

# Gold Hill Housing Association Limited

## Gold Hill Homecare

### 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

Gold Hill Homecare is registered to provide personal care and support to people in their own homes. 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. At the time of the inspection the service supported 29 people across south Buckinghamshire.

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

People told us they were supported by staff who were kind, caring and compassionate. Comments from people included, "I can't tell you how brilliant they are," "They're wonderful" and "They're never anything but professional."

People were not always protected from unsafe medicine management. The service did not fully comply with national guidelines regarding records relating to medicines. Some people were supported with the administration of their prescribed medicines without this being identified as required and no medicine administration record being in place.

People were supported by staff who had received initial and ongoing training to ensure they had the right skills and attributes to work with them.

People received effective care. Staff worked with external health and social care professionals to ensure people's needs were met. People were supported to have maximum choice and control of their lives and staff supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported support this practice.

People were encouraged to be independent and supported to engage in community activities they enjoyed.

Staff were happy in their role and felt fully supported by the registered manager. Staff told us there was good team work and morale was high. We found all staff demonstrated a commitment to provide a high-quality service and improve the quality of life experienced by people they supported.

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 28 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to medicine management and administration 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 for 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 return to visit as per our re-inspection 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** ●

# Gold Hill Homecare

## 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 Expert by Experience. An Expert by Experience (EXE) is a person who has personal experience of using or caring for someone who uses this type of care service. The EXE made telephone calls to people and their relatives

#### Service and service type

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

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

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

Inspection activity started on 18 July 2019 and ended on 22 July 2019. We visited the office location on 18 and 19 July 2019 and reviewed information received from staff on 22 July 2019.

#### What we did before the inspection

Prior to the inspection we requested and received a Provider Information Return (PIR). We used the information the provider sent us in the PIR. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we held about the service since the last inspection and what people had told us. We contacted local authority safeguarding teams. We used all of this information to plan our inspection

During the inspection

The EXE spoke with 10 people and three relatives on the phone to gain their experience of the care provided. We spoke with four members of staff including the, registered manager and three supervisors.

We reviewed a range of records. This included three people's care records in full and multiple medication records. We looked at four 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. We looked at training data and quality assurance records. We sought feedback from care staff and received replies from seven staff members.

# 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 Requires Improvement. At this inspection this key question has remained the same Requires Improvement. This meant some aspects of the service were not always safe.

### Using medicines safely

At our last inspection we recommended the provider considered current guidance on the management of medicine errors to ensure action was taken when mistakes were identified. At this inspection we found the service had made improvements to how they responded to medicine errors. However, we identified ongoing concerns about medicine management and record keeping.

- People were potentially placed at risk of harm due to incomplete medicine administration records.
- The provider had a policy (Undated) detailing how staff should support people. This included what needed to be recorded to ensure safe administration of medicine. National guidelines (NICE NG67) had been produced for providers to follow when care staff were required to support people in their own home with medicines administration. We found the service did not routinely follow this guidance.
- Medicine administration records (MARs) used and completed by the provider did not follow national guidelines or the providers own policy. A member of the office staff hand wrote the MARs, they did not routinely include the name of the prescribed medicine, the dose, route or frequency. The providers policy stated, "If the instruction on the MAR chart does not coincide with the label on the container no dose should be given until written instructions have been received from the dispensing pharmacist, medical practitioner or the community nurse or prescriber." We found this did not happen.
- One person was assessed as not requiring any support with administration of their prescribed medicine. However, we read in their daily notes, staff had either prompted or assisted the person with their medicines on six occasions in March 2019. We checked other records held about the person. No MAR had been completed. Another person told us "Occasionally after I've had a fall they'll help me [with meds.]." We checked the persons records no MAR had been completed. The provider's policy stated, "If the MAR is not available, the medication must not be administered; the care worker should also contact the office." We found staff were not working in line with the providers policy.
- Some people were prescribed medicines for occasional use. The providers policy stated, "Where a service user is prescribed 'When Required' medication, a specific plan for administering this must be documented in the medication care records." We found some guidance was available to staff about the medicine prescribed. However, the record did not reflect best practice guidance or the provider's policy.

We found no evidence that people had been harmed. However, the provider had failed to ensure medicine records were accurately completed to ensure people were protected from avoidable harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, staff had received training on how to recognise signs of abuse. Staff told us "I learned about what signs to look for and what to do if I thought someone was at risk from harm. How to report it and who to report it to," "I learn that it is vital to report and record everything to help keep people safe," "Safeguarding allows us to ensure that people in our care are not being or are at risk abused or neglected" and "They are many different forms of abuse such as financial, discriminatory, physical abuse and self-neglect."
- People told us they were given confidence by the staff to feel safe. Comments included "I feel absolutely safe, they're very honest," "Very safe" and "Absolutely safe... If I fall over they're only 10 minutes away in the car."

