

# Goldcrest Healthcare Service Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service caring?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Goldcrest Healthcare Services Limited is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection the service provided support for six people whose care was funded by a local authority and three people who funded their care through direct payments. 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.

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

We saw the provider had risk assessments and risk management plans. However, where a specific need, such as a healthcare condition, had been identified, a risk management plan had not been developed to provide care workers with appropriate information to enable them to reduce the risks associated with the medical condition.

There was a process for the administration of medicines, but records did not always indicate how the person should be supported to take their medicines.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

People's care records did not always provide accurate information relating to the care and support they needed, so staff did not always have all the information they needed to care for people.

The provider had a range of audits in place, but the audit in relation to care plans did not provide appropriate information to identify where actions for improvement were required.

People told us they felt safe when they received care in their home. The provider had appropriate recruitment processes in place so only suitable staff were employed to care for people.

Detailed assessments of a person's needs were completed before they started to receive visits. Staff were appropriately supported in their roles. They completed a range of training and had regular supervision with their manager.

People felt the care workers were kind and caring. They also felt their dignity and privacy was respected when receiving care. The care plans identified each person's religious and cultural needs and how care workers could provide support to meet these needs.

The provider had a complaints process in place and people told us they knew what to do if they wished to raise any concerns.

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

This service was registered with us on 10/10/2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date the service started operating. We have found evidence that the provider needs to make improvements. Please see the Safe, Effective, Responsive and Well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches of regulations in relation to the management of medicines, managing risk, mental capacity, person centred care and quality assurance 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 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service caring?**

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### **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** ●

# Goldcrest Healthcare Service Limited

## **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.

#### 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 23 September 2019 and ended on 2nd October 2019. We visited the office location on 23 September 2019 and we made telephone calls to people using the service and relatives on 2 October 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection. We also reviewed all information relating to the service on our database.

#### During the inspection

We spoke with the registered manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two people who used the service and the relative of one person receiving care. We received feedback from four care workers.

We reviewed a range of records. This included four people's care records and medicine administration record charts. We looked at three staff records in relation to recruitment, training 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 received information regarding recruitment following the inspection.

# 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 for 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

- We saw that where a person had been identified as having a specific risk there was not always guidance for care workers on how to reduce that risk. These included people's physical and mental health needs including diabetes and disorientation.
- Risk management plans were not in place to provide care workers with guidance as to what action could be taken to reduce these risks.
- Where a risk assessment had been completed the information did not always reflect the risk accurately. For example, the moving and handling risk assessment for one person identified they could not support their own weight but the falls risk assessment stated the person was mostly bedbound but also the care workers should support the person to use the stairs. This meant the risk assessments did not reflect accurate information about the person and the appropriate level of risk.

This meant people may not always receive safe care and treatment because the provider had not always identified or planned for risks to their safety and wellbeing. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Learning lessons when things go wrong

- The provider had a process for the recording and investigation of incidents and accidents, but this had not been followed. At the time of the inspection there were no recorded incidents using the provider's process. However, other records relating to people's care indicated there had been incidents. For example, we saw the MAR chart records for one person indicated the care worker had found more than one day's medicines had been taken from their blister pack. The notes indicated the person's relative and their GP were informed of the incident.
- This had not been recorded as an incident and there has not been an investigation into what went wrong to identify if actions needed to be taken to reduce the risk of reoccurrence in line with the provider's procedure. We saw the local authority had been contacted to ask for the person's medicines to now be administered by the care worker instead of them prompting. There was no record of any other actions including risk assessments which had been completed to reduce possible risks.

We found the system for reviewing incidents and accidents had not been followed to ensure learning took place and to identify actions to reduce risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Using medicines safely

- The provider had a process for the administration of medicines, but people's care plans did not always clearly indicate if the level of support people needed with their medicines from their care workers.
- At the time of the inspection care workers were prompting or reminding people to take their medicines but this was not always clear. For example, the records for one person stated they should be prompted to take their medicines, but the records completed by the care workers following each visit stated they had "given" the person their medicines.
- The medicines risk assessment and care plan in relation to medicines for another person did not reflect that care workers were now administering medicines instead of reminding the person.

We found no evidence that people had been harmed however, the provider did not always ensure information was provided to ensure people received their medicines as intended. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Staffing and recruitment

- The provider had a recruitment process in place. During the inspection we reviewed the recruitment records for three care workers and saw a range of checks were completed before staff were employed. For example, the registered manager confirmed they requested two references including one from the previous employer and one character reference. Confirmation on the applicants right to work was also obtained and a criminal record check was carried out.
- Records we saw supported this, but we noted the employment history for one applicant did not reflect the information provided by the previous employer. We discussed this with the registered manager who agreed they would review this information. Following the inspection, they confirmed they had obtained accurate information in relation to the care worker's employment history.

#### Preventing and controlling infection

- The provider ensured care workers had access to personal protective equipment (PPE) for example gloves and aprons to use when providing care. The training records indicated that care workers had completed infection control training as part of their induction.

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

- People we spoke with told us they felt safe when they received care and this was also supported by relatives of people using the service.
- The provider had a process to review and investigate any concerns regarding the care provided. At the time of the inspection no incidents and accidents had occurred since the provider first started to provide support in October 2018.
- Care workers demonstrated a good understanding of the principles of safeguarding and were familiar with the policy and what actions to take if they had concerns.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

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.

- The provider had completed mental capacity assessments, but these were generic and did not identify if the person could consent to specific aspects of their care. We saw the mental capacity assessment for one person did not refer to which care activity it related to. The assessment stated the person lacked the capacity "in relation to the decisions to be made in this care plan" but the assessment included the name of another person using the service in the text which could indicate it was an assessment that had been written for another person.
- A best interest decision form had also been completed but did not indicate what decision it related to and how the person should be supported with their care.
- We looked at the care plan for one person and we saw a relative had signed the consent form to receive care but the person was identified as having capacity to make decisions. There was no record to indicate the person had requested the relative to sign their consent to care on their behalf.

We found no evidence that people had been harmed however, the provider could not ensure people's care was provided within the principles of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- An assessment of each person's support needs was completed before care visits started. The registered manager told us they received a referral from the local authority which was used to identify if the service

could provide the person with appropriate care. A further assessment of needs was then completed with the care plan and risk assessment being developed from both sources of information.

Staff support: induction, training, skills and experience

- People we spoke with told us they felt the care workers that visited them had appropriate skills and knowledge to provide the care the needed.
- The registered manager told us new care workers completed an induction and three days of shadowing an experience care worker as well as the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- We saw care workers had completed training including moving and handling, dementia awareness, first aid and epilepsy awareness. The registered manager confirmed supervision meetings were completed every three months and this was supported by documents we reviewed.

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

- People confirmed that, where care workers helped with providing meals and drinks, they were given choices. One person said "The care workers make me sandwiches and give me a choice of meal. They do what I want them to do."
- We saw that where care workers provided support with food, the care plan identified the person's preferences for food and drink.

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

- People were supported to access healthcare and maintain healthier lives. The registered manager explained they worked with GP, pharmacists and district nurses to ensure the support provided to people met their healthcare needs.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with told us they felt the care workers were kind nice and caring. Their comments included "My care worker is very thoughtful and caring" and "I feel comfortable with the care and feel very happy." A relative we spoke with also confirmed they felt the care workers support their family member in a caring way.
- Nevertheless, the service was not always caring because of several shortfalls in service provision that showed people were not always treated and supported in a caring way. For example, people did not always receive the care or support they needed to meet their needs. In addition, people were still not being protected adequately from risks that could arise as part of receiving a service. For example, people might have been placed at risk of poor care as their care plans did not provide up to date information about their care.
- Each person's religious and cultural needs were identified in their care plan. We saw one person was supported to be part of their local faith community.
- The registered manager explained care workers had completed equality and diversity training and were encouraged to treat people the same.

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

- People we spoke with told us they were involved in the development of their care plan. One person commented "Yes I was involved in developing it, I told them what I expected, what I like and what I don't like and it is in the care plan."
- The relative we spoke with also confirmed they had been involved in identifying their family member's support needs.

Respecting and promoting people's privacy, dignity and independence

- People using the service told us care workers respected their privacy and maintained their dignity when providing care. One person commented "I have told the care workers my dignity is very important to me and they respect that."
- Care workers demonstrated a good understanding of how to ensure people's privacy and dignity was respected. One care worker commented, "I ask the client what they want to wear and if it effects their dignity, treating them with the respect and privacy and help to be independent."
- People were supported to maintain their independence. People told us "The care workers help me use new equipment like my new wheelchair" and "They helped me maintain my independence by helping me use the stairs and encouraged and supported me to walk down the stairs on my own."

