

Goldstar Care Services Limited

Goldstar Care Services Limited

Inspection report

Olympic House
28-42 Clements Road
Ilford
Essex
IG1 1BA

Tel: 07474991303

Website: www.goldstarcareservices.co.uk

Date of inspection visit:
14 November 2023

Date of publication:
30 November 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Goldstar Care Services Limited is a domiciliary care agency providing personal care to adults in their own home. Not everyone who used the service received the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of this inspection, the service was providing personal care to 37 people in their own homes.

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

People were supported by regular staff who were safely recruited and who had the relevant training and qualifications to support them safely. There were sufficient staff to meet people's needs and ensure no care calls were missed.

People told us they felt safe and comfortable in the company of the staff who knew them well and were kind and caring. The feedback from people was overwhelmingly positive and demonstrated that a caring and empowering culture was well embedded across the organisation.

Staff understood how to protect and safeguard people. Risk assessments had been carried out to identify the risks people faced. These included information about how to mitigate those risks.

Medicines were managed in a safe way. Infection control and prevention systems were in place. Accidents and incidents were reviewed to see if any lessons could be learnt from them.

Systems to monitor the quality and safety of the service were in place. Staff reported having a positive relationship with the provider and felt communication was effective. Quality monitoring systems allowed for the effective monitoring of the service by the provider.

Staff demonstrated a strong level of engagement, a real sense of pride of working for Goldstar Care Services Limited and there was a high level of staff satisfaction. The provider had an ambition to be innovative and put people at the centre of the service delivery. They welcomed any form of external and internal auditing and feedback received was treated as an opportunity to reflect and further improve the quality of the service for people.

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

Rating at last inspection

The last rating for this service was good (published 22 October 2018).

Why we inspected

We undertook a focused inspection to review the key questions of Safe and Well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Goldstar Care Service Limited on our website at www.cqc.org.uk.

Follow up

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p>Good ●</p>

Goldstar Care Services 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 2 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.

Service and service type

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

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

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. We reviewed the information we already held about the service. This included their registration report and notifications. A notification is information about important events, which the provider is required to tell us about by law. We used all of this information to plan our inspection.

We used information gathered as part of monitoring activity that took place on 03 February 2023 to help plan the inspection and inform our judgements.

During the inspection

We reviewed a range of records. This included 5 people's care records and risk assessments and 4 people's medicines records. We looked at 4 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits, staff training, satisfaction surveys, policies and procedures. We also spoke with the registered manager, compliance manager, service manager, HR manