

Golden Years Care Ltd

Golden Years Limited

Inspection report

Unit C New Park Industrial Estate
Parkhall Road, Longton
Stoke On Trent
Staffordshire
ST3 5AT

Tel: 01782599866

Date of inspection visit:
30 January 2017

Date of publication:
21 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We inspected this service on 30 January 2017 and the inspection was announced. We gave the provider four days' notice of the inspection so that we could arrange to visit some people who used the service and speak with staff. Golden Years Limited is a small domiciliary care service providing both personal and domestic support to people in their own homes. At the time of our inspection there were 43 people using the service.

There was a registered manager at the service. 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.

They were the last inspected on 9 December 2015 and were found to require improvement. People's capacity to make their own decisions had not always been assessed. At this inspection capacity was assessed and staff understood how to support people to make their own decisions, or how decisions could be made in their best interest. At the last inspection the provider did not always ensure that measures were followed to ensure that new staff were safe to work with people. At this inspection, safe recruitment procedures were in place and were followed by the provider.

Risks to people's health and wellbeing were assessed and plans were in place to monitor people and to assist them in a safe manner. They described how to support people safely, including using equipment to assist them to move. Some people received assistance to take medicines and records were kept to ensure that this was done safely. When people required assistance to eat and drink, the provider ensured that this was planned to meet their preferences and assessed need.

Staffing levels were planned around individuals to meet their needs. Care was planned and reviewed with people and the provider ensured that people and their relative's choices were followed. People's privacy and dignity were respected and upheld by the staff who supported them.

Staff were supported and trained to ensure that they had the skills to support people effectively. They understood how to protect people from harm and were confident that any concerns would be reported and investigated by the manager.

People had caring relationships with the staff who supported them. They were supported to eat and drink meals of their choice when appropriate. The provider had built relationships with other health and social care professionals to ensure that people were supported to maintain good health.

People were asked for their feedback on the quality of the service and their contribution supported the development of the service. There was a complaints procedure in place and any received were investigated and responded to in line with it. There were other systems in place to monitor and drive improvement such as audits.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff knew how to keep people safe from harm and how to report any concerns that they had. Risks were assessed and plans to manage them were followed. There were sufficient staff to ensure that people were supported safely and safe recruitment procedures had been followed. When people required assistance with their medicine there were systems in place to reduce the risks associated with them.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to be able to assist people effectively. They ensured that their health needs were met and made referrals where necessary. Staff sought people's consent when providing support. People were assisted to eat and drink enough.

Is the service caring?

Good ●

The service was caring.

Staff developed caring relationships with the people they supported. They respected their privacy and dignity and encouraged their independence.

Is the service responsive?

Good ●

The service was responsive.

People planned their care and decided if any additional support was needed. They knew how to complain and were supported to report any concerns.

Is the service well-led?

Good ●

The service was well-led.

People found the manager to be approachable and thorough. Staff were supported and there were systems in place to ensure that the service was safe and provided good quality.

Golden Years 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 checked 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 visit took place on 30 January 2017 and it was announced. We gave the provider four days' notice of the inspection because it is a domiciliary care service and we wanted to ensure that people and staff would be available to speak with us. It was carried out by one inspector.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to plan our inspection visit and come to our judgement.

We used a range of different methods to help us understand people's experiences. We visited three people in their homes. We spoke with two members of staff, the registered manager and the office manager. We looked at the care records of three people to see if these were accurate and up to date. We also looked at records relating to the management of the service including quality checks and staff recruitment files.

Is the service safe?

Our findings

At our last inspection we found that the provider did not have safe recruitment procedures in place. At this inspection we found that improvements had been made. The provider had implemented a new system to ensure that all checks were made before staff worked without supervision. The manager told us, "As soon as we offer someone a job we take up verbal references. This is followed up by written references and we get two for each member of staff. We do immediate safety checks and staff may start work then but they do not work unsupervised until they are trained and we have received their DBS check back". The DBS is the national agency that keeps records of criminal convictions and the checks help employers to make safer recruitment decisions. We looked at records and saw that all of these checks were in place for recently recruited staff. This demonstrated to us that the provider was following safe recruitment procedures.

People were kept safe by staff who understood their responsibilities to protect them from harm. One relative we spoke with said, "I know my relative is safe now". Staff knew the signs of abuse and were confident about how to report any concerns that they had. One member of staff told us, "I would tell the manager straight away and I know they would follow it up." We saw that there was a safeguarding policy in place and the manager described how they worked with other health and social care professionals to keep people safe after safeguarding referrals were made.