## Assessing risk, safety monitoring and management

- The risks associated with people's medical conditions were assessed, for instance, we found risk assessments had been completed for a wide range of issues. These included, skin integrity, risk of falls and how to support people move position safely.
- Prior to care workers supporting people in their own home, environmental risks were highlighted and reduced. Consideration was given to the state of repair of floors and if lighting was adequate as examples.
- Where people had been provided with new equipment to support them move position this was discussed with staff. For instance, one person had been given a lifting aid. Their risk assessment had been updated to reflect when the equipment needed to be used.

## Staffing and recruitment

- Records we looked at demonstrated staff had been recruited safely. The registered manager was aware of the required checks prior to a new member of staff commencing work. The checks carried out included an employment history, references and Disclosure and Barring Service checks (DBS). A DBS is a criminal record check.
- People told us they received a rota of who was due to support them each week. People said they are visited by the same care workers who usually arrived on time. Comments included "Calls are mostly on time; they ring if there's any problem," "It's usually the same person [who visits]" and "They usually do ring if they're going to be late." Another person told us "I get a timetable [of visits for next week] the Friday before."

## Preventing and controlling infection

- People were supported by staff who had received training on how to minimise the spread of infections. Staff who supported people with food preparation had received training in food safety.
- Staff had access to personal protective equipment (PPE), such as aprons and gloves.

## Learning lessons when things go wrong

- The registered manager had systems in place to learn from care that was not delivered as planned or when things went wrong
- Staff were aware of when and how to report accident and incidents.
- Staff were aware of the providers whistleblowing policy and told us they would not hesitate to use it to report poor practice. Comments included "A copy of whistle blowing is found in the office and always available. Whistle blowing is making awareness to any wrongdoing to a client made by a staff member or any other professionals involved" and "I do have a copy of the whistleblowing procedure, it encourages me to report any instances that I see that concern me."



# 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 has remained the same Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to people being supported with personal care. A full care needs assessment was carried out by a senior member of staff.
- Assessments identified any individual needs which related to protected characteristic identified in the Equality Act 2010. For instance, preferences for bathing, meal choices and other cultural considerations.
- Where assessments identified the need for additional equipment, the service ensured this was in place. For instance, the need for a hospital bed or lifting equipment to help the person move position.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction into their role and training the provider deemed mandatory. Staff attended a four-day training course and a minimum two-week period of shadowing more experience staff prior to working alone with people. This was confirmed by a family member who told us "Occasionally they are new girls and they are introduced to [my relative] by another carer first and they shadow someone experienced to start with."
- Staff were supported with ongoing support from a line manager, refresher training and an annual review of their performance. The registered manager had systems in place to monitor when staff were due one to one meetings or training.
- People told us they felt the staff were competent and well trained. Comments included "They are pretty good. I haven't found any of them lacking in knowledge in what they have to do" "[The carers] seem to know what they are doing," "They're definitely trained well" and ""They seem 100% trained well. I'm very happy with the way they're doing things for [my relative]."

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

- Where people required support with meeting their nutritional needs this was detailed in their care plan. People told us they were always asked about what they wanted to eat. One person told us "They ask, 'What are you going to have [to eat] today?'"
- Staff were aware of people's likes and dislikes about food. One care worker told us "We have a lady who loves a cooked breakfast in the morning and loves ketchup with every meal. She likes to always have cold water, so we keep fresh water in the fridge for her and change on every visit. I always ask them what their preference is and where possible let them choose." Another member of staff told us "My lady who loves my omelette, I know she's a vegetarian and I know she loves onions mushrooms and peppers, so I always throw them in because I know she likes them."

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

- People received consistent, effective and timely support.
- We observed there was good communication between care workers and office staff. Changes in people's needs were highlighted to staff in a timely manner. Staff had confidence they would be informed of any new information they required to support people. One member of staff told us "Luckily our team work together and efficiently if there any cases of poor practice." Other comments from staff included, "We contact on-call or office for further advice which we follow. Our line management is very supportive" and "We work well together and maintain good relationships with each other."
- Records demonstrated staff worked in conjunction with other agencies to ensure people received effective and appropriate care. For instance, one person had recently been discharged from hospital. Their condition had rapidly deteriorated. A senior member of staff had worked with the district nursing team and occupational therapist to ensure equipment was put in place for car staff to provide safe care.
- People told us care workers supported them to manage their health. Where people had experienced ill-health care workers contacted healthcare professionals or stayed with the person to ensure they were safe. One person told us "Occasionally when I've not been well they stay with me for a long time to see I'm alright and once they get in touch with the hospital for me."
- Care staff told us they worked closely with external healthcare professionals to ensure people's needs were met. One member of staff told us "Ensuring the needs of our clients constantly evolving and responsibility for meeting them is on us carers, family members, friends and professionals like NHS personnel. Working all together enables our clients to feel that their verbal or non-verbal communication were identified."

