

Goldsmith Personnel Limited

Goldsmith Personnel Kingston

Inspection report

28 Claremont Road
Surbiton
KT6 4RF

Date of inspection visit:
06 September 2022

Date of publication:
24 October 2022

Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Inadequate 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Goldsmith Personnel Kingston is a domiciliary care agency providing the regulated activity personal care for 29 people at the time of inspection. The service provides support to older people.

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

People did not receive safe care from a well-led service. Potential risks to people were not identified or recorded in a timely manner. Staff did not always have the guidance they needed to support people safely. Staff did not always attend their care calls; the provider did not take action to address this.

Staff were not always safely recruited. Nor did they always receive sufficient supervision or training to support them in their roles.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care was not always personalised and the provider did not take action to ensure incidents, accidents and safeguarding occurrences were investigated or reported. Management oversight of the service was inadequate and did not ensure the service was well-led. People, relative and staff comments were mixed in relation to their confidence in a safe service being provided.

People and relatives told us that carers treated them well and that they enjoyed their company.

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

Why we inspected

The inspection was prompted in part due to concerns received about a lack of safeguarding referrals. A decision was made for us to inspect and examine those risks.

The first inspection for this newly registered service was also due.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, consent to care and treatment, complaints, staffing, fit and proper persons employed and good governance at this inspection.

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

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures:

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 safe.

Inadequate ●

Is the service effective?

The service was not effective.

Inadequate ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was not always responsive.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Inadequate ●

Goldsmith Personnel Kingston

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 06 September 2022 and ended on 15 September 2022. We visited the location's office on 06 September 2022.

What we did before the inspection

We sought feedback from partner agencies and professionals. We reviewed our on-going monitoring such as information received.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of documents in relation to the management of the serviced, This included four people's care files, four staff files and documentation such as incident and accident records, complaints and quality compliance audits.

After the inspection we spoke with two people using the service, three relatives and three care workers. We also made contact with the local authority.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Inadequate.

This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

- People did not receive safe care when they needed it. Risks to people were not effectively assessed or recorded. Management plans were insufficient in ensuring that potential risks to people were clear and that staff would know how to support them safely.
- Where one person was identified as at risk of malnutrition and self-neglect, there was no risk assessment for staff to reduce this. Another person's local authority assessment noted that they were at risk of falls, diabetes and could display behaviours that could cause distress. We found no guidance to support staff as to how to respond to these risks.
- Staff were unclear on how risk management supported them in their roles. One staff member told us, "I have not seen the risk assessment for all the clients I visit." A second staff member told us, "I haven't seen any risk assessments." A third staff member said, "I haven't yet seen any risk assessments, but I haven't even looked if I'm honest with you. I imagine the managers have done some."
- Records showed, and people and relatives told us that staff were often late or did not attend care calls. Comments included, "I phoned the service on [day] and no carer came at all", "No, staff don't stay the full time, they rush my relative and leave early", "Sometimes like yesterday one of them didn't turn up. I was just so happening visit and found out they hadn't been" and "They are often late, they never let me know they're running late, and they usually say it's the traffic."
- People did not receive their medicines when they needed them. Staff did not always attend calls on time and therefore medicines administration was missed or administered late. Medicines records were contradictory and did not clearly detail the support they needed, nor an accurate record of the medicines they were prescribed.
- We identified gaps in medicines administration records, including crossing out of signatures and omissions of medicines administration.
- A relative said, "My relative has time specific medicines, if the staff are late then she doesn't get her medicines on time. Either I then have to give the medicines to her, or she gets them late."

The failure to ensure people received a safe service was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment.

Following the inspection, the provider sent us some updated risk assessments for the lack of risk management we identified. However, these still required improvement to ensure there was clear guidance for staff to support people safely.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not protected from the risk of abuse. The provider did not always identify potential allegations of abuse, investigate appropriately or refer them to the local authority safeguarding team.
- We identified an incident where a person had been neglected, resulting in them suffering a fall. The provider did not take action to investigate this, nor had the safeguarding team been informed. Furthermore, the local authority had been made aware of other safeguarding allegations that the provider had not alerted them or the Care Quality Commission of.
- We were not assured that the provider understood their responsibilities in investigating and responding to incidents and safeguarding concerns. We raised this with the provider who undertook a review of their safeguarding records and we will review their progress at our next inspection.

The failure to ensure people were safeguarded from abuse and improper treatment was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safeguarding service users from abuse and improper treatment.

