

Gold Care Services Limited

# Goldcare Services Limited

## Inspection report

Airport House, Purley Way, Croydon, Surrey, CR0 0XZ Date of inspection visit: 6 & 7 January 2015  
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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This inspection took place on 6 and 7 January 2015 and was announced. We told the provider two days before our visit that we would be coming. Gold Care Services Limited provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including learning disabilities some requiring 24 hour support. At the time of our inspection 10 people were using the service accommodated by three separate supported living units. At our last inspection in August 2013 the service was meeting the regulations inspected.

The service had two registered managers in post. Each manager was responsible for their own designated supported living units, one manager covered two sites while the other managed one. 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.

The service knew how to keep people safe. Staff helped make sure people were safe at the service and in the community by looking at the risks they may face and taking steps to reduce those risks. People received their prescribed medicine at the right time.

Staff supported people to be as independent as they wanted to be and encouraged them to follow their own activities and interests. There were enough qualified and skilled staff at the service. Staffing was managed flexibly

# Summary of findings

to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

During our inspection we observed that staff were caring and attentive to people. They showed people dignity and respect and had a good understanding of individual needs.

People were involved in decisions about their food and drink and were encouraged to be as independent as they could be with buying food and meal preparation.

Care records contained information about the healthcare and support people needed and people had access to healthcare professionals when they needed them.

Staff said the managers were supportive and listened to them. People who used the service were comfortable talking with staff and the managers. Relatives knew who to complain to if they needed to and people were given information about how to complain. However, not all information was given to people in an easy read pictorial format to help some people understand what they need to do if they felt unhappy or upset.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received. Accidents and incidents were reported and examined. The manager and staff used information about quality of the service and incidents to improve the service.

# 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?

The service was safe. There were arrangements in place to protect people from the risk of abuse and harm. People we spoke with felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Good



### Is the service effective?

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received on-going training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People were supported to have a balanced diet and to eat healthily.

The provider was aware of the requirements of the Mental Capacity Act (2005) to help protect people's freedoms and rights.

Good



### Is the service caring?

The service was caring. People were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Good



### Is the service responsive?

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service. People were encouraged and supported by staff to be as independent as they wanted to be.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns. The service had arrangements in place to deal with comments and complaints.

Good



### Is the service well-led?

The service was well-led. People and relatives we spoke with knew who the managers were and most were positive about how the service was run. Staff told us that the manager was approachable, supportive and listened to them.

Regular staff meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Good



## Summary of findings

The provider encouraged feedback of the service through regular surveys involving people, their relatives and staff.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

# Goldcare Services Limited

## 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.

Before our inspection we reviewed the information we held about the service which included statutory notifications we have received in the last 12 months and the Provider Information Return (PIR). The PIR is a form we asked the provider to complete prior to our visit which gives us some key information about the service, including what the service does well, what they could do better and improvements they plan to make.

One inspector undertook the inspection. The inspection took place on 6 and 7 January 2015 and was announced. We told the provider two days before our visit that we would be coming. We did this because the managers are sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in.

During our first day we spoke with both registered managers and looked at three care records, three staff files and a range of other records about people's care, staff and how the service was managed. During our second day we visited two sites where the service is delivered. We spoke with one person using the service and we conducted observations throughout the inspection as some people were unable to speak with us. We spoke with four staff members and looked at the records held at each unit including two more care records. After the inspection we spoke with six relatives of the people using the service.

# Is the service safe?

## Our findings

We spoke with people and their relatives. They told us that they felt safe using the service. One person told us, “Yes I feel safe.” A relative told us, “I know [my relative] is safe.”

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority’s safeguarding team and the Care Quality Commission. Records confirmed most staff and managers had received safeguarding training. People’s finances were protected and there were procedures in place to reconcile and audit people’s money.

Staff followed effective risk management strategies to keep people safe. People’s care records contained a set of risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. For example, risk assessments related to people’s nutrition, moving and handling, accessing their local community, handling finances and self- administration of medicines. One member of staff told us about the risk one person faced when they were out in the community. They explained how certain situations could make the person anxious and how staff could support them when this happened.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents and these were standing agenda items for staff meetings. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents. For example, the service had made changes in how they regulated and monitored water temperature following one reported incident.

There were sufficient numbers of staff on duty to meet people’s needs. We looked at staff rotas for the three sites and noted how staff allocations catered for periods of one to one care and for core 24 hour support, these staffing levels were confirmed during our site visits. There were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Staffing levels were flexible. The manager explained that staff would often stay on shift if people were undertaking an activity especially things like evening trampolining or the pantomime so people could enjoy the event fully. Staff told us they felt there were enough staff on duty to give people the support they needed.

