

## Golden Homecare Services

# Golden Homecare Services

### Inspection report

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Date of inspection visit:  
08 December 2016

Date of publication:  
22 December 2016

### 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

Golden Homecare Services provides personal care and support to people in their own homes. At the time of our visit the agency supported 38 people with personal care and employed 11 care workers.

We visited the offices of Golden Homecare Services on 8 December 2016. We told the provider 48 hours before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service had a registered manager. 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 and their relatives told us they felt safe using the service and care workers understood how to protect people from abuse and keep them safe. People told us they received care from familiar staff who arrived at the expected time and completed the required tasks.

There were enough suitably trained care workers to deliver care and support to people. The provider checked the suitability of care workers to work with people who used the service during their recruitment. Care workers received an induction when they started working for the service and completed regular training to support them in meeting people's needs effectively.

Care workers were knowledgeable about people's needs. Care plans and risk assessments contained relevant information for staff, to help them provide safe care in a way people preferred. People and their families had regular opportunities to meet with staff to review their care.

There were processes to minimise risks associated with people's care. These included risk assessments and safe systems to manage people's medicines. Staff we spoke with had a good understanding of these processes.

The provider and registered person understood the principles of the Mental Capacity Act (MCA). Care staff completed training to develop an increased knowledge and understanding of the MCA. Care staff knew to gain people's consent before they provided care.

People told us care workers were kind and caring and had the right skills and experience to provide the care and support they required. People received care from staff who were respectful and ensured people's privacy and dignity was maintained.

People knew how to complain and said that the management team listened to them and responded promptly to their concerns. Staff felt supported to do their work and people felt able to contact the

management team at any time.

There were systems to monitor and review the quality of service and understand the experiences of people who used the service. This was through regular communication with people and staff, surveys and spot checks on care workers' practices.

## 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.

People received care and support from consistent care workers who knew them well. Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were procedures in place to protect people from risk of harm and care workers understood the risks relating to people's care. People received their medicines as prescribed and a robust staff recruitment process was in place.

### Is the service effective?

Good ●

The service was effective.

Care workers completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The registered manager understood the principles of the Mental Capacity Act (2005). Care staff ensured they gained people's consent before delivering care.

### Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers respected people's privacy and promoted their independence. People and their relatives were involved in making decisions and planning their care.

### Is the service responsive?

Good ●

The service was responsive.

People's care was provided based on their personal preferences. People received care from a group of consistent care workers. Care workers understood people's individual needs. People felt listened to and they knew how to make a complaint.

### Is the service well-led?

Good ●

The service was well-led.

People were happy with how the service was run and managed. Care workers felt supported to carry out their roles by the management team who were approachable. Care workers were given opportunities to meet with managers and raise any issues or concerns they had. The quality and safety of the service provided was reviewed through a series of effective audits and checks.

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# Golden Homecare Services

## **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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We looked at information received from people, relatives and visitors, and we spoke to the local authority commissioning team who were positive about the quality of the service being provided to people. Commissioners are people who contract care and support services paid for by the local authority.

Before the inspection the provider 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 received this prior to our inspection and it reflected the service we saw and future plans for the service.

The inspection took place on 8 December 2016 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff.

The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. We contacted people who used the service by telephone and spoke with 6 people and 3 relatives. During our visit we spoke with the registered manager, two office managers and two care workers.

We reviewed three people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service

operated, including the service's quality assurance audits and records of complaints.

# Is the service safe?

## Our findings

People told us they felt safe with the staff who provided their care. One person told us, "(Care worker) is calming in her nature and that makes me feel safe and secure." Another said, "I do feel safe because I mainly get the same ones (care workers) and I have built up a rapport with them." People told us they felt confident to contact the staff based in the office if they were concerned about anything. A relative commented, "The way I see care workers treat people, assures me they are safe."

Staff told us they had completed training in safeguarding adults to protect people. They confidently described different types of abuse and their responsibilities to report any concerns to their manager. They were confident the manager would take action to protect people if they did raise concerns. One care worker told us, "If I was worried about someone I would call (registered manager) straight away." Another said, "If I saw anything suspicious I would phone the office straight away and write everything down." Staff understood their responsibilities to keep people safe.

