

Golden Crown Care and Support Services Ltd

Castlewood Road

Inspection report

15A Castlewood Road
Cockfosters
Barnet
EN4 9DQ

Tel: 02039831313
Website: www.goldencrowncare.com

Date of inspection visit:
21 June 2022

Date of publication:
29 November 2022

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not provide care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Castlewood Road is a domiciliary care service that provides personal care to adults with a range of support needs living in their own home or within a supported living setting. At the time of the inspection the service was providing personal care to one person living in their own home in the local community.

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

A relative spoke positively of the service and told us their relative was safely supported. However, despite this positive feedback we found issues with the management of a person's risks, staff recruitment and management oversight.

The service had systems in place to monitor the quality and safety of the service, however they did not identify the issues we found during the inspection.

We found examples where a person's risks had not been sufficiently assessed and documented in their care records.

We found safe recruitment procedures were not being followed.

We made a recommendation around the personalisation of people's care records.

Staff followed infection prevention and control measures

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

A person was supported to access and maintain a balanced and healthy diet where required.

A relative told us a person was supported by kind and caring staff that respected their privacy and

supported their independence.

Staff knew the person using the service well, however aspects of a person's care plan were not detailed or up to date. A person and their relative were involved in the planning and reviewing of their care.

The management team sought the views of people using the service. A person's relative told us they were satisfied with the service received.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, staff recruitment and good governance 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 from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Castlewood Road

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

This service is also registered to provide care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

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.

What we did before the inspection

We reviewed information we had received about the service and formal notifications that the service had sent to CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing. The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the well led section of the full inspection report for further details. We used all this information to plan our inspection.

During the inspection

We spoke with the relative of a person using the service. We spoke with three members of staff including one member of support staff who was also the Nominated Individual, the director of finance and administration and the Registered Manager. The Nominated Individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records, including a person's care records, three staff files in relation to recruitment and staff support. We looked at a variety of records relating to the management of the service, including policies and procedures and audits. We sought feedback from the local authority.



Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess risks to people before undertaking their care and support. However, during the inspection, we found examples where a person's risks had not been sufficiently assessed and documented in their care records.
- For example, a person was at risk of falls and had risks associated with skin integrity and diabetes. We found these risks had not been sufficiently assessed and there was a lack of detailed guidance in place for staff to follow to mitigate the risks.
- The registered manager told us care plans and risk assessments were regularly reviewed. However, this process did not identify the issues we found during the inspection. We will report further on this in 'Is the service well-led?' section of the report.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate risks to people were effectively managed. The concerns identified above placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concerns with the registered manager and following the inspection we were informed the service would change the format of people's care plans to ensure people's risks were appropriately assessed, with clear guidance for staff to follow.
- Despite our concern, care staff demonstrated an understanding of the person's needs. A person's relative told us staff knew how to support people safely. One relative said, "I think [staff member] does very well."

Staffing and recruitment

- Safe recruitment procedures were not being followed.
- Where staff had worked in previous roles in health and social care, we found employment references had not been requested or obtained.
- Application forms were not consistently completed and reasons for leaving previous employment had not been obtained in line with the providers procedure.
- This meant staff had not been appropriately assessed as safe to work with vulnerable adults.

Systems had not been established to ensure safe recruitment. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We raised our concern with the registered manager, who told us they felt assured of the staff members suitability and conduct as they had previously been their manager at another service.
- Following the inspection, the registered manager told us they had requested references for each member of staff and were introducing a staff file checklist to ensure recruitment procedures were followed.
- Other pre-employment checks were in place including DBS checks and proof of identity. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- A person's relative told us their relative was supported by a consistent and reliable member of staff, who provided support at an agreed time. The relative said, "We have agreed and arranged that time. Yeah."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- A relative told us their family member felt safe being supported by the service. The relative said, "Yes, very confident. No concerns at all. [Staff member] is very good with [person], treats [person] very well."
- The provider had an up to date policy in place which gave staff guidance on how to safeguard people from abuse and report any concerns.
- Staff had received training in safeguarding adults and understood their responsibility to report any concerns.

Preventing and controlling infection

- Policies and procedures were in place to prevent and control infection, including COVID-19.
- Staff told us, and records confirmed staff had completed training in infection control and had access to regular COVID-19 testing and Personal Protective Equipment (PPE).
- A relative told us staff wore appropriate PPE. They said, "Yeah, always wearing gloves, masks, aprons."

Using medicines safely

- At the time of the inspection the service was not supporting people with medicines. However, the registered manager told us this may change in the future.
- The service had a medicines policy and procedure in place and staff had completed training.
- The registered manager told us how the service would manage people's medicines safely in line with national guidance.

Learning lessons when things go wrong

- The registered manager told us there had not been any accidents or incidents reported since the service registered with CQC.
- The service had an accident and incident policy and procedure in place which staff understood. The registered manager explained how following an accident or incident they would notify the relevant authorities and share lessons learned with the team to help prevent any reoccurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. However, support staff were not receiving formal supervision in line with the provider's procedure.
- The service had only one member of support staff, who was also the nominated individual, who provided support to the person using the service. We found this member of staff was not receiving regular supervision or an appraisal in line with the provider's procedure.
- The registered manager told us they met with the nominated individual regularly as part of the senior management team to discuss the overall management of the service which included an update on the person's service. Records confirmed this.
- The nominated individual told us they felt supported and records confirmed they had completed relevant training to meet the needs of the person using the service.
- A relative told us the staff member who supported their relative was skilled and knowledgeable. A relative said, "I think [staff member] is very knowledgeable, [staff member] has a lot of skills, very patient and caring."
- The service was in the process of recruiting additional staff. The registered manager told us they would ensure all new staff received regular supervision and an appraisal in line with procedure. Following the inspection, we were sent evidence individual staff supervision had been completed.