The service followed appropriate recruitment practices. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had obtained in respect of these individuals. This included up to date criminal records checks, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK (where applicable).

People received their prescribed medicines as and when they should. All prescribed medicines handled by staff on behalf of the people who lived in the home were stored appropriately in a locked cabinet. People’s capacity to manage their own medicines had been individually assessed. We found no recording errors on any of the medicine administration record sheets we looked at. Nearly all of the staff had received training in medicines management and around half of the staff had received medicine competency checks. There were protocols for ‘as required’ medicine giving guidance to staff on the type of medicines to give and when people needed to receive them.

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative told us, “Staff appear to have the knowledge they need.” Staff told us about the induction programme. One staff member said, “The induction covered all the things I needed to know.” Another told us, “The induction gave me the confidence I needed.”

Records were kept of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training. This included fire safety, manual handling, infection control, food hygiene, first aid, safeguarding and Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Not all new staff had completed their mandatory training, but their training needs had been identified. Training due for renewal had also been noted with expiry dates clearly noted. Staff received specialist training to meet people’s needs. For example, most staff had received training in managing challenging behaviour and where required staff had received additional training to support people living with autism and epilepsy. Some staff had been trained to communicate through the Makaton system using signs and symbols to support verbal communication. Staff told us, “We have a lot of training” and “I like to do the training, it’s very good for me to learn.” Staff confirmed they had received one to one supervision with their manager.

Some staff had received training about the Mental Capacity Act 2005 (MCA) and the provider had arranged training with the Local Authority for more staff during January 2015. It was apparent from our discussions with managers and staff that they were aware of what processes to follow if they felt a person’s normal freedoms and rights were being significantly restricted. However, the service was aware that they needed further clarification in certain areas and hoped the pending training would provide them with all the information they needed. Care records contained details about people’s capacity to make decisions and gave guidance to staff about how people should be given choice in every aspect of their day to day lives. Staff told us people had the capacity to make decisions and no one was deprived of their liberty.

People were supported to have a balanced diet and were involved in decisions about their food and drink. One person said, “I do my own shopping and I cook, but it’s nice to have staff there.” One relative told us, “[My relative] loves their food, they appear to have a good diet plan in place.” Another said, “[My relative] was putting on too much weight, we had a discussion with the service and they made changes to their diet.” People were encouraged to be as independent as they could be with staff offering support with shopping and cooking when required. People were supported to make healthy choices and healthy eating information and individual weekly menu planning were in place for some. Less independent people had their likes and dislikes recorded in their care records and staff told us about ways they were able to involve them in their food choices. For example, one person who was unable to communicate verbally used picture cards to help them chose their meals.

People’s dietary needs were assessed before they started using the service and then again regularly during their period of care. Care records included details of people’s food and drink preferences and when they needed support with meals. Records showed most staff had received training in food hygiene.

Relatives told us the service would let them know if their relative’s healthcare needs changed. One relative told us, “The service keeps in frequent touch, they give me updates and tell me about [my relatives] health.” Another relative told us, “Staff are very informative...they tell me if there are any problems.” People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and peoples social workers. One relative told us, “Staff took [my relative] to the dentist, they were really supportive and stayed with [them] throughout.”

Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show how they like to be looked after.

# Is the service caring?

## Our findings

Most people's relatives told us they were happy with the standard of care and support provided by the service. One person told us, "I like to be independent but I need staff to help me with some things, like cleaning, it works out ok." Relatives told us, "The staff are brilliant, they are very kind and caring", "The staff are very kind, they get on well with [my relative], [my relative] is very happy" and "[My relative] seems happy when we visit, the care is very good." One relative was unhappy with some aspects of the care provided but explained they were speaking with the service and healthcare professionals about some issues that had arisen. We later spoke with the manager who confirmed the action being taken to improve the care package for this person.

Staff had a good knowledge of the people they were caring for and supporting. One staff member told us, "We get to know how people like to do things, like their morning routine." Another told us, "When one person is out in the community we know how to support them and what situations can upset them. Another said, "We need to know the best way to communicate and understand what [people] are telling us."

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. When people were returning from their morning activities they were happy and smiling, waving and greeting the staff that had remained at the service.

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life histories, strengths, interests, preferences and aspirations. For example, there was information about how people liked to spend their time, their food preferences and dislikes, what activities they enjoyed and their preferred method of communication.