Our discussions with the registered manager and records confirmed they were aware of their responsibilities to keep people safe. They explained they would refer safeguarding alerts to the Local Authority if people had been placed at risk. This meant allegations of abuse would be investigated correctly to keep people as safe as possible.

Risk assessments and management plans were in place to identify potential risks to people's health and wellbeing. These assessments were completed prior to people receiving care for the first time so they remained safe. We looked at risk assessments for three people. All had been reviewed in-line with the provider's policy. These assessments helped to keep people and staff safe when delivering care. For example, one person had poor vision and their risk assessment documented that staff needed to ensure the person's home was free of hazards to reduce the risk of the person falling over and being injured.

Staff knew about the risks associated with people's care and were able to explain how these were to be managed. For example, a care worker told us one person had poor mobility. They described to us how they used the hoist to move them safely. For example, they always checked that the sling loops were securely fastened before they moved the person from their bed to their armchair. Staff told us if they identified any changes in people's needs a manager would immediately complete a review to make sure the person was kept as safe as possible.

The provider had a procedure for recording and monitoring accidents and incidents. Records showed no accidents had occurred in the last 12 months. We discussed this with one office manager who was responsible for the health and safety of the service. Our discussion confirmed they were aware of how to analyse accidents and incidents to reduce the likelihood of them happening again.

The provider had contingency plans in place for managing risks to the delivery of the service in an emergency. For example, in extreme weather such as heavy snow fall the provider prioritised who was most at risk, such as, people who lived alone to make sure their calls were completed.



People told us there were enough staff to provide their care. One person said, "They (care workers) are always on time and they stay the full one and a half hours." Another said, "Care staff are more or less on time and I get the same ones all the time." The registered manager completed the care worker rota each week and confirmed enough staff were employed to meet people's needs. From talking with people and viewing staff schedules we found this was correct. When we looked at the most recent staff call schedules, there had been no recent late calls or missed calls.

The provider had an out of hour's on-call system when the office was closed. There was an 'out of hours' telephone number that people could use if for any reason care staff did not arrive for calls. The registered manager explained if this happened they were able to make arrangements for other care workers to complete calls to ensure people's needs were met.

People and their relatives spoke positively about the way care staff handled and administered their medicines. Comments included, "Yes, they give me my medication and record it all in the book," "They (care workers) help cream my dry skin," and, "Staff help with medication and collect my prescriptions."

Staff told us they had received training and felt confident to administer people's medicines safely. They told us they always checked the records to make sure the care worker before them had signed the records to confirm medicines had been given. We asked a staff member what they would do if they saw a gap on the medicine administration record that could suggest the medicine had not been given. They said, "I would tell (team leader) they are always able to provide good advice about medicines." We discussed this with the registered manager. They explained that one team leader took the lead for safe handling of medicines at Golden Homecare Services. This member of staff checked Medicine administration records (MAR's) each month. We saw evidence that monthly auditing of medicines and frequent checks of staff competences were carried out to ensure that any errors could be rectified and dealt with in a timely manner. We viewed a selection of MAR's which showed us people had received their medicines as required.

The provider's recruitment procedures minimised the risks to people safety. The registered manager explained staff who were of good character were employed and checks were carried out before they started work. One staff member said, "Yes, I had a DBS check and I provided written references." The DBS assists employers by checking people's backgrounds for any criminal convictions to prevent unsuitable people from working with people who use services. Records showed and staff confirmed checks had taken place to ensure they were suitable to work with people in their own homes.

## Is the service effective?

### Our findings

People and their relatives told us they thought care workers had the skills necessary to support people's needs. Comments included, "Yes I do think they are trained." And, "They (care workers) know what they are doing they help with my Zimmer frame."

