Goldsmith Personnel Limited

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Inspection report

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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

The inspection took place on 23 and 28 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for adults; we needed to be sure that someone would be in. Goldsmith Personnel Limited provides personal care to people living in their own home. The service provides care and support for older adults, people with disabilities and children. At the time of our inspection there were 50 people receiving care. The service was last inspected in July 2014 and was rated as Good.

There was a registered manager at the service at the time of our inspection. 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.

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff were inconsistent and did not always provide sufficient detail for staff about how to manage specific risks.

The provider followed the latest guidance and legal developments about obtaining consent to care. However, people had not always signed to consent to their care where they had transitioned from being a child who used the service to an adult using the service. Staff used a range of communication methods to support people to express their views about their care.

People felt safe and were protected from the risk of potential abuse. Staff were knowledgeable about safeguarding and knew what to do if they had concerns about the service. The staff were suitable to work in the caring profession and recruited appropriately.

Medicines were well managed and the service conducted regular audits of medicine administration.

Staff were trained to carry out their roles and newly appointed staff were supported in their role by a robust induction period.

People were supported to get enough to eat and drink and people had access to healthcare professionals.

There were enough staff to meet people's needs and people consistently received care from the same care staff member. Staff developed caring relationships with people using the service and respected people's diversity and privacy. People and their relatives were involved in planning their care and care records included information about people's likes and dislikes and promoting their independence.

There was a positive and open culture at the service. People using the service and their relatives felt

confident that they could raise concerns and their complaints would be taken seriously.

We made three recommendations in relation fit and proper persons employed, consent and good governance. We found one breach of the Regulations around safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Aspects of the service were not safe. Risks to people's health and wellbeing were identified and detailed plans about how to manage the risk were in place for most but not all people.

People felt safe and were protected from the risk of potential abuse.

Medicines were managed appropriately.

There were enough staff to meet people's needs.

Is the service effective?

Good

The service was effective. Staff received training and support relevant to their roles.

The service was committed to working in line with the Mental Capacity Act (2005)

Staff supported people to eat and drink enough and to receive care from health and social care professionals.

Is the service caring?

Good

The service was caring. Staff had developed compassionate relationships with people.

People were supported to be independent and were treated with dignity and respect.

Is the service responsive?

Good

The service was responsive. Care workers demonstrated that they knew each person well.

People were formally involved in planning their own care.

Care staff provided care tailored to the individual.

People and their relatives felt able to raise complaints should the

need arise.

Is the service well-led?

Requires Improvement

Aspects of the service were not well led. Monitoring systems were in place but these were not effective in identifying shortfalls in relation to risk management and gaps in documentation relating to consent and staff recruitment.

The service had an open and collaborative culture.

The service was monitored to ensure the care delivered was of a high quality.

Goldsmith Personnel 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.

The inspection took place on 23 and 28 June 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and staff were are often out during the day; we needed to be sure that someone would be in. The inspection was conducted by two inspectors. Before the inspection we reviewed the information we held about the service and statutory notifications received. We spoke to the Local Authority safeguarding contract monitoring teams to gather their views about the service. During the inspection we used a number of different methods to help us understand the experiences of people supported by the service. We spoke with the nominated individual, the service manager, the quality assurance lead, the finance officer, and the office administrator. We spoke to five members of the care staff. We looked at five people's care records, and three staff files, as well as records relating to the management of the service.

Subsequent to the inspection we made telephone calls to six people who use the service and two relatives. We also made telephone calls to the registered manager.

Requires Improvement

Is the service safe?