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA

- The service worked within the main principles of the MCA. A person's cognitive ability was assessed prior to care commencing. Where required the staff carrying out the assessment identified if a full decision specific capacity assessment was required.
- Staff had received training on the MCA and were able to effectively communicate their understanding of the training to promote people's human rights.
- Where a third party had informed the service, they had legal authority to act on behalf of a person, the service ensured it received a copy of the permissions held. For instance, a copy of lasting power of attorney for health and welfare.

# 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 Good. 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 told us they were supported by staff who were kind and considerate. People were very positive about the caring nature of staff. Comments from people included, "They're very willing to help," "I wouldn't have anyone else," "[The care] is very good. They're very friendly people" and "They're never anything but professional."
- People told us the care staff had developed a good working relationship with them. People had confidence in the service provided. People told us "[The carers] are absolutely lovely... I'm just really grateful for the care they provide," "I'm amazed they can do so many people in a day and keep so cool. I've never had anyone who's been cross or not efficient" and "They're all very nice and I feel lucky that we've found such a good organisation to help us." Another person told us "I don't think they could do anything better. They're 100 percent perfect."

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

- People told us, and staff confirmed they always supported people to make decisions about their care. One member of staff told us "Majority of our clients if not all at present are able to communicate their needs and wishes, I'm personally always asking my clients about their needs and preferences on each visit and valuing their choices, even those silly ones to me but important for them." Comments from people included, "I usually have a little chat with [the carer]. It depends on how busy they are... I'm very happy with Gold Hill."
- People told us care workers always ask them if they required help with anything else prior to leaving. We were given examples of how staff had taken on additional tasks not detailed in the care plan. People told us "They do everything you ask them to do and when they're finished they ask if there's anything else they can do," "They're very helpful with extra things like carrying washing up and down stairs."
- Staff told us they tried to make time to speak with people. Comments included "Sometimes they need some extra things to be done like watering flowers, a bit of tidying or hand with maintaining personal hygiene when required. I'm always open on care tasks needed even when it means that I'll overstay the allocated time" and "We invest a lot of time and attention into our clients and treat them more as members of our own family which encourages us to think outside of the box. For example, completing small tasks which they may not have thought of, such as loosening jars, cutting food to more manageable pieces, carrying, cleaning things that we know might be a struggle."
- Relatives felt included in their family members care. One relative told us "I can't tell you how brilliant they are. They allow me to carry on working as I know [my relative] is safe at home." Another relative told us "They record everything. It's all there for me to see." "[The carers] report back to me virtually every day."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. People told us "They definitely respect my wishes, they get the clothes that I ask for," "They always ask permission and they do respect my wishes" and "The best thing is that they are caring, and they do what you ask."
- People were supported by staff who understood the importance of promoting people's privacy. People were supported to be independent. Staff told us "I put attention to clients I'm visiting to feel comfortable about provided care, some of them are very private and need reassuring and sensitivity to maintain privacy and dignity" "I make sure I always provide them with a choice, respect their wishes and needs, not to just do things but to ask them what they want. Let them do what they can before offering my assistance."
- People were supported to maintain their skills and independence. One person told us "They're [Care workers] very, very good ...They're wonderful... On Wednesday I go out shopping with one of them. They ask which supermarket I want to go to. I'm never rushed; going round in a wheelchair is not fast but nobody has ever complained."

# 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 has remained the same Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received a personalised service from the staff. Each person had a care plan which detailed their care needs, likes, dislikes and how they liked to be supported.
- Information was obtained about people's life histories, family and friends and what was important to them.
- Care plans were reviewed at regular intervals or when changes occurred to ensure they were still accurate and up to date.
- People were supported to celebrate important events to them like birthdays. The service sent birthday and Christmas cards to people. One person was sent an Easter card as they celebrated that religious holiday.
- People were supported to maintain important relationships with family and friends. One person was supported to attend social events held by their rotary club. The member of staff who supported them told us "Invitations from the rotary club kept coming every couple or three months, so I asked her if she wanted me to go with her. So far, we have been to bingo, a pub lunch and have a BBQ next week."
- The service provided information to people on support available to them in the wider community. For instance, frozen meal delivery companies, and social clubs in the local church.

