

Golden Hands Home Care Ltd

OFFICE

Inspection report






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23 May 2019
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06 June 2019
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service:

The Office is a domiciliary care agency and provides care to people living at home in the community. This service supports older people and people living with dementia. The provider is Golden Hands and at the time of our inspection there were 60 people using the service, of which 41 people were in receipt of personal care.

Rating at last inspection: Requires Improvement and the report was published 01 June 2018.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

People's experience of using this service:

At the last inspection we found shortfalls in areas such as the recruitment and training of staff and overall governance. At this inspection we found that while improvements had been made in some areas there was still work to do. The service met the characteristics of Requires Improvement.

Medicines were better managed and while we found some shortfalls, practice followed professional guidance.

There were improved systems in place to recruit staff and ensure their suitability before they started work at the service. We have made a recommendation about checking for gaps in employment as part of the recruitment process.

The manager had started the process of developing oversight systems, but these had not identified some of the areas that we identified at the inspection such as gaps in documentation.

The registered manager and provider were not fully aware of their regulatory responsibilities and had not made notifications as required by legislation.

Incidents were not always recognised as safeguarding and the agency procedures were not followed.

There was a complaints policy in place, but we could not see that people's concerns were investigated and addressed.

People received support from staff who knew them well and stayed for the agreed time.

Staff received training to develop their skills. Staff told us that they were supported in their role and the management of the service was approachable and helpful.

People were supported to eat and drink and maintain a balanced diet.

People were referred for specialist health care support when needed.

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

Care plans were in place and were regularly reviewed.

Enforcement. Action we told the provider to take refer to the back of the full report.

Follow up: We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector and an assistant inspector.

Service and service type:

The Office is a domiciliary care service and is registered to provide personal care to older people and people with physical care needs.

The service had a manager registered with the Care Quality Commission. This means that 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 24 hours' notice of the inspection visit because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 23 May 2019 and ended on 06 June 2019. Activities included visiting two people in their own homes and speaking with people who used the service and their relatives by telephone. We also interviewed staff and visited the office location on 23 and 30 April 2019 to see the registered manager and to review care records and policies and procedures.

What we did:

We spoke with eight people who used the service and two relatives. We interviewed 5 staff and spoke with

two staff who worked in the office and the registered manager.

We reviewed the care records of three people. We also looked at records relating to the overall quality and safety management of the service, complaints, three staff recruitment files, staff training records and medicines management.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

At our previous inspection in April 2018 we found that robust recruitment checks were not being undertaken on new staff prior to their employment. Medicines were not safely managed, and the agency did not provide enough guidance to staff on what people were prescribed. At this inspection we found that some improvements had been made but there was still further work to do to ensure that people were protected, and the agency operated in a safe way.

Systems and processes to safeguard people from the risk of abuse

- Concerns were not always identified as safeguarding. For example, we saw that a person who had been in receipt of one to one care had fallen and sustained an injury. This was not recognised within the agency as a safeguarding incident and a referral had not been made to the local authority. The registered manager told us that an internal investigation had been undertaken and equipment put into place to reduce the likelihood of another fall.
- Robust documentation was not always maintained regarding allegations which evidenced that concerns were being dealt with in an open and transparent way. We saw that a member of staff had been the subject of concerns but there was no record on their staff file of any concern, statements or outcome. We were told that the member of staff had left the agency and was no longer working there. The registered manager told us that they would strengthen the arrangements in place.
- Staff had undertaken training in safeguarding and understood their responsibilities to ensure that people were protected from harm. They told us that they would report any concerns to senior staff within the agency.

Assessing risk, safety monitoring and management

- There were systems in place to identify any potential risks to people, environmental and health and safety risk assessments were undertaken. However, there was a lack of consistency. Some documentation was informative and helpful but for other individuals it was incomplete and did not provide staff with the guidance they needed.
- There were gaps in environmental risk assessments. Moving and handling plans were not specific and did not give staff step by step guidance. One person told us, "Some [staff] handle you quite roughly as they pull you from side to side. The registered manager told us that they would review the guidance for staff.
- Management plans included the provision of equipment and additional checks. We saw that equipment had been checked for safety and where people had fallen referrals made to the falls service.

Staffing and recruitment

- Improvements had been made to how staff were recruited. The checks undertaken included references and disclosure and barring checks which help to ensure that only people of a suitable character were

employed. However, a full employment history was not available for all staff.

- We have recommended a full employment history is obtained and any gaps in employment are checked as part of the staff recruitment process.
- Where the agency employed staff from another agency to provide care on their behalf, they told us that received confirmation from the agency that disclosure and barring checks and references had been undertaken.
- People told us that there were enough numbers of staff available and that staff came when they were supposed to and stayed for the required period of time. One person told us, "Whenever they say they are coming they are always there, they are very reliable. They give you a ½ hour window" Another told us, "You get quite a lot of continuity with them. I have five days with the same carer and five nights with the same carer. It's only two nights its someone different."
- Staff did not use their own vehicles to transport people but on occasions transported colleagues. Car insurance details were not checked, but this was addressed by the agency during the inspection.
- There were on call arrangements in place for outside office hours should people using the service or staff need advice or support.