Our findings

People were not always protected from risks to their health and wellbeing because risk assessments to guide staff were inconsistent and did not always provide sufficient detail for staff about how to manage specific risks. The risk assessment for a diabetic person did not inform staff about what to specifically look out for if the individual became high or low blood sugar level. It was noted, however, that staff had received training in diabetic care and worked with a multi-disciplinary team. One person's nutrition risk assessment had not been updated to reflect that the person required a soft diet. However, instructions were included in the person's support plan. Risks due to epilepsy had been consistently identified but guidance for staff about how to support one person living with epilepsy did not provide enough detail about what staff should do in the event of a seizure. A risk assessment did not provide guidance about how staff were to monitor whether the person's condition was worsening which was required to promote good health. We also noted that risk assessments were not always reviewed within the timeframe set out by the provider.
The issues above relate to a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were robust risk assessments for falls, mobility and financial support. There were effective risk assessments to support people whose behaviour may challenge the service with clear plans about how to encourage people to make better choices or to de-escalate situations.

People were protected from the risk of potential abuse. People told us they felt safe when supported by care workers and knew who to contact if they had any concerns. One person said, "Yes, I feel safe, I am glad to have [the care worker]." Relatives felt their family members were safe, "Yes, they are safe". Staff had received training in safeguarding adults and children from abuse and had a good understanding of what may constitute abuse and how to identify it, "It can be subtle, if they begin to change their mood or expression. You might broach a subject and they are angry if they have been intimidated. It can be dramatic." Staff were aware of their duty to report any concerns to their manager, "I would log it then inform the agency because there's a policy." We noted that following a safeguarding incident the issues were addressed in a letter sent to all staff and were discussed with all staff in supervisions. The local authority safeguarding team did not have any concerns about the service.

People were protected from the risk of poor practice because staff were supported to escalate concerns if needed. Staff were aware they could contact the local authority safeguarding team, the Care Quality Commission and the police if they felt the matter was not dealt with appropriately internally but told us this had not been necessary since our last inspection. Staff were guided by an appropriate safeguarding policy. The provider had a good understanding of their responsibilities in reporting allegations of abuse to the appropriate authorities and we noted allegations of abuse in the past 12 months had been recorded and dealt with appropriately.

There were enough staff to meet people's needs and people were supported by a regular staff member where possible. People told us that the staff were reliable, arrived on time and were told if they were going to be supported by a different member of staff on the day. Relatives told us they appreciated the level of

consistency and flexibility their family members received from care staff, "We've had the same carer for quite a while. They are very good." And, "They are very good with times and very flexible if we need something. Sometimes [my family member] goes to the care centre and sometimes [they] won't go and they cover that additional time." Relatives also told us that the care package their family member was entitled to was not always long enough. Similarly staff told us that call times were not always adequate, "For one client I only have half an hour, sometimes I have to stay longer, half an hour would not be enough, I would be rushing." There was an out of hours number that staff could call if queries arose outside of core hours. Staff told us this system worked well.

Medicines were well managed. People often administered their own medicines or were supported by family members and there was good guidance for staff when they needed to do so instead. Care staff had received relevant training and were aware of the need to keep proper records to better support the person. A member of care staff told us, "Some people take their medicine before or after food. If someone refuses, I record it and report it in the log on the medicine chart as there is a place to say they refused. If they continue I inform the manager. It may be that they need to find another way of giving the medicine. For example, they may not be able to swallow it properly which is stopping them taking it." Care staff were supported by clear written guidance and side effects of specific medicines were captured in people's care records. Medicine administration records were audited by office staff on a monthly basis. There were no medicine errors in the records we checked and reasons for any missed medicines were recorded and followed up appropriately.

A thorough recruitment system meant people were supported by staff who were suitable for work in the caring profession. We reviewed four staff files that contained criminal record checks, application forms, interview records, proof of their right to work in the UK, and two references. However, there were gaps in the employment history for one staff member. Providers need to have a complete employment history to ascertain staff suitability for their roles.
We recommend that the service seeks guidance and support from a reputable source about ensuring safe staff recruitment practices.

Good

Is the service effective?

Our findings

People's rights were protected as staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in domiciliary care agencies are to be made to the Court of Protection.

People were supported to live their lives in the way they chose. People told us they made decisions about their care and they were listened to. The service manager and care staff were aware of their responsibilities under the MCA and its key principles. A member of care staff told us, "I treat the person as a whole person and what their wishes are. You have to abide by what their wishes are they might have some that you don't think are wise but you still need to do it because who are you to say to them what to do."

We noted that people had signed their care records after discussion about their care and capacity assessments were completed by staff. However, we noted that one person's family member had signed a consent form rather than the person. We were informed that this person had been supported by the service as a child and that their family member had previously consented to their care. This had not been changed with regard to all aspects of their care since the person had become a young adult. The provider rectified the error during the inspection. We recommend that the provider seek guidance and support to ensure that they have followed the legal framework in relation to consent for people who have become young adults while using the service.

Staff were trained to meet people's care and support needs and people told us they felt well-supported. Staff told us, "We attend training very regularly which is very good. I think it's so important for the carers to attend." The provider was supporting some staff members to complete national qualifications in health and social care at the time of the inspection. They kept a training schedule to make sure staff received 'refresher' training to keep their knowledge up to date.

Newly appointed care staff underwent an effective induction and spent time shadowing more experienced staff members and received feedback about their performance. We noted that training needs were identified during supervisions and spot checks.
Regular supervision sessions provided a good forum to discuss staff performance and areas where further development was needed. "They support me with everything. They will sit with me and explain." Annual appraisals were up to date and covered a wide range of assessment topics such as their job knowledge, quality of work, and attendance. There was an area for comments from the appraiser which contained feedback on how the care staff member had performed and drew attention to areas of strength.

People were supported to eat and drink enough. People told us they were given choices about what they

ate. The majority of people were assisted by relatives with their meals but support required from care staff was detailed in care plans. Staff were aware of dietary requirements such as when someone needed a diabetic diet. Daily logs demonstrated that staff prepared meals and provided fluids in line with these care plans.

People were supported to maintain their optimum health. People told us that the provider assisted them to receive ongoing healthcare support, "They will get me some help. Sometimes they support me to the doctor. They took me to the surgery." There was evidence in people's care records that the provider worked collaboratively with healthcare professionals such as tissue viability nurses and GPs. We noted that treatment plans provided by a multi-disciplinary team were embedded by the provider and daily logs demonstrated that these were followed by care staff. Staff were aware of situations that may impact adversely on people's health and gave examples of when they had made requests that other healthcare professionals attend to help the person.

Good

Is the service caring?

Our findings

Staff developed caring relationships with people using the service. People told us staff were kind and gentle. One person said, "She's like a mum to us. She's very good." Relatives told us care staff took the time to build relationships with their family members and that they were very pleased with their approach. Staff we spoke with had fostered a good relationship with the people they supported and all spoke warmly about them. Typical comments included, "[Person] is a lovely soul" and "I adore my clients". Spot checks were conducted and staff were assessed for using a warm tone of voice, good communication and eye contact, and warm body language.

Staff supported people to express their views and involved them in day to day decisions about their daily lives and support. People told us care staff asked them what they wanted to do and provided flexible support in order to assist them. Relatives told us that staff took the time to communicate with their family members, including where they could not fully express their views and where their relative was living with dementia. One relative said, "They know how it works and how to speak to her. [She] is happy and [she] knows them. The family is as well."

Staff gave examples of how they communicate with people including making sure people were calm and settled first so that they may fully express themselves. Care records provided guidance for staff about how to communicate with people such as being attentive to people's facial expressions when giving people choices.

People felt their independence was promoted, "We talk, and I do the tasks I can." Staff were aware that people's ability to do certain tasks may fluctuate and highlighted the importance of maintaining an open dialogue when supporting them to ensure they could do what they able to each day.