### 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.

- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. The service ensure it supported people to understand information provided.

### Improving care quality in response to complaints or concerns

- The service had a complaint policy (Undated). The registered manager kept a record of complaints made.
- We found the service responded to complaints in a timely manner. The service used complaints to learn and develop the service. The service had identified they needed to improve communication. The registered manager advised us on what changes they had made to reduce concerns about communication.
- People told us they knew how to make a complaint. People we spoke with told us "I do complain if someone doesn't turn up...they say they're very sorry and send someone else." Other people told us

"Anything I ask they do" and "Never complained and have no complaints."

#### End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care needs.
- Some staff had received end of life training. Staff who had completed this spoke highly about what they had learnt. Care workers had a good understanding of how to provide dignified end of life support. Comments included "End of life care should be dignified; your client should be as comfortable as possible, and family need us too" and "This is to help people live as comfortably as possible at the final stage of life. This can include maintaining comfort, ensuring the correct medication is administered. Providing comfort and support for both the client and their families. Ensuring their wishes are met and they are treated with dignity is integral."
- Relatives had written to the service to thank them for the high-quality care they had provided to their family member. Comments included "We are so grateful for the wonderful care given by your team...during the last months of his life, we will always remember and appreciate the difference this made at such a sad time."

# 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 deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent.

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

- There was a registered manager.
- Providers and registered managers are required to notify us of certain incidents or events which have occurred during, or as a result of, the provision of care and support to people. One notifiable event is when there has been an allegation of abuse. We checked our record against records held at the service. There was one safeguarding concern which we had not been notified about. We discussed this with the registered manager. We received re-assurance this was an oversight. The registered manager had good awareness of which events they needed to make us aware of.
- The provider's governance systems had not identified that the services was not following national guidance with respect of safe medicines administration.
- The provider had policies and procedures in place which reflected best practice or national guidance. Policies did not have date of issue written on them. The registered manager maintained a separate record of when policies had been reviewed and updated.
- People's records were accurately and securely maintained, and office staff used passwords to access computer records.
- A member of the board of trustees carried out a face to face visit to people to check the quality of the care provided. Feedback was provided to the registered manager, any changes or areas of improvement suggested were adopted by the registered manager.

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

- People told us they thought the service was well-led. People knew who the registered manager was. Comments included "Sometimes [The manager] comes out to see you. Sometimes other people from the office come out... It's dead easy to get in touch, all the [Phone] numbers are on the front of the file" "[The manager] is in regular communication with me" and "[The manager's] a very nice girl."
- People were supported by a team of staff who told us management were supportive. Staff described how they worked in an environment with a positive culture. They told us that they felt well supported and valued and that managers were visible and approachable.
- Staff were happy to work for the organisation, many stating it was the best company they had worked for. Comments included, "I am of the opinion that it is the best place in the world to work. I have done many jobs in life, the thing I love about this job is that you are appreciated for what you do," "I have been here 11years and literally grown up on the job. I love helping people, giving people the best quality of life for their

rest of their life. I prepare my angels for their final Journey," I love my job... The list of things I love about my job is endless and I would change a thing" and "I love my job and enjoy all aspects of it. It is so rewarding."

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

- Throughout the inspection we found the registered manager open to our feedback. They demonstrated a commitment to improve the service.
- There is a legal requirement for providers to be open and transparent. We call this duty of candour (DOC). Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, states when certain events happen, providers must undertake a number of actions. We checked if the service was meeting the requirements of this regulation. The registered manager was aware of this regulation and had systems in place to record actions taken.
- Staff told us they felt able to share their views about how the service could be improved and felt listened to when they made suggestions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us they were consulted about the care they received. The service sent a survey to people twice a year to seek feedback about their care. This was confirmed by people "We get [a questionnaire] sent through now and again." Comments from the last survey included, "Treat me like an individual, go beyond job description," "Very caring, thoughtful," "Extremely caring, will go the extra mile" and "Very good time keeping."
- The registered manager used feedback from people to drive improvement.
- The service had made links with the local church coffee morning. A member of staff attended and shared information with people who attended.
- The service fully engaged with local healthcare and social care professionals to meet the needs of the people they supported.

Continuous learning and improving care

- The registered manager was signed up to newsletter from social care organisations which cascaded learning.
- The registered manager met with the registered manager from the neighbouring care home share learning and develop new ways of working.
- There was a clear culture within the organisation to make continuous improvements to ensure a high-quality service was provided to people.



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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not ensure medicine management followed national and best practice guidelines.</p> <p>Regulation (1) (2) (g)</p>