New care workers were provided with effective support when they first started work at the service and they completed an induction and the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. Staff told us they had spent time shadowing experienced colleagues to gain an understanding of how people liked their care to be provided. They had also read people's care records before they had worked unsupervised. Care workers signed to confirm they had received an employee handbook which included the provider's policies and procedures and outlined the standards expected of them. We saw on-going training was provided following the induction training to ensure staff maintained their skills. A new system to record training had recently been implemented and this helped the registered manager to plan and prioritise the training the staff needed.

Staff told us they received training the provider considered essential to meet people's care and support needs which included safe medicine handling, first aid and health and safety. We looked at the training matrix and the information reflected what the registered manager had told us. The provider invested in staff training by providing an on-site training room, and opportunities for staff to complete nationally recognised qualifications. One care worker said, "I have just completed my NVQ and the managers really supported me with all of the units."

Records showed staff had completed training to obtain the skills to effectively support people with specific health conditions such as dementia. One care worker said, "By learning about dementia I gained an understanding of how I can care for people well." They explained the training had increased their skills and they understood the reasons why people could become confused.

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. Where people lack mental capacity to make particular decisions, any decisions made must be in their best interests and in the least restrictive way 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 are called the Deprivation of Liberty Safeguards (DoLS).

The provider was working within these principles. We saw mental capacity assessments had been completed for people and at the time of our visit no one who received a service from Golden Homecare Services lacked the capacity to make all of their own decisions. The registered manager demonstrated good knowledge in this area and our discussions with them indicated they were aware of the procedure they needed to follow to refer people in the community for DoLS.

Staff confirmed they had received training in MCA in the last six months. One said, "People have a right to refuse, if they don't want me to help them with something I would record it. I know that people have rights and I can't help them if they refuse." This showed us staff understood the principles of the MCA and knew they could only provide care and support to people who had capacity who had given their consent.

We asked staff how they knew if a person's care and support needs had changed. One staff member explained how they always read people's daily notes. Another said, "The managers will phone me to tell me and I make sure I read people's daily notes so I know what has been happening."

When people were assessed, the arrangements for food preparation or support were discussed and agreed. Most people we spoke with prepared their own meals or had their meals delivered. Our discussions with staff indicated they knew what people enjoyed to eat and they would offer this support if it was needed. One care worker said, "If I thought someone had lost their appetite I would tell my manager." The registered manager told us if they were made aware that a person losing weight they would first discuss this with the person and their relatives. If necessary they would also inform their GP. They would introduce food and fluid 'intake' charts for staff to complete to help them monitor how much the person was eating and drinking to help ensure they were not placed at further risk of deteriorating health. This demonstrated staff understood the risks associated with nutrition and were aware of their responsibilities to take necessary action to address them.

People we spoke with managed their own healthcare or relatives supported them with this. The registered manager told us the service was flexible and did support people to attend appointments if required. Care records instructed staff to seek advice from health professionals when people's health changed. Records confirmed the service worked in partnership with health professionals when required including Occupational Therapists and GPs.

## Is the service caring?

### Our findings

People told us the staff who provided their care showed them kindness. One person said, "They (Care worker) are very kind and considerate with me." Another told us, "They (Care workers) are more like friends to me than helpers." A relative commented, "They (Care workers) are fantastic with (Person). The 18 months we have had with them has been very happy I would recommend them to anyone."

Our discussions with people confirmed they received care from a consistent group of staff who they knew well. People had built up strong and meaningful relationships with the staff who supported them. They told us they were confident that staff knew them well and this meant they always received their care in the way they preferred.

We discussed this with the registered manager who told us people received care from no more than three different care workers each week. Records we looked at confirmed this was correct. The office manager told us, "We are a small family company. We really care and are proud to provide the same staff on a regular basis." A care worker confirmed they did visit the same people each week. They said, "We have our regular calls and it is very rare my rota changes."

Staff told us what caring meant to them. Comments included, "Providing care to a high standard that would be good enough for my relative," "Listening to people, making sure they are happy." And, "Being patient and respectful." The registered manager was confident all of the staff showed people kindness and demonstrated a positive attitude.

Staff enjoyed working at Golden Home Care Services. One said, "I love working here everyone is so kind. Best job ever!" They explained they had recently had a personal issue and the registered manager had been very supportive and kind to them. This made them feel that their manager cared about them. They told us they would recommend the service to their family and friends and they would be happy for their relative to receive care from the service.

