at we found that these audits had not picked up medication record signature omissions. This meant at the time of the inspection the provider was not able to demonstrate that the quality auditing and monitoring systems were yet robust.