Risks to people's health and wellbeing was assessed and managed. One person told us about the equipment that the staff use to move them safely. They said, "They helped us to get the right equipment in the house and it has made such a difference. Now I feel safe and they definitely know what they are doing with it". Staff were knowledgeable about the risks associated with people's care and how to manage them. For example, one member of staff described the actions that they took to help one person to protect their skin from damage. When we looked at records we saw that there were risk assessments which were updated and reviewed when people's needs changed.

Environmental risks were also assessed to ensure that people were protected. For example, we saw that arrangements were in place for staff to be able to access people's homes securely. One person we spoke with described the arrangements that had been made to keep a key to their property secure so that staff could let themselves in without disturbing them. We observed that staff made arrangements to secure the person's home when they left the property. This showed us that the provider had considered how to ensure that people were kept safe in their homes.

People were supported to take their medicines when required. One relative we spoke with said, "The staff support my relative take their tablets and I am always able to check the records to make sure it has been given. They let me know when it is running out so that I can order some more. They have also made suggestions which could help my relative; for example, soluble medicines, which I will look into". We saw that a medicines administration record was kept in people's homes and that staff signed when medicine had been given, or recorded if not given with the reason why. This demonstrated that medicines were managed so that people received them safely and to reduce the risks associated with them.

There were enough staff to meet people's needs. One person said, "The staff come when I expect them and I have the same staff". A relative we spoke with said, "They are really reliable and if they were they would let us know". One member of staff said, "The staffing is planned around people; for example, today there are two of us to help people to move safely". The manager told us, "We are very careful about taking new business because we need to be sure that we can meet everybody's needs well".

Is the service effective?

Our findings

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.

At our last inspection the provider was not working within the principles of the MCA. At this inspection we saw that improvements had been made. Staff we spoke with said, "I have done some training on capacity and understand that we need to make sure that we consider when people are able to make their own decisions". The manager told us, "We have reviewed our care plans so that we consider people's capacity to consent to all aspects of their care. We think that means that staff will think about it all of the time rather than just filling in one form that isn't looked at again". Records that we reviewed demonstrated that some people's capacity had been assessed and when they couldn't make their own decision, it was made in their best interest". This demonstrated to us that the provider was meeting people's needs under the MCA.

People were supported by staff who had the knowledge and skills to do so effectively. One person said, "I am happy with the staff, they know what they are doing". Staff we spoke with said that they received the training that they needed. One said, "I have lots of training and also the managers and seniors come out and check. They would make sure we did it right if we were making a mistake". On the day of the inspection visit some staff were attending training. The manager told us, "The seniors are doing train the trainer in moving people safely. This means we will have seven staff who can train staff in moving people and do competency checks to make sure they are doing it correctly. It is also really helpful when we assess a new person to have such skilled staff". They also described how they organised training sessions for groups of staff. They said, ""We have training booklets and videos and we work through them in small groups so that we can discuss anything that arises. I can also ask questions to make sure staff have understood it".

The manager told us about the arrangements that they had in place to ensure that new staff had an induction. They said, "When staff first start, they shadow experienced staff until a senior assesses them as competent in for example, communication and dignity. We are using a training provider to do the care certificate". The Care Certificate is a national approach to meeting induction standards in social care. This demonstrated that the provider ensured that staff had the support required to be able to do their job well.

People were supported with their health care when needed. One relative we spoke with said, "They have been really helpful in suggesting who could assist us; for example, they helped me to make a referral to a healthcare professional to assess my relatives swallowing." The manager told us how they worked closely with other health professionals to help to manage people's health. They said, "Some people are receiving ongoing support; for example, from the district nurse. We make sure that we share information and they will often ask us to follow a plan to assist people which we do".

Some people were supported to prepare and eat their meals. One person told us, "They do my meal for me and make what I ask for" One relative said, "I leave meals which the staff give to my relative. They will always let me know if they haven't eaten much or what went down well". This showed that the provider ensured that people had enough to eat and drink and considered how to support them further.

Is the service caring?

Our findings

People were treated with kindness and respect by the staff that supported them. One person said, "The staff are all lovely and I am happy with them". Another person said, "I am really well looked after. One member of staff brought me some chocolate as a treat". One relative told us that staff made their relative feel valued. They said, "On my relative's birthday the staff brought gifts for them; it made their day". We saw that staff greeted people warmly and had an easy, relaxed manner with them. They knew people well and ensured that they had what they needed; for example, they made sure that one person had all of the things that they might need within reach when they were leaving.

People told us that they planned their own care and that they were listened to. One person said, "I was asked if I minded having a male carer. I don't mind at all but I was pleased that they asked". Another person said, "My son helped me to arrange what I wanted and they do things exactly as I choose; for example, how I like to take my bath". One relative we spoke with described how the provider had assisted them to organise the care and they said, "I feel safe now and that I can get on with my own life because I know that the staff or the office will let me know if they are worried about anything. We have regular contact so that I know my relative is well looked after". When we spoke with the manager they said, ""It's about supporting the families as well and we are lucky to work with such supportive families". This showed us that the provider made arrangements to listen to people and their families when planning their care to ensure that it met their choices.

Privacy and dignity were upheld by staff. One relative said, "The staff always consider my relative's privacy. They treat them with respect." The provider arranged for us to visit people in their homes so that we could speak with the people privately so they could share their feedback. When we looked at care plans we saw that people's preferences for care had been recorded; for example, how they prefer their personal care. This showed us that the provider took action to promote dignity.

People were encouraged to maintain their independence when possible. One person we spoke with said, "There are lots of things I can do for myself and they only come and assist me with certain things that we have agreed". A relative we spoke with said, "Getting this team involved and the support we have had means that my relative can have the independence of being in their own home again".

Is the service responsive?

Our findings

Care and support was agreed with people and amended whenever needed. One person said, "It has all been agreed and there is a copy of the care plan kept in my home which the staff sign every time they come." One member of staff told us, "Everyone has a plan and we write in it after each visit. If I was worried about anyone or if anything changed I would let the manager know and we would review the care". When we spoke with the manager they described how they worked with other health and social care professionals to ensure that people received the care they need. They said, "We do an assessment at home before the staff start working with people and have a plan in place. That may well be tweaked as we get to know people and sometimes people thrive and don't need as much as we first thought and we have also supported people who choose not to continue with some parts of their care plan and that's fine too. We work around it with them and change the plan to meet their needs". When we reviewed records we saw that they were detailed, recorded personal preferences and were completed after each visit.

Consistency of care was provided because the provider tried to ensure that people received support from the same staff. One person we spoke with said, "I know everyone that comes". A member of staff added, "The managers are good at trying to keep the same staff coming for continuity. It helps us because to know who else is coming in so that we can share information when needed". Another person told us, "I have the same staff and if there is someone new then they come with the other staff to introduce them".

People were encouraged to share their experiences. One person said, "I have never had to complain but we would just speak to them in the office if we needed to raise anything". We saw that people were given information about complaints in their welcome pack. There was a complaints procedure in place which was monitored by the manager. The manager showed us how they recorded and monitored any complaints received within their procedure. They said, "We make sure that we follow up. After one complaint we reviewed all of our planning to make sure that staff had enough travel time. The complaint was around a specific incident and was a one off but we did that check to be on the safe side". This showed us that the provider welcomed feedback and ensured that any learning which could improve the care people received was considered.

Is the service well-led?

Our findings

People spoke positively about the care and support they received. One person said, "I am very happy with my care." Another relative told us, "The support we have received is great and the manager has also been really helpful." The manager told us that they sent out an annual satisfaction survey. We saw that the majority of responses were positive and when they were not the manager had responded; for example, by altering someone's care plan so that they received a call at a different time of day. They said, "It is useful feedback and we also encourage people to call the office whenever they have anything they want us to change". This showed us that the provider actively sought feedback from the people they support to improve their service.

Staff received support and guidance to do their job effectively and felt included in the development of the service. One member of staff said, "We have meetings and we are encouraged to tell the managers what we think about things". They told us that they received regular supervision and that the managers and senior staff also completed checks when they were working to ensure that care was being given correctly. We saw that the manager kept a record of this and any training that people had.

The provider had a whistle blowing policy in place, which is the procedure for raising concerns about poor practice. Staff we spoke with understood about whistle blowing and said they would be happy to do so. One member of staff said, "I wouldn't hesitate to tell the managers".

The provider had procedures in place and systems for auditing the quality of the service to drive improvements. One member of staff told us, "We review records such as timesheets, care records and medicine records to ensure that they have been correctly completed and signed. We emphasise with staff that these documents evidence what they do". The manager said, "If we pick up any errors we may respond by sending a memo to all staff or if it is more serious or has been repeated then we will do a spot check and maybe organise supervision for a member of staff".

The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken. It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and on the provider's website when a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the office and on their website.