People and their relatives told us they were able to express their views and be involved in making decisions about their care and support. One person said, "Yes I am fully involved. Another said, "A person from the office came out to see me to review my care plan. Everything was okay, no changes."

All the staff we spoke with confirmed that people were involved in making decisions about their care and support needs. One staff member explained, "People are always involved in their care. What they say goes." They explained even though they knew people really well they always asked people how they would like their care to be provided. They thought that this was courteous and respectful.

All of the people we spoke with confirmed staff always treated them with respect, dignity and maintained their privacy. For example, one person explained care staff always shut their bedroom door and closed the curtains when they were assisting them with personal care. Another said, "I feel respected because care workers always asked if they can wash me." A relative commented, "Yes they do respect (Person's) privacy

and dignity they won't do anything when I am around, such as getting (Person) dressed.

All of the people we spoke with told us staff encouraged them to be independent. For example, one person said, "They encourage me to do what I can, such as wash my own hands and face."

The registered manager told us about how the staff team had successfully encouraged one person to regain their independence. They said, "When we started the care package (Person) was cared for in bed. Now they are up and about. It's a real success story." They explained how care workers had encouraged the person to regain their skills over a period of time. This had resulted in a positive effect on the person's well-being and personal hygiene because they were now confident to have a shower three times a week.

Staff understood the importance of maintaining people's confidentiality. Staff told us they would not speak with people about other clients and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information.

## Is the service responsive?

### Our findings

People and their relatives told us that they received personalised care that met their needs. Comments included, "I am happy the staff do anything I want that crops up," and, "(Care worker) gives (Person) a shower he is a man amongst men. He is very gentle and has a laugh and a joke with (Person). He is just marvellous." They explained their relative lived with dementia and they described the care received as 'first class.'

One person told us that they did not require much help but they really enjoyed having a cup of coffee whilst sitting and chatting with the care workers. They explained how care workers were not rushed and they always had time to chat with them. This made them happy. Another person told us that they enjoyed going shopping. They said, "(Care worker) takes me shopping once a fortnight and they have become very much a friend to me."

One office manager explained how the service demonstrated its responsiveness to people's individual needs. For example, some people enjoyed having their hair cut by one of the care workers who was also a trained hairdresser. Other people enjoyed reading books. These people were encouraged to borrow books from 'the book club.' This was a free of charge book loan service that was provided by Golden Homecare Services.

People and relatives told us the communication was very good between them and the service. One said, "The ladies in the office are very nice and helpful." Another said, "Great communication." Staff supported this view and told us the communication was one of the best things about the service. One said, "If I ever have a problem or I am running late I just call the office. Someone will always phone my client to say I am on my way." This was important because some people could become anxious if their carer was going to arrive a few minutes late.

The registered manager told us that prior to receiving a care package, people's needs were assessed. People confirmed this happened and records we looked at showed the information from the assessment was used to complete a care plan. We looked at three people's care plans and they all contained detailed information on the different aspects of the person's life and how they preferred their care to be provided. For example, their likes and dislikes.

Staff told us they read people's care plans and the information informed them of people's preferences. However, they did not solely rely on this information. They explained how they spoke with people to make sure care was provided inline with their wishes.

The registered manager told us people's care needs were reviewed every six months or more frequently if their needs changed. However, we observed information within one person's care plan had not been reviewed for eight months. The registered manager assured us they were in the process of updating this information and it would be completed the day following our visit.

People and their relatives knew who to speak with if they had any concerns or complaints about their care and all felt their views were listened to and acted upon. There were systems in place to manage complaints about the service provided. Records showed no complaints had been received for over two years. We discussed this with the office manager. They explained because they were a small family company they had good relationships with people and their families. This meant that any issues were dealt with immediately before people felt they needed to complain.

We looked at a selection of compliments which had been received in the six months prior to our visit. Comments included, 'Thank you for all your kindness,' and, 'Thank you for your help. I love you all.' This showed us people were happy with the service provided to them.

## Is the service well-led?

### Our findings

People told us they were very happy with the management of Golden Homecare Services. Comments included, "(Office manager) and (Registered manager) are approachable and listen to me," and, "It is well run and I would recommend them to others." Our discussions with relatives supported this view point. One said, "The management are excellent and the manager comes out to see us." Another said, "Excellent, spot on."

There was a clear management structure in place. The management team consisted of the provider, a registered manager, two office managers and two team leaders. The registered manager was experienced and had been in post for four years. They told us they felt supported in their role. They said, "(Provider) is very supportive and approachable. We have open discussions and they welcome my ideas for improvement." This made them feel involved and valued. The provider visited the service at least once a week to gain an overview of the care being provided to people. As part of these visits they spoke with staff and identified good practice and areas that required further development. These checks should ensure the service was run effectively and in line with the provider's procedures.

Care workers we spoke with told us they enjoyed working at Golden Home Care Services and confirmed they felt supported by the management team. One care worker told us, "I have worked here for over 12 months, I feel supported by the managers. They are approachable and always available to give me advice." Another told us, "I think everything is really well managed here, I love working here."

The registered manager said, "We have a good staff team and managers lead by example. We would not expect care workers to do anything that we as managers would not do ourselves." We asked care workers about this and they told us managers frequently undertook care calls. They told us they thought this was really helpful, good for staff morale and teamwork.

Care workers told us they had regular one-one meetings with their manager to make sure they understood their role and assess that they had the skills and knowledge to fulfil their role. They also told us that 'spot checks' (unannounced checks) of their practice took place. A care worker told us, "One of the managers will come out and observe how I am caring for people. They give me honest feedback straight away on how they think I am doing and make suggestions of how I can improve my practices." They explained this made them feel confident they were providing good care. People confirmed 'spot checks' occurred, and one person told us, "Managers do sometimes come out and make sure care workers are doing a good job; I think it's a good thing."

The registered manager understood their responsibilities and the requirements of their registration. For example, they knew about statutory notifications they were required to send us, so we were aware of changes and significant events at the service and they had completed the PIR, as required by our regulations. The provider PIR told us, "We hold regular team meetings which all carers attend. All carers are given the opportunity to voice their opinions." We found this was happening. One care worker told us, "We have staff meetings and we are encouraged to talk about any issues that we have." Another told us, "I can



pop into the office anytime and have a chat with a manager if I need help with anything."

Records showed the management team also completed other quality checks of the service. For example, daily records that care workers had written had been checked monthly to ensure people had received their care as planned to maintain their wellbeing. We found these checks were effective and this meant the managers had an overview of the care that had been provided.

People told us their views of the service they received were sought and listened to. For example, one person explained they had contacted the office on one occasion to change their care worker. They felt confident to bring this to the managers attention and their request had been dealt with straight away. Another person said, "I receive one or two Surveys a year and I am always happy with everything."

The management team encouraged feedback from people and their relatives Annual quality questionnaires were sent out to gather people's views on the service. Completed questionnaires were analysed to assess if action was required to make improvements.

Questionnaires had been sent to people and their relatives in October 2016. At the time of our visit people's responses were still being analysed. We looked at a selection of responses and comments included, 'I don't want anything changed, just keep doing what you do,' and, 'You are a credit to your profession .' The registered manager assured us the analysis of the feedback would be completed in the next few weeks. Action would be taken to improve the service if it was required. Analysis of questionnaires completed in 2015 showed us people were happy with the service they received. For example, ninety five percent of people were extremely happy and felt their needs were being met.

The registered manager spoke passionately when we asked them what they were most proud of at the service. They said, "Because we are a small family company we offer a personal service. There is no better feeling than seeing how we make a positive difference to people's lives."

One of the office manager's told us of their future plans for the service. They were planning a recruitment drive in the next three months in an attempt to provide a service to people over a bigger geographical area. They said, "Our plan is to expand gradually. Many of our referrals are from recommendations which makes us proud. Our focus is to provide excellent care. That takes time and cannot be rushed."