Staffing and recruitment

- People did not always receive care and support at the time that was agreed in their care package.
- One relative told us, "No [staff] don't turn up on time and they don't let me know they're running late. My relative has medicine to take, and staff aren't there to give it to her. Staff don't stay the full time; they rush my relative and leave early. When the main carer goes on leave, I am concerned." Another relative said, "They can be half an hour late, it does vary. Now and again they will call and let me know they'll be late."

The failure to ensure effective monitoring of staff deployment and missed calls was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Staffing.

- People were at risk of receiving care and support from unsuitable staff as the registered manager did not have robust recruitment processes in place.
- We reviewed staff recruitment files and identified applications for the three staff did not contain a full education and employment history. A relative said, "Goldsmith are a load of rubbish; I think they take any staff to do the job."
- One staff member's recruitment file contained one satisfactory reference. Another staff members' recruitment file did not contain an enhanced Disclosure and Barring Services (DBS) check. This meant the registered manager could not provide sufficient evidence of seeking appropriate assurances that appropriate recruitment checks had been undertaken. (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We shared our concerns with the registered manager who after the inspection sent us an updated enhanced DBS check. We were satisfied with this response, however other recruitment issues had not been identified prior to our inspection.

The failure to ensure robust recruitment systems were in place was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Fit and Proper Persons Employed

Preventing and controlling infection

- Staff confirmed they had access to PPE [personal protective equipment] and could visit the office to obtain more should their supply be running low.
- People told us that staff wore PPE when they visited them.

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate.

This meant there were widespread and significant shortfalls in people's care, support and outcomes.

Staff support: induction, training, skills and experience

- People received support from staff that did not always reflect on their working practice to drive improvements, nor did they have their competencies regularly assessed.
- Newly employed staff underwent an induction to familiarise themselves with people, the provider's expectations and their new roles. We reviewed the competency checks for three staff and identified none of the staff had had their competencies witnessed and signed off as demonstrating their competency to administer medicines and support people to move safely to a satisfactory standard.
- A staff member told us, "The shadowing lasted a day and you could shadow longer if you needed to. [Management] do not go out with you again to see if you're doing it correctly."
- We raised our concerns with the registered manager who told us they had assessed staff competencies but had not recorded this.
- Not all staff received frequent supervisions. Of the three staff files we reviewed only one staff member had a recorded supervision with no others on file. One staff member told us, "Yes, I have had a supervision, I haven't had one for a few months, but I would like one and I would like someone to be able to see how I'm doing and to let me know if I need to improve on anything."
- We shared our concerns with the registered manager and provider who were unable to give us a satisfactory response. Following the inspection, they sent us an updated competency assessment, however we were not assured that these were specific in fully observing staff practice.

The failure to ensure staff were effectively supported through training and supervision was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Staffing.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's care needs were not always responded to in a timely manner. Incident and accident records that we reviewed highlighted that the staff team were not always competent in responding to changes in people's care needs. For example, one person's daily records highlighted they were experiencing pain and staff did not take action to liaise with healthcare professionals to seek appropriate support for the person.
- Care records did not detail liaison with other healthcare professionals, so we could not be clear that where people's healthcare needs changed they would receive the report they required.

The failure to ensure people received a safe service was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Safe Care and Treatment.

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 MCA 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People did not receive support from staff that had an adequate understanding of the MCA and their role and responsibilities in line with legislation. Staff were unable to tell us the underpinning principles of the MCA.
- People's care records did not clearly detail whether they were able to make decisions for themselves. For example, one person's local authority assessment referred to them having dementia, but this was not stated in their provider care plan. There was no record on whether this impacted on their ability to make decisions.

The failure to ensure care was provided in line with the requirements of the MCA is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Need for Consent

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

- People's needs were not always adequately assessed prior to them receiving care. Records included a record of assessed care needs completed by the local authority. However, there was no assessment of need by Goldsmith Personnel Kingston.
- Following the inspection, we asked the provider to send us pre assessment information for the care records we reviewed. However, we did not receive them.

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

- People received food and drink that met their dietary needs and preferences.
- One person told us, "The staff make my meals, they're alright but they do ask what I would like." A relative said, "[Staff] leave snacks for my relative between visits, so she has something to eat outside of mealtimes."

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant 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

- Care records did not always detail tasks that people were able to carry out for themselves. Therefore, we were not assured that people were supported to be as independent as they could be.
- We raised the above with the provider who assured us they would make improvements to people's care plans. We will review their progress at our next inspection.
- We received positive comments about the carer staff that supported people. These included, "I have no complaints about the carers, they're friendly and kind towards me and do a first-class job" and "The carers are very caring, my relative always speaks highly of them."

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

- Staff respected people's equality and diversity needs.
- One staff member told us, "I don't support anyone with any [diverse needs], but previously I did. If they do have any needs it would be in their care plan."
- Care records detailed where people had cultural preferences that staff needed to take into account when supporting people in their day to day lives. For one person it was clear which cultural activities they liked to participate in.

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

- People were encouraged to make decisions about the care they received.
- Staff were aware of the importance of supporting and encouraging people to make decisions and respecting them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People's complaints were not always managed appropriately.
- During the inspection we identified there had been three recorded complaints in the last 12 months. However, records did not always demonstrate the complaint had been thoroughly investigated nor an outcome always sought to reach a positive outcome.
- One person told us, "I do know how to make a complaint but am reluctant to do it." A relative said, "I don't know how to make a complaint. I think I would just phone the number on the folder and speak to someone in the office."
- We were not assured that complaints were sufficiently responded to. We shared our concerns with the provider who was unable to give us a satisfactory response.

The failure to act on complaints is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Receiving and Acting on Complaints

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People did not receive care that was always personalised. Relatives told us they were not always consulted in updates to their loved one's care needs.
- Care records were not as personalised as they could be. For example, they did not always include details of people's meal preferences, life history or tasks they were able to carry out for themselves.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication support needs were not always clear. Where one person was noted to have a speech impediment there was no clear guidance as to how this could impact their ability to communicate their needs.
- Care records did detail if people needed any specific aids such as glasses to support any sensory impairments.

The failure to ensure people received personalised care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Person-centred care

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.

This is the first inspection for this newly registered service. This key question has been rated inadequate.

This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Working in partnership with others

- People did not receive a service that was well-led. The management of the service was ineffective at monitoring the quality of service delivery. There was a lack of sufficient audits to monitor care records, medicine administration or learn lessons from incidents and accidents.
- Staff were not always safely recruited, nor did they receive support to enable them to carry out their roles.
- Records were not always contemporaneous and we were not assured that the management team ensured quality oversight. Where people had healthcare needs that needed addressing it was not always clear what action had been taken to support them.
- The provider did not understand how to ensure incidents and accidents were investigated. Allegations of potential abuse were not raised with the local authority safeguarding team. Nor did they follow their statutory obligation to report important events to the Care Quality Commission.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture of the service was not always positive and people did not receive a good service.
- We received mixed feedback about the service. Comments included, "The [registered] manager doesn't treat the staff well. She would like things to be done but she does so forcefully and not in agreement with the carers", "I don't think the service is well managed" and "I don't know who the provider is, but I pray one day I meet her and let her know what's going on." We were also told, "The [registered] manager is very good and nice, I can speak to her whenever I want, she will always take our call. She is supportive" and, "I think she's a fantastic [registered] manager because she's been a carer, she knows what it's like."
- The feedback we received did not assure us that the management of the service empowered people and staff alike.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager did not always follow the principles of the duty of candour. Where incidents, accidents and complaints were insufficiently responded to the provider did not always apologise where mistakes were made.

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

characteristics

- People and staff were not always engaged in the development of the service. Regular telephone calls and spot checks were carried out to review people's care. People were subject to reviews of their care, however we found that for one person their reviews had been duplicated verbatim for two different occasions.

The failure to implement effective systems to ensure people received a safe, high quality support service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014 – Good Governance.

- Following the inspection, the provider submitted to us a comprehensive action plan of the improvements they planned to make. However, the concerns highlighted at our inspection and from a local authority visit in July 2022 had not been promptly identified nor action taken to make timely improvements.

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	Regulation 9 HSCA RA Regulations 2014 Person-centred care People did not receive person centred care as care records did not reflect their preferences to ensure care delivery was personalised
Regulated activity	Regulation
Personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent Staff were not clear on the principles of the Mental Capacity Act (2004) and how it applied to their roles
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Safeguarding incidents were not effectively recorded, investigated or reported to prevent the likelihood of their occurrence
Regulated activity	Regulation
Personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints Complaints were not sufficiently recorded, investigated or responded to
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and

proper persons employed

Staff were not safely recruited.

Regulated activity

Personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not appropriately supported to ensure they were able to carry out their roles effectively