

Golden Keys Care Agency Ltd

# Golden Keys Care Agency Ltd

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Golden Keys Care Agency Ltd is a large domiciliary care agency providing the regulated activity of personal care to people who live in their own houses and flats. At the time of our inspection there were 90 people using the service.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they did not always receive their care calls on time and staff did not always stay for the duration of the scheduled call time. People were not always notified about delays or changes to their care.

Recruitment processes were in place; however, these were not robust as we identified several gaps in people's employment history's where these had not been explored by the registered manager during the recruitment process.

Risks to people had not always been identified, assessed and reviewed. We found the provider did not have robust processes in place to minimise the potential risk of harm to people. People's medicines were not always managed safely and the providers systems and processes for auditing people's Medication Administration Records [MAR] was not effective.

The providers governance arrangements did not provide assurance the service was well led. We were not assured the systems and processes in place to oversee the quality assurance of the service were robust and effective, as they had not identified the shortfalls we found during our inspection and regulatory requirements were not always being met.

People and relative's we spoke to, some were unsure if they had received a copy of the complaints procedure for the service but knew how to raise a concern or complaint. None of the people we spoke to knew who the actual registered manager was.

Staff knew how to keep people safe from harm. People told us they felt safe when staff were providing care. Staff had received training in Infection prevention control. Staff had access to personal protective equipment (PPE), and people told us staff wore their PPE when providing their care.

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

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 29 June 2018). The service is now requires improvement.

### Why we inspected

This inspection was prompted by a review of the information we held about this service. We received concerns in relation to people's care and treatment. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Golden Keys Care Agency Ltd on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified breaches in relation to assessing and monitoring risk to keep people safe from harm, recruitment processes and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

### 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.

## 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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Golden Keys Care Agency Ltd

## **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

The inspection team consisted of 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 2 March 2023 and ended on 15 March 2023. We visited the location's office on 6 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We reviewed information we received from the local authority. We used 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 4 members of staff these included 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 records which included 7 people's care records, associated risk assessments and a selection of Medication Administration Records [MAR]. We looked at 5 staff files in relation to recruitment, training and supervisions. We looked at a sample of the service's quality assurance systems, accident/incident and complaints management records. The Expert by Experience spoke to 20 people who used the service or their relative about their experience of the care provided.

Following the inspection to the domiciliary care office, we continued to seek clarification from the registered manager to validate evidence found. We spoke to a further four members of staff either by telephone or email correspondence.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant 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.

Assessing risk, safety monitoring and management: Using medicines safely; Systems and processes to safeguard people from the risk of abuse

- There was a failure to assess risks to people. Staff were not provided with guidance or direction on how to recognise and reduce risks. This included risks associated with people's catheter care, diabetes and people who were prescribed anticoagulant (blood thinning) medicines. Staff did not have up to date information about these risks and how to mitigate them or support people.
- From the care plans we reviewed, people's risk assessments such as falls and moving and handling had been completed, however these had not been reviewed or updated. For 1 person who had been identified as medium risk of falls their risk assessment had been completed in December 2021, with no evidence this had been reviewed. Similarly, their medication, oral care and moving and handling assessments had not been reviewed to ensure staff were aware of current needs.
- Accidents and incident forms were in place; however, these were not always completed in full. For example, time and dates were missing, and information regarding the action taken and outcome for people was not always recorded. Therefore making it difficult to ascertain what actions the service had taken to mitigate further risk to people. We were also provided with an accident/ incident overview log, however this failed to capture all of the accidents and incidents we reviewed on the day of the inspection from the services paper data.
- People we spoke to told us they or their loved one received their medicines when they needed them. Although a relative informed us of a medicine error which had occurred where their loved one had not received their bedtime medicines for several days. Staff or management had not identified this error and were notified by a relative. Furthermore we saw no evidence of this concern being raised with the local authority.
- After this feedback was received, we notified the registered manager who advised this had been an oversight on their behalf and they had immediately notified the appropriate authorities and would conduct their own investigation.
- A sample of people's Medication Administration Records [MAR] were audited every month, however when reviewing these we found errors had not always been identified. For example; staff had either incorrectly used the codes provided at the bottom of the MAR chart or not used them at all, missing signatures and on 1 audited MAR chart we looked at, we found a person had not received their anticoagulant medicine for 5 days as it was unavailable. The completed audit read, 'no concerns at this time', with no evidence recorded of reasons why, action taken or outcome for the person.
- Staff had completed safeguarding training and were able to recognise signs of abuse. However we found risk of potential harm due to some risks to people not being adequately assessed. Also incidents we were informed of were not always identified or reported to the appropriate authorities.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safe medicine management. In addition, safety and risk processes were not effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff involved in the administration of medicines had received appropriate training and their competency checks had been carried out by senior members of the team.
- People told us they felt safe. One person told us, "I feel very safe, they (carers) are quite friendly." Another person told us, "Yes I do, I have never felt unsafe."
- Relatives we spoke to, confirmed they had no concerns relating to the safety of their family member. Comments included, "Definitely", "Yes, I think [Person] is safe", "I do" and "Yes, yes, the 2 girls we have are lovely."

#### Staffing and recruitment

- Relevant checks had been carried out by the registered manager when recruiting new staff, however, we found, 1 file contained only 1 reference, 1 file had no interview notes and there were gaps in staff employment history which had not been identified and explored throughout their recruitment process.
- The local authority had recently carried out a quality monitoring visit to the service and had identified similar issues we found on the day of our inspection in relation to the services recruitment processes. Auditing of staff personnel files had not been carried out effectively to ensure all elements of staff recruitment processes were meeting the regulatory requirements.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate recruitment processes were effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and Proper Persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were subject to Disclosure and Barring checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff received supervisions and appraisals, one member of staff told us, "I have worked here for 6 months now, I have had 2 supervisions so far, they are every 3 months."
- We received mixed feedback from people regarding the timings of their care calls, although people told us they had not experienced any missed calls, they said staff can often be late and they are not always notified of this. One person told us, "I have had 3 late calls recently, 1 day the carer did not come until 11pm. I ring the office up a lot". Another person told us, "They (carers) always come on time, they may be a little late. They do what they have to do."
- The service used an electronic call monitoring system which enabled the care coordinator to monitor people's call times. This was a new system which had been introduced in November 2022. We requested the service's call data for February 2023 to analyse. We identified that 7% of calls made were short calls, which means less than half the planned time is delivered. Out of 9244 calls made in February 2023 4986 of those had no travel time, and there were calls where staff were logged into 2 locations at the same time.
- The care coordinator kept an overview of the services missed, late and calls not logged out tracker and any actions taken. They explained with regards to staff having no travel time calls are planned and grouped together in closest proximity to each other to enable staff to get from person to person in the shortest amount of time.
- The service recognises there are flaws in the system and they are still in the learning process and have arranged for further training to be provided to staff.



### Preventing and controlling infection

- Staff had received training in infection control practices. Personal protective equipment (PPE) such as gloves, masks and aprons were provided for them. People we spoke to confirmed staff were following correct infection control procedures. One person told us, "They (staff) put the gloves and aprons on. Another person told us, "Oh yes, they are very good at that".
- One staff member told us, "I make sure I wear my PPE, I wash my hands to avoid the spread of germs, ensure the person's environment is clean and safe. We get PPE from the office weekly."

### Learning lessons when things go wrong

- Staff knew how to report accidents and incidents. One member of staff told us, "We have an incident form which we fill out. We go and hand it in to the office. The office will send out a care coordinator immediately." Another staff member told us, "I would notify the office, wait for them to get back to me. Call 999 if I needed to, follow their advice then document everything in their daily notes and complete an accident/ incident form."
- The registered manager had a lesson's learned overview to log any complaints the service had received and what they related to, for example, communication, quality of care and short visits. The service had logged 6 for January to December 2022 and had information on what lessons had been learned and how information had been shared with staff to improve the quality of the service.

# 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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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

- We were not assured the current governance arrangements and oversight of the service were robust or effective in identifying actions needed. Particularly with regard to; recruitment and exploring people's employment history, medication and the current auditing processes, the collating and analysis of accidents and incidents and the reporting and notifying the relevant authorities in a timely way.
- The registered manager understood their responsibilities under the duty of candour, we saw evidence where incidents had occurred, and investigations had taken place the service had acknowledged this, and apologies were sent to people where needed. However, during the inspection we identified 6 occasions where the registered manager had notified the local authority of incidents but had failed to notify CQC and 1 occasion whereby the local authority had not been notified of an incident relating to a medicine error.
- Following the inspection, the registered manager notified the local authority and sent the relevant statutory notifications retrospectively to CQC.

Systems and processes to monitor, audit and improve the overall quality of the service were not robust enough. This was a breach of Regulation 17 [Good governance] of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff spoke positively about working at the service and told us they felt supported by the management team. Staff told us, "It has been a good experience for me, staff are good, the office staff support us and come out to check we are ok." And, "The managers do not over work you or put pressure on you. They do not intimidate you. Very supportive with training and taking leave."
- Staff told us they attended regularly held staff meetings. One staff member told us, "I attend monthly meetings. We discuss any issues staff are facing, any adjustments, what we would like the office to do." Another staff member told us, "We have discussions about how to improve client satisfaction, day to day activities, providing clients with the best care and wellbeing for staff."
- People we spoke to were not aware who the registered manager was and most referred to the care coordinators when asked. People and relatives told us, "No, I don't know who it is," "I've no idea," and, "No, I assumed it was [Name of care coordinator]."

- People we spoke to including staff felt able to report concerns. Most were confident any concerns raised would be listened to and dealt with appropriately.
- The registered manager had systems in place to gather people's feedback on the quality and experience of the service received. The last survey was carried out between October and November 2022. Out of 89 survey's sent, 27 were returned. The majority of feedback received was positive and included comments such as, "My carers have helped me settle back home since coming out of hospital. They have taken care of me very well." And, "My husband and I are happy with the care provided."
- Where the feedback received was not so positive, we saw action had been taken by 1 of the care coordinators who told us they visited the person at home to discuss the concern which was around the timings of the care calls. They explained they discussed the concern with the person and the outcome was the service would attempt to accommodate their request for more flexible call times wherever possible.

#### Continuous learning and improving care; Working in partnership with others

- The provider had a service improvement plan in place which identified areas requiring further input to make changes and improve the quality of the service being provided.
- The provider worked in partnership with different healthcare professionals to support people's needs where required, such as District Nurses and GP's.

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 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The providers recruitment procedures were not effective in exploring gaps in people's employment history and failed to comply with the requirements of this regulation.</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider failed to mitigate risk to the health and safety of service users and failed to provide care and treatment in a safe way.</p>

### The enforcement action we took:

We have issued a warning notice to the provider and will ask them to send us an action plan to understand what they will do to improve the standards of quality and safety.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Arrangements to monitor the quality of the service for people using the service were not effective and improvements were required.</p>

### The enforcement action we took:

We have issued a warning notice to the provider and will ask them to send us an action plan to understand what they will do to improve the standards of quality and safety.