## 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; End of life care and support

- The care plans we reviewed did not always reflect information identified in other documents such as risk assessments.
- We saw the risk assessment for one person identified they could become confused and get lost when supported to access the community so required constant supervision, but this information was not reflected in the care plan so staff had clear information about how to support the person. A risk assessment for another person indicated they may leave their home dressed inappropriately but this was not in their care plan. Therefore, care workers were not provided with appropriate information to meet the person's care needs
- The records of the care provided did not identify the person's experience of the care they received. The registered manager explained they had two different record forms, one of which was pre-printed forms with a list of care tasks which were ticked to indicate they were completed. There was also written information relating to the visit but we saw this was task focused and repetitive which did not provide any information about the person receiving care.
- The care plans did not include information in relation to the person's end of life care wishes. We saw the end of life care plan identified the person's current support needs and if care workers needed to monitor if the person's needs changed. The care plan did indicate of the person was on an end of life care pathway but did not indicate if their wishes and preferences around end of life care had been discussed with them.

The provider had not ensured the care plans contained detailed and up to date information to reflect how people wished their care to be provided and how to meet the person's care needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

- The registered manager explained they ensured information was explained verbally to people as well as provided in writing. If a person required information in their preferred language it could be translated for them. The care plan's included information on the person's preferred language.

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

- The care plans indicated if the visit was for personal care or to provide support to access the community. There was a description of what activity the person wanted support to attend for example their place of worship.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure to investigate and respond to complaints received from people using the service and relatives. The procedure was shared with people, so they had information about how to complain. At the time of the inspection the provider had not received any complaints.

# 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.

### Continuous learning and improving care

- The provider had quality assurance processes in place but these were not robust enough to provide information on areas requiring improvement so the provider could make the necessary improvements. For example the processes the provider had for reviewing the care plans and the records of each care visit had not identified the issues found during the inspection.
- The provider had a document identifying lessons learned but we saw the main focus was on studies and national guidance but did not relate to the lessons learned from the care provided by this service or from an analysis of the incidents and accidents.
- The provider had not identified, managed and mitigated risks to people. We identified risk management plans for some specific risks had not been developed to provide care workers with appropriate information to mitigate these risks. These had not been identified by the provider using their existing processes.

This meant the provider did not have a robust quality assurance process in place. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People we spoke with gave positive feedback about how the service was managed and the registered manager. Their comments included "I can only say they best about them. The highest possible commendation. The boss is extremely caring" and "The service is well managed and very organised." The relative we spoke with also made positive comments "Very grateful for the care provided and nothing but praise, they are great."
- Care workers told us they thought the service was well-led, for example one care worker commented that when they were unable to do visits as their car had broken down, the care coordinator covered the shift.

### 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

- The provider had a range of policies and procedures in place which were regularly reviewed and updated when required.
- The relative we spoke with confirmed the registered manager always contacted them if there were any issues with their family member's care to discuss these and to provide more information.

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

- The senior staff had clear roles and responsibilities within the organisation. The registered manager explained the senior staff including the office manager, care coordinator and recruitment manager had clearly defined responsibilities. This meant who was responsible to each aspect of providing day to day care and the management of the service could be identified.
- The registered manager has a level five qualification in health and social care and an understanding of the legal responsibilities of being registered with the Care Quality Commission

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us the registered manager regularly contacted them to check they were happy with the care being provided.
- The registered manager explained they worked with the care workers to ensure people's protected characteristics were respected. They told us "This service is not about the money it is about caring. We tell the care workers if you don't want to provide care outside of your religion then don't work in care. All people are treated the same."
- Care workers told us they felt supported by the senior team and one comment was "I like the culture of the organisation I feel welcomed and part of the team everyone treats me nice and help me when I need help."

Working in partnership with others

- The registered manager told us they worked with social workers and advocacy services to support the people receiving care.
- The provider also ran numeracy and literacy training courses with a local college and any care workers who applied to the service could access these courses if required to support them to obtain the appropriate skills required to record the care provided.

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 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider did not ensure the care and treatment of service users was appropriate, met with their needs and reflected their preferences.</p> <p>Regulation 9 (1) (a) (b) (c)</p>
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered person did not act in accordance with the Mental Capacity Act 2005 as they did not ensure service users' mental capacity was assessed and recorded where they were unable to give consent.</p> <p>Regulation 11 (3)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The risks to health and safety of service users of receiving care and treatment were not assessed and the provider did not do all that was reasonably practicable to mitigate any such risks.</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>Regulation 12 (1) (2) (a) (b) (g)</p>



## Regulated activity

Personal care

## Regulation

Regulation 17 HSCA RA Regulations 2014 Good governance

The provider did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity

The provider did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.

Regulation 17 (1)(2) (a) (b)