Relatives told us they came to visit when they wanted and people were supported to visit them. One relative told us, "There are absolutely no restrictions on us visiting [our relative]." Another told us, "Staff often bring [my relative] to visit me...it works out really well."

Staff told us how they respected people's privacy and dignity. They told us, "One person is very independent and will look their own door", "Sometimes [the person] wants to be on their own so I respect that" and "We like to make sure people look smart, are in nice clean clothes, there is a pride in what we do."



# Is the service responsive?

## Our findings

People's relatives told us they felt involved in reviewing the care their family member received. They told us, "We were involved when [my relative] first started using the service and we gave them lots of information. They seem to have taken it all on board", "We had a meeting when [my relative] started and we have regular reviews" and "They always tell us if there are any changes in [my relative's] care."

Care records gave staff important information about people's care needs. There were some good examples of how staff could support people who had communication needs. This included guidance for staff on how to recognise when a person, who was unable to communicate verbally, was uncomfortable or in pain. People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do and how staff could best support them. For example, one person liked listening to a particular radio station and another person liked to go to the pub.

People were supported to follow their interests and take part in social activities. They each had an activities planner which included outings to social clubs, walking, bicycle riding, horse riding and day trips. We also noted household chores were part of the daily plan such as laundry, cleaning and meal preparation to help encourage people's independence.

During our inspection we observed people come and go on various activities. One person returned with some food shopping and another returned from a walk. One person

told us, "I like to go shopping and get my nails done." Relatives told us, "[My relative] always seems to be out and about" and "They do lots of activities such as shopping and walking, there are even pamper weekends." Staff told us, "We are out with people nearly every day, we do loads of activities such as swimming, cycling, walking in the woods. We recently went to Brighton beach for the day."

People and their relatives told us they knew who to make a complaint to if they were unhappy. Relatives told us, "We have never had to make a formal complaint, we speak to the manager if there are any issues" and "We had some issues so had a meeting...they seem open to suggestions and appear to listen." Both managers took concerns and complaints about the service seriously with any issues recorded and acted upon. They explained how they communicated new ways of working and lessons learned to staff through regular team meetings to reduce the risk of future reoccurrences.

People and their relatives were given information on the services' complaints procedure when people first started to use the service. However, not all information was available in an easy read pictorial format to help some people understand what they need to do if they felt unhappy or upset. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged at provider level and were regularly monitored. One relative had made a complaint following one incident. The service had undertaken a full investigation and recorded outcomes. We noted the action taken by the manager to rectify the situation this included staff supervision, performance monitoring and changes in procedure.

# Is the service well-led?

## Our findings

There were two registered managers at Gold Care Services at the time of our inspection. Each manager was responsible for their own designated supported living units and provided cover and support for each other during periods of annual leave. One manager covered two sites while the other managed one. People and relatives we spoke with knew who the managers were and most were positive about how the service was run. Relatives told us, “We have spoken to the manager, she is always responsive” and “The manager tries really hard...they listen.” However, we also received some negative comments concerning the length of time it took to make changes, for example maintenance issues and general administration updates.

People were asked about their views and experiences of the service. Stakeholders including people who use the service were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. The results from the most recent survey sent during May 2014 fed into a policy statement on quality management. The issues highlighted above by relatives had been recorded and recommendations had been made to review and update the administration process.

Relatives told us they felt able to speak with the manager if they needed to and that they felt they were listened to. They told us, “They listen to you and are open to suggestions...but sometimes it takes them a little time to get things done” and “The manager is easy to contact and I am always comfortable speaking to them.”

Staff said they felt well supported by their managers and were comfortable discussing any issues with them. One staff member told us, “We get support from our manager, the door is always open.” Another told us, “My manager is very supportive, if I have any issues I will talk to her.” One unit had only been open a short time and staff told us about some of the problems they had encountered building the team, for example, with morale and communication. Staff felt things had begun to improve more recently. Staff meetings were held regularly throughout the year and team working appeared as a regular agenda item. The manager explained they were looking at ways to help staff work more closely together and had prepared a training session that they thought would help.

Regular staff and managers’ meetings helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included planned activities, people’s general well-being and guidance to staff for the day to day running of the service. For example, staff were given information on food storage and labelling.

Regular quality assurance audits were carried out by the provider. These included monthly health and safety checks including reviews of fire drills, staff first aid training and the safety and suitability of the service. Reports of each audit contained detailed findings, action needed, who was responsible and the timescales for actions to be completed.