

Goldsmith Personnel Limited

Goldsmith Personnel Limited (Oxfordshire)

Inspection report

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08 November 2019

26 November 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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Goldsmith Personnel Limited (Oxfordshire) is a domiciliary care service providing personal care to people living in their own home. At the time of the inspection the service was supporting 27 people.

Not everyone who used the service received personal care. 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

The provider's quality assurance systems and processes to monitor the service had not been effective. There was no clear plan in place to check that people's records were up to date and reviewed on a regular basis and that care workers were supported through regular refresher training, supervision and checks on their work. Audits had not been part of the monitoring of the service and the provider had not overseen the service to ensure it was running appropriately. The provider took steps, following the first day of the inspection, to start to address the issues.

Staff understood their responsibilities to identify and report any concerns. The provider had recruitment and selection processes in place, although these needed to be monitored to ensure the recruitment information obtained was checked.

Care plans detailed people's support needs and how care workers should support people to meet those needs. Information varied, with some records being very informative whilst others were written more broadly and lacked details on people's individual preferences.

Risks to people's safety and well-being were managed through a risk management process. However, where people required two care workers to mobilise them safely, this had not always been carried out.

Feedback from people, relatives and professionals was positive about the service. People said there had been some changes with the office staff and care workers. However, for most of the time people were happy with the support they received from the care workers.

People told us the care workers were caring and kind. Their commitment and knowledge enabled people to receive a good level of care. The registered manager had supported people to remain in their own homes and enjoy a better quality of life.

There had been no missed visits to people and people said visits were generally on time.

The registered manager and staff team worked with GPs and other healthcare professionals to ensure people's changing needs were safely and effectively met. Medicines were managed safely, and people

received their medicines as prescribed.

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
Rating at last inspection The last rating for this service was Good (published 9 May 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goldsmith Personnel Limited (Oxfordshire) on our website at www.cqc.org.uk.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified a breach in relation to regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider was responsive to the findings of the inspection and had developed an action plan during the inspection process to work on the areas needing to be improved.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Goldsmith Personnel Limited (Oxfordshire)

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an assistant inspector carried out telephone calls to people using the 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 and specialist housing.

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

This inspection was announced.

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

Inspection activity started on 7 November 2019 and ended on 26 November 2019. We visited the office location on 7 and 26 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

The assistant inspector spoke with five people who use the service on the telephone to gain their feedback on the service.

We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with the nominated individual, who is also the provider. They are responsible for supervising the management of the service. We also met with the registered manager, care supervisor and care coordinator.

We reviewed a range of records. This included three people's care records and their associated medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training data and quality assurance records. We received feedback on the service, via email, from three relatives, six members of staff and two health and social care professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- During the inspection, the registered manager and a care worker told us that for one person two care workers had not always been present to mobilise the person safely. We were informed the person required two people to mobilise them and there had been occasions where the relative had helped the care worker. We talked with the registered manager and provider about this practice, as they could not evidence or confirm that the relative had been appropriately trained in moving and handling.
- Following on from the first day of the inspection, the provider wrote to the care workers and relatives informing them that this practice should not occur to ensure all those concerned were not placed at risk of harm.
- Risk assessments were in place and had identified areas of risk, which were individual to the person and steps to take to mitigate risks to the person. This included risks associated with falls, skin breakdown, medicines and the environment.

Systems and processes to safeguard people from the risk of abuse

- The registered manager reported any safeguarding concerns to the local authority's safeguarding team and to the Care Quality Commission (CQC). Improvements were needed with the safeguarding records to ensure there was evidence of the action taken to investigate the concerns along with the outcome. Shortly after the second day of the inspection to the office, the provider confirmed they had made changes to how concerns and outcomes were recorded.
- People said they felt safe using the service and were not concerned about the care workers visiting them.
- Care workers were clear what they would do if they had a safeguarding concern. They knew to report concerns to the registered manager and external agencies.

Staffing and recruitment

- Although there were, for the most part, safe recruitment practices in place to avoid the employment of unsuitable staff, we identified there was some information on the care worker's recruitment details that required clarifying. On one care worker's employment details there was an unexplained gap and care workers had only put the year of employment and not the month, making it difficult to assess if there were gaps in their employment. The provider sent evidence of the recruitment checks that had not been available during the inspection.
- Relatives confirmed that care workers stayed the correct length of time at a visit. One relative said, "They [care workers] do their best to arrive at the stipulated times." A second relative said, "Sometimes standards slip, particularly when they've been short staffed, and the regular carers get very tired."
- The registered manager explained there had been challenges with both frontline care workers and office

staff leaving during 2019. Recruitment of new care workers was ongoing and two staff, now working in the office and in the community, would help focus on the priorities of running the service successfully.

Learning lessons when things go wrong

- Improvements were needed to the monitoring of the service as there was no action plan in place, prior to the inspection, identifying areas for improvement and lessons to be learnt. The provider confirmed they would take a more active role to ensure the service was operating safely.
- Accidents and incidents were reported and recorded. There had been no trends or patterns relating to these events.

Using medicines safely

- Medicine administration records were checked each month by the care supervisor to ensure care workers had completed these correctly. We identified that in one person's care records it was not clear whether care workers prompted or administered their medicines. In the daily records it was sometimes recorded that the care worker 'gave' the person their medicines. The Provider confirmed they would ensure care workers were reminded to be accurate when writing up the tasks completed.
- People requiring support to take their medicines were happy with care workers helping them. One person said, "I've got my tablets, they [care workers] give them out. They are very good and know what they are doing." A second person told us, "They [care workers] explain what they give me."
- Care workers completed medicines training and were observed carrying out tasks relating to medicines before carrying out this task unsupervised. Their competency was checked during spot check visits and formed part of the care worker's learning and development.

Preventing and controlling infection

- Care workers used and had access to protective personal equipment (PPE) such as gloves.
- Training on infection control and health and safety was available for care workers to complete.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- During the first day of the inspection, we identified that several care workers had not completed training the provider had deemed mandatory for over a year and in some cases two years. The registered manager understood refresher training was to be offered approximately every three years, whereas the provider was clear it was to be provided on an annual basis.
- During the period between the first day of the inspection and the second day, the provider arranged for the internal trainer to provide all care workers and senior staff with refresher training in subjects such as medicines management and safeguarding.
- Moving and handling refresher training was provided to all care workers in between the first and second day of the inspection. This enabled staff to be observed carrying out moving and handling tasks by a qualified trainer and be reminded they should not mobilise a person without a trained second person with them.
- Care workers told us they were supported in their roles, with one care worker telling us, "I can talk with my manager or senior staff, anytime I have a problem." We identified that several care workers had not received regular supervision meetings or checks on their practice (known as spot checks). The provider had informed us this should be offered to care workers approximately four times a year.
- By the second day of the inspection most care workers had received either a supervision session or had their work observed. The provider developed a system during the inspection days to monitor when care workers were due supervision, annual appraisals and observations on their practice.
- We asked people and relatives if they felt care workers were well trained and competent to carry out their roles. The feedback was positive with people happy with the care workers who visited them.
- New care workers going through their induction, were observed during care visits before working unsupervised. One person confirmed, "They [new care workers] always shadow somebody when starting for couple of weeks and then they come on their own."

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

- People's needs were assessed in line with best practice prior to them using the service.
- Detailed guidance was in place for a person who had a Percutaneous Endoscopic Gastrostomy (PEG). This is used when people are unable to eat orally and/or medicines is delivered via a tube inserted into the stomach. Staff received training on tasks involving the PEG, so they knew the safe procedures to follow.
- People's care records recorded where they could make their own choices about their care.

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

- Care plans identified where people required support to meet their dietary needs.

- In one person's care plans there was no reference to the foods the person liked to guide and inform staff on what type of meals to offer the person. The provider confirmed this would be reviewed to ensure the person's likes and dislikes were clearly recorded.
- Food and fluid records were in place, where this was needed, to ensure people were eating and drinking well.

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

- People were helped to liaise with other agencies such as the housing department and social services to help them lead a better quality of life. For example, the registered manager had supported a person to apply to the housing department to move to an area they wanted to live, so they could be near their family. They also helped them budget to avoid being in rent arrears. The registered manager confirmed care workers noticed a change in the person's mood, with them becoming more positive due to the support offered to them.
- Care workers knew to contact the office and health professionals if a person became unwell. One person confirmed, "I wasn't feeling well and she [care worker] was very good. They contacted the doctor and my daughter."
- People's health and medical needs were recorded on their care records to inform care workers on how to effectively support people. A relative gave an example, of where a care worker supported a person to change their dentist. They could visit them more easily as the new dentist was local to the person.
- An external professional gave an example of where the registered manager had made appropriate referrals to community professionals so that a person's needs could be assessed and met.

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 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.

- The provider understood their responsibilities in working with the MCA and carrying out assessments where people lacked capacity to make decisions.
- Most people using the service could agree to their care and understood the need for support. For those people who struggled to make daily decisions, assessments were in place to highlight the issues people might have in consenting to their care.
- Staff received MCA training and could describe how they gave people choices and helped them to make daily decisions. One care worker said, "We try to encourage and empower clients to make decisions."

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were happy with the support people received. Comments included, "I know them [care workers] all. They are all lovely," "They are very caring and gentle" and "Some [care workers] are exceptionally helpful and think proactively. They will also get on with some additional tasks without being asked."
- A health care professional commented favourably on the support a person received from care workers. They told us, "[Person using the service] has forged very positive relationships with his carers. He enjoys their company, and this supports his wellbeing." They also described how care workers knew how to respond to people when they were distressed or in crisis.
- People's diverse needs and interests were recognised by staff who understood how people wanted to be supported. A care worker told us they wanted to make people feel good about themselves.

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

- People confirmed they were involved in decisions about their care. One person told us, "We've discussed my expectations and needs."
- People and relatives gave their views on the care they received through the telephone calls or by a home visit to ensure they were happy with the care they were receiving. This enabled the provider to be confident that people were receiving the level of support they wanted. The provider recognised the reviews needed to be monitored to ensure these took place on a more regular basis.

Respecting and promoting people's privacy, dignity and independence

- People confirmed care workers encouraged them to do tasks for themselves. One person explained, "They let me be independent in the shower. They help me with what I can't do." All those asked said care workers gave them privacy and respected them.
- A health care professional gave an example of where a person had become upset and agitated whilst in the community. They described how a senior staff member from the office came out to the person, helped calm them down and support them home. This demonstrated that the staff member was keen to promote the person's dignity and ensure they were happy to be assisted by someone they were familiar with.
- Care workers were clear on the different ways they respected people's dignity, which included keeping people's information confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question had remained the same.

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

- Although it was identified during the first day of the inspection, that some people's care were overdue a review, feedback we received from people and relatives was that there was regular contact with staff in the office. By the second day of the inspection, action had been taken to ensure people and relatives had been contacted and reviews arranged where they were needed.
- Some people's care plans were person-centred and contained detailed information about important aspects of people's lives. This included their interests and personal preferences.
- In another person's care records information was broader. For example, we saw recorded, 'Maintain my beliefs and respect my culture', when records had stated that there were no social, religious or cultural needs for this person. In another section it was noted, 'Support with whatever activity she wants to engage in.' This did not inform the care worker what interests the person had or what activities they appeared to enjoy. The provider confirmed as part of making improvements to the service, they would ensure every person's care records were person centred and informative.
- People told us the care workers knew their likes and dislikes so could support them appropriately. They also said the visit times could be flexible, if they had an appointment and needed a home visit at a different time.
- People who used the service had a wide range of needs. A health care professional commended the care workers who supported a person who had complex needs. They told us, "The fact that [person using the service] is living safely at home is based in large measure on the robust and flexible care package delivered by Goldsmiths."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans detailed people's communication needs and how those needs should be met.
- Communication was different for each person and on one person's records we could see the person responded to touch and engagement. It clearly recorded staff were to speak clearly to the person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were helped to access community places. The registered manager described how for one person, they had wanted to go in their garden, but had not been able to due to access issues. This was resolved and

through the support of the registered manager the person not only accessed their garden but had an increase in the hours of support they had, so they could go out to a local café and visit local places. The registered manager said this had all improved the person's quality of life as they had not previously been leaving their home.

- The registered manager had recognised the importance of supporting people to maintain relationships that were valuable to them. They had helped one person have contact with family who did not live locally to them.

Improving care quality in response to complaints or concerns

- People and relatives were clear they would talk with the registered manager if they had a concern or complaint. One relative said, "On the whole we're very happy with the quality of the care."
- There was a complaints policy and procedure in place. The registered manager confirmed they had not received any complaints.

End of life care and support

- At the time of our inspection the service was supporting one person who's needs had recently changed and community professionals deemed they were now requiring end of life care. The care coordinator confirmed they would work alongside other health professionals if care was needed in this area.
- End of life care and bereavement training was available for care workers to complete.
- The provider confirmed any known end of life wishes would be recorded in people's care plans.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated 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

- The provider's quality assurance processes were not always effective. The registered manager informed us they had not been completing regular audits and checks on the service. There had been changes with office staff and some care workers leaving in 2019 and the registered manager told us this had affected how they carried out their role.
- The provider confirmed they telephoned the registered manager to receive updates but had not regularly visited the location or arranged for someone to check that the registered manager was running a safe and well-led service. When the provider had visited the location, they had not recorded any of the checks they told us they carried out.
- We found various areas had not been checked for some months. Some care workers had not been receiving regular spot checks on their work, not been provided with refresher training and had not received regular one to one supervision throughout 2019.
- Whilst there were some quality assurance checks on people's records, these had not identified that reviews were due and that in one person's care record that we viewed, information was broad and did not fully outline their preferences.
- The provider confirmed all care worker's recruitment records would be audited to ensure information and records were available and clearly matched care worker's employment history, as we had identified some discrepancies with the staff recruitment details we viewed.
- Completed medicine administration records, daily records and other care records were returned to the office every month and checked by the care supervisor. However, the registered manager had not carried out their own audits to check records were completed appropriately.

We found no evidence that people had been harmed however, quality assurance systems were either not in place or robust enough to demonstrate safety was effectively managed and records were reviewed on an ongoing basis. This could have placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded after the first day of the inspection. A detailed action plan was developed and much of the areas needing to be improved were addressed. However, we need to see that this could be sustained over a period of time.

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

- People and relatives were satisfied with the support offered to them. Comments included, "I am quite happy. I'd fully recommend them to other people" and "They [staff] understand my needs, they are very sympathetic."
- People, relatives and professionals commented positively about the registered manager. One relative said the registered manager was, "Always approachable and helpful."
- Comments on the service from the care workers was mainly positive. One care worker said communication could be better, but they did not expand on what they meant by this. Another care worker was happy working for the service and told us, "It was a good firm to work for." Care workers received a newsletter which gave them up to date information, informed them of changes and included reminders about what needed to be completed, such as online training courses. The registered manager said they would be considering introducing a newsletter for people and relatives in 2020.

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 and provider understood the 'Duty of Candour.' This regulation sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about any incidents, providing reasonable support, providing truthful information and an apology when needed.
- The provider had been communicating with the local authority following on from the inspection so that they were aware of the issues and that these were being addressed by the provider.

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

- People confirmed that the registered manager had visited them to introduce themselves which helped with the building of the relationship.
- People and relatives confirmed they were involved in the support people received. This included review meetings held and telephone monitoring calls to check if people were happy with the level of care being provided. One relative commented, "I've had experience of other care agencies, and care homes, and I can certainly say that Goldsmith's is the best I've encountered."
- The staff team communicated any issues to people and relatives. For example, one person confirmed if any of the visits are running late they are told so they know there when there is a delay.
- A relative spoke highly of the care coordinator and that they were quick to respond to any queries or issues.

Continuous learning and improving care

- The registered manager met with other registered managers within Oxfordshire to share ideas and best practice. They said they had yet to use Skills for Care, an organisation for those working in the care sector.
- The care coordinator had signed up for a management course run by Oxfordshire Association of Care Providers so they could develop their skills and knowledge.
- Following on from the inspection, the provider recognised the importance of an ongoing action plan with any lessons learnt to be noted so all those concerned could reflect on their practice and make changes to how the service was run.

Working in partnership with others

- Staff worked in partnership with external professionals. One health care professional spoke positively about the support the staff gave to a person. They said, "I know that the agency would contact our team

promptly if they had any concerns about his mental health."

- A second social care professional commented favourably about the registered manager. They told us, "He is very efficient in managing his staff and very helpful when my client has any issues."
- Management attended reviews held by community professionals to ensure information and best practice was shared.

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>The registered person did not always establish and operate effective systems to assess, monitor and improve the quality and safety of the services provided.</p>