Using medicines safely

- Improvements had been made to the administration of medicines.
- Staff supported people with the administration of their medicines and care records contained information about the support people needed. However, care plans did not always document the arrangements in place for PRN or as and when medicines and the circumstances in which staff should administer. The registered manager told us that they had identified this as an issue and had started to provide staff with clearer guidance.
- Staff received medication training and competency checks were undertaken to check on staff understanding of what they had learnt. Staff told us that they were not allowed to administer medicines until their practice had been observed and they had been signed off as competent.
- Audits on people's medicines were undertaken, but charts were only returned to the office on an hoc basis which impacted on their ability to undertake robust audits. We discussed with the registered manager the benefits of returning medication administration charts to the office on a more regular basis and the registered manager agreed to action, as it enabled better monitoring of people's medicines.

Learning lessons when things go wrong

- Systems were not well developed which impacted on their effectiveness. Some incidents and accidents were recorded but not all and there was no clear system in place to identify learning.
- A record was not maintained of missed calls and the registered manager told us that there had been no missed calls. However, one of the people we spoke to told us that they had experienced missed calls we have recommended that a record is maintained.
- The registered manager gave us examples of changes which they had introduced to develop the service. This included new audits, increased training and the move to electronic recording which aimed to provide staff with more streamlined access to information.

Preventing and controlling infection

- Staff told us that they had undertaken training in infection control and had good access to personal protective equipment [PPE].
- We observed staff using PPE during our visits to people in their own home but saw that they did not always change their PPE between tasks which is not good practice. The registered manager told us that they would address this directly with staff.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection in April 2018 we found that training did not provide staff with the skills and knowledge they needed to provide safe effective care. At this inspection we found that improvements had been made.

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

- The registered manager told us that they had links with groups such as skills for care and the quality innovation team at the local authority with the aim of improving overall quality. They were not currently a member of any professional bodies or industry groups but planned to join as they became more established.
- People and their relatives were involved in an assessment process which aimed to establish their needs and preferences.

Staff support: induction, training, skills and experience

- Improvements had been made to training. Care staff told us that they received training to ensure that they had the skills to meet people's needs. Training consisted of a combination of face to face and on-line training. Training included areas such as first aid, dementia and moving and handling.
- All new staff received an induction which included shadowing an experienced colleague. One member of staff told us, "I did shadowing. I didn't realise the amount of training involved. I did a lot. All that training – it's like it never ends. I really enjoyed it."
- Staff had supervision meeting with a manager. This allowed staff time to express their views and reflect on their practice
- Spot checks were undertaken on a regular basis. This is where a senior member of staff calls at the persons home just before or during a visit by a member of care staff, so they can observe them going about their duties and check that they are working to the required standard.
- Staff were positive about the support available and told us that it was a good team. One member of staff told us, "The support is unbelievable. I'm proud of that and I am working with more mature people, not teenagers."

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

- People were supported to eat and drink and maintain a balanced diet as outlined in their care package. Some people had food reheated but for others it was prepared from fresh ingredients.
- One relative told us, "Since my relative has been receiving fresh food they have improved." Another person told us that staff always made sure that they had drinks before they left.

Staff working with other agencies to provide consistent, effective, timely care;

Supporting people to live healthier lives, access healthcare services and support.

- People told us that they were supported to maintain their wellbeing and had access to health care professionals if this was needed.
- Staff told us that if they were concerned about a person's health they would relay these concerns to the office or speak with health professionals directly to ensure that the person received the care they needed.
- Records evidenced that the agency liaised with a range of health professionals such as district nurses, GPs and occupational therapists.

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 were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
- Staff helped people to make choices in a variety of ways. Care plans set out how they should support people, how people made their views known and any preferences.
- Where people lacked the mental capacity to make specific decisions staff liaised with others to make sure that decisions made were in the persons best interests.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Several the staff that the agency employed did not have English as their first language and some people raised concerns about how this impacted on communication. One person told us, "We get a lot of stuff lost in translation. If there's two together they'll often speak in their own language together, especially when they're in the kitchen which I find uncomfortable as I don't know what they are saying to each other." We spoke to the registered manager about this and they told us that they would remind staff that this was not appropriate or respectful.
- Other people were more positive about their experience and told us that their privacy was respected, and they were supported to be independent. One person told us, "They're all very, very good. They ask me whether they can do things or not. I can't really fault them."

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were supported by kind staff who were patient and did not rush them. One person told us, "I am extremely happy. They do everything you ask of them and everything they do, they do with a good heart."
- People were supported by a consistent team of carers with whom they had a good relationship. One person told us, "They're fantastic, any little problems I talk to them directly. I've got no complaints. A relative told us, "Giggle, giggle, giggle, laugh, laugh, laugh – that's all you can hear when they're with [my relative] in the morning. We have fun with quite a lot of them."
- Care records were written in a respectful way.