People's diversity was promoted and people told us they felt respected. Care files captured people's first language and religion. Furthermore, the provider respected people's privacy and dignity. Care records contained instructions for staff using terminology that promoted dignity and respect. Staff gave examples of how they respected people's dignity during care tasks and people's feedback to the service during reviews was positive. Key information about people receiving end of life care was recorded. For example, a person's wish about where they wanted to die was recorded so that staff were aware of their decision in advance. Staff had also received training in end of life care.

Good

Is the service responsive?

Our findings

People's individual needs were appropriately assessed and met. Care plans were developed following analysis of an assessment of needs carried out by the local authority. People's care and support needs were written in care plans to ensure staff had appropriate information available to meet people's needs. People were involved in planning their own care. Care records were written from the first person where appropriate and contained details of their personal preferences and circumstances. Where possible, people had signed them to evidence their involvement. Relatives stated the provider involved the family where appropriate. Staff valued people's input about their care, "The care plan allows me to know how to support someone. They communicate and say what they want and what they want us to do."

Care staff demonstrated they were flexible about the support they offered when someone's needs changed, One member of care staff said, "Because things change and you have to adapt". Examples were given by care staff about how their support changed as someone's dementia had progressed. Records reviewed demonstrated that significantly more time was set aside to help someone to eat when they were finding it difficult. We also noted that care staff had been told to offer more fluids during a recent heat wave. This meant staff were responsive to people's changing needs.

Care was tailored to people's needs and preferences. Details in care records about how people wished to be supported were personalised and provided clear information to enable staff to provide appropriate and effective support. Staff were able to demonstrate that they knew the people they supported well.

The provider gave opportunities for people to feedback about the service and any complaints received were managed effectively. We noted that people were asked if they knew how to make a complaint during reviews of the service. People told us that they knew who to contact if they had concerns and felt that they were listened to. A person told us, "I could talk to the office and ask for the manager and I could explain my point to them." We noted that four complaints had been dealt with appropriately in line with the provider's clear written complaints policy. Action had been taken following these complaints to improve staff practice such as disciplinary action and discussions in staff meetings. It was noted that an easy read complaints procedure was not available at the service which could provide further support to people when raising a complaint.

Requires Improvement

Is the service well-led?

Our findings

Although the service had quality monitoring systems in place these had not identified the shortfalls we found in relation to safe care and treatment and gaps in records relating to consent and staff recruitment. Care plan audits had not identified gaps relating to risk management which put people at risk of avoidable harm. We recommend that the provider seek advice from a reputable source about robust quality monitoring to ensure that people are adequately protected from avoidable harm.
A range of audits, such as medicines and daily log audits, were regularly carried out to identify and correct any errors. Regular observations and spot checks of staff were conducted to monitor staff performance. The provider also conducted 'Dignity Challenge' observations which checked whether staff had demonstrated good non-verbal and verbal communication, been friendly and non-oppressive, displayed effective listening and engaged with family members. All staff had conducted themselves positively during these observations and comments had been made where they had shown best practice or needed to do something differently.
There was an open and positive culture at the service. The service was run by the registered manager and service manager with support from the quality assurance officer. People who used the service and their relatives were aware of how to contact office staff and found all staff to be friendly and approachable. People told us, "I can discuss things with the manager." A relative told us. "We're lucky with the service here." Staff reported that there was a good working atmosphere and they enjoyed working at the service. One member of care staff told us, "It is going very well, everyone is friendly, [the office staff] attend to us very well, they respond very well." Several staff had received certificates recognising their outstanding achievement in 2016.

Internal communication systems for staff to contribute their views about the service were available. We noted there were frequent team meetings which were well attended. A typical comment from a member of staff was, "I enjoy working with them. I have a problem, I call and tell them about it, they respond immediately. Any issue I can always call." Regular supervision and appraisal sessions provided a good forum to discuss staff performance and areas where further development was needed.

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not assess all risks to the safety of service users and did not do all that was reasonably practicable to mitigate all risks. Regulation 12(2)(a) and (b)