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

- Whilst a person's care plan contained only limited information about their health conditions, the service supported people to access health care services where required.
- A person's relative told us there was good communication with staff when any health issues arose. A relative said, "Definitely, I do the contacting for all health appointments, if they notice anything, they inform me."
- The service worked with other health and social care professionals where required including GP's and social workers.

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

- A person's needs were assessed, and care plans and risk assessments were developed using information gathered during initial assessments.
- A relative told us they were involved in discussions about their relative's care and agreements about how their care was provided.

- Policies and procedures provided guidance for staff and referred to legislation and good practice guidelines.

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

- People were supported to access and maintain a balanced and healthy diet where required.
- A person using the service only required minimal support with their meals. A relative told us they were satisfied with the support their relative received. The relative told us, "Yes, [staff] asks [person] what [person] would like and then warms it up."
- Staff received training in food hygiene and were aware of people's dietary needs and preferences.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- A person's capacity and consent to care was recorded within their care plan.
- Staff had completed training and demonstrated an understanding of the MCA.
- A relative told us staff sought people's consent before supporting them. A relative said, "[staff] definitely does, [staff] is very patient. Talks to [person] before doing anything."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- A person was supported by kind and caring staff, who knew them well. A relative said, "Yes definitely, yes, very good. I love the approach [staff member] has with [person]. [Staff member] sits down and has a chat, makes [person] comfortable, doesn't rush [person], [staff member] has a natural approach."
- A person's care records considered their diverse needs such as their personal history, ethnicity and religious beliefs.

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

- A person and their relative were involved in the planning and reviewing of their care. A person's relative told us, "Yes, I am, yes, [person] is. They have a care plan; we have a folder at home. We did an assessment and review. We did everything together."
- A person's relative had access to a satisfaction survey; this gave them the opportunity to share their views about all aspects of the service.

Respecting and promoting people's privacy, dignity and independence

- A relative told us staff respected their relative's privacy and dignity when delivering their care. A relative said, "Yes definitely."
- Staff told us about the ways they encouraged people's independence, a relative confirmed this. A relative said, "[Person] is maintaining independence, they encourage and support [person] to do things to maintain independence."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- Whilst we were assured staff knew people well and care plans documented the basic support people required, aspects of a person's care plan were not detailed or up to date.
- A person's care plan contained some information about their life history, interests and relatives involved in their care. However, we found care records did not sufficiently detail the person's preferences and choices, for example, with personal care support.
- The registered manager told us care plans were regularly reviewed. However, we found examples where sections of a person's care plan were not consistent with others and had not been updated to reflect the person's current service provided.
- Despite this issue, staff could explain how they took a person-centred approach to the support they provided.
- A person's relative told us staff understood their relatives likes and dislikes. "Oh yes [staff member] does, very good with that. Understands [person] well."
- We raised this with the registered manager who told us they would address the issue by changing the format of people's care plans.

We recommend the provider reviews people's care records to ensure they contain sufficient details of people's preferences and choices.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We were assured the communication needs of the person being supported were being met, feedback from staff and the person's relative confirmed this.
- However, we found the person's care plan did not contain detailed information about their ways of communicating and preferred methods. We raised this with the registered manager who told us they would update these records.

Improving care quality in response to complaints or concerns

- There was a clear policy and process for making a complaint.
- The service had not received any complaints since their registration with CQC. A relative told us they felt

able to raise any concerns with the management team. They said, "Yes definitely, I'm very happy with the carer and the service."

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had systems in place to monitor the quality and safety of the service, including care plan reviews. However, these systems and processes did not identify the issues we found during the inspection.
- The provider was completing a regular review of a person's care plan and risk assessments, however this process did not identify the issues we found with risk assessments, as detailed in the safe section of the report.
- At the time of the inspection, the provider was not completing any audits or checks of staff recruitment records which could have identified the issues we found.
- The service was asked to complete the PIR in May 2021, however no response was submitted to CQC.

Whilst we found there was no evidence that people had been directly harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they would make improvements to their auditing procedures to ensure they were more effective in identifying issues.
- During and following the inspection, the registered manager told us they were introducing a recruitment checklist and new care plan format to address the issues identified.
- Policies and procedures were up to date and in line with best practice.
- Despite the issues we found, a person's relative told us they felt the service was well managed and were satisfied with the service their relative received. One relative said, "Yes I do, I think so. From all the other agencies I prefer this one to the others, they go above and beyond. They make it work."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team promoted a positive culture, which delivered person-centred care.
- A relative told us there was good communication with the service and they could raise any concerns with the registered manager.
- A relative told us their feedback was regularly sought by the service and they were involved in reviewing their relatives care. The relative also said, "We've had a review recently about my [person's] care." "I have

received a survey, filled one in."

- Where required the service worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.

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; Continuous learning and improving care

- The registered manager understood the responsibilities under the duty of candour legislation, to be open honest when things had gone wrong.
- Throughout the inspection the management team demonstrated a willingness to learn and reflect to improve the service.

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 Risks to people were not always assessed, monitored and managed to keep them safe.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Processes and checks were either not in place or comprehensively completed to ensure safe staff recruitment.