Supporting people to express their views and be involved in making decisions about their care

- Staff knew people's daily routines and could tell us about them.
- People were consulted and asked for their opinions in several ways including surveys. These were undertaken at regular intervals.
- People told us that they were actively supported and involved in decisions about their care. One person told us, "They are all a nice bunch of girls. I don't like men coming in. I said that from word go so they don't send men." Another told us, "Today I called to ask them to change my time because I was going out and they did."

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and a system in place to log concerns or complaints, but it was not being used.
- There was no record of any complaints having been received and we were told that no complaints had been made but this was contrary to what people told us. One person for example said, "I've reported a few of them, they investigate."
- We could not see evidence of investigation or that people had been provided with a written outcome or a meaningful apology when the agency had been at fault. The registered manager told us that they would address this and ensure all complaints or concerns would be logged.
- People and their relatives told us that they would raise any concerns directly with office staff.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans set out people's needs and preferences. Each of the care plans we looked at had information about people's care needs and how care should be provided. The care plans were in the process of being transferred to an electronic format.
- Daily records were maintained which set out which care people had received. These provided an overview and highlighted any areas where people required closer monitoring.
- Most of the people we spoke with were very happy with the care and gave us very positive feedback, including "I am very pleased with them, they are fantastic people." "The carers I've had in have all been very, very good. You can't fault them." However, one person told us that the agency was not always able to meet their preferences for two female carers. They told us that they had raised this, "But they've come and told me that some of the women can't do it as they are really short." The registered manager told us that they made it clear at the start of a package that they were not always able to guarantee a specific gender of carer but would always try to do so.
- There were effective systems in place to handover information and ensure that staff were made aware of people's changing needs.
- People's needs were regularly reviewed, and the outcome was documented in people care records.

End of life care and support

- At the inspection we were told that the service was not providing end of life care to anyone but would do so if required.
- Care records provided some information on people's wishes but this would benefit from further detail. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were in place for some individuals which set out their wishes not to be resuscitated.

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

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 the last inspection in April 2018 we found several shortfalls in relation to areas such as staffing and medicines. The registered provider had not undertaken effective audits and therefore had not identified some of the issues that we found at the inspection. At this inspection we found some improvements had been made but further work was needed to ensure that people received a consistent high-quality service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The service had been registered in 2017. However, we found that the registered manager and the provider did not yet fully understand their regulatory responsibilities.
- Following the last inspection, we asked the registered provider to provide us with an action plan to say what they were intending to do to address the shortfalls. This was not provided despite reminders been sent.
- At this inspection we found that the provider had not been displaying their inspection rating despite this being brought to their attention previously. This was addressed during the inspection.
- We found that there had been some safeguarding occurrences and we had not been notified. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescale.
- There were some systems in place to monitor quality, but they had not identified all the issues that we found at the inspection.

These shortfalls are a continued breach of Regulation 17 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

- The registered manager had some oversight of what was happening in the service on a day to day basis. They told us that they were continuing to provide some care and therefore knew the people that the agency was supporting and staff personally.
- Quality assurance processes had been strengthened since the last inspection. We saw that regular audits were being undertaken which looked at areas including, staff training, staff supervision and medicines. However, these were not robust, for example, medication administration charts were not being returned to the office on a consistent basis for checking.
- There were no systems in place to monitor missed calls and identify learning. Incidents were responded to on an individual basis and not analysed to identify trends.

- The registered provider had a domiciliary office in which the registered manager was based but they did not have a training facility. This meant that practical training such as moving, and handling was undertaken in people's homes which is not reflective of best practice. One relative expressed concern to us that groups of staff would meet in their relatives' home and it was being used as a "hub". They told us that they were not happy about this. The registered manager told us that practical training was undertaken on an individual basis, but they would look at other provision.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics;

- The registered manager had several ways of engaging with people who used the service.
- Regular reviews of people's needs were undertaken, and surveys sent out to both people using the service and staff to ascertain their views on the quality of care and the support provided.
- As part of the inspection we reviewed the feedback given and saw that the comments included, "My personal care is of the highest order, my carers are excellent, and I am completely happy with how they look after me." "They are very professional, very thorough... I am so glad they are in our lives, they make my life so much easier."
- Most people we spoke with were very happy with the care provided by care staff. However, some issues were raised with us about the management oversight and the need for improvement.
- Staff told us that the office staff were helpful and supportive. One staff member told us, "If you've got a problem they are straight on the phone, you can guarantee you will get one of them."

Continuous learning and improving care; Working in partnership with others

- Team meetings had been established and staff told us that they were encouraged to contribute and had a say in the development of the agency.
- The registered manager told us were in the process of developing a newsletter for staff to highlight changes in the sector and good practice initiatives.
- Since the last inspection the agency had enabled staff to develop their skills and access external training with the quality innovation team and other organisations such as skills for care.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance was not effective and had not identified the shortfalls that we found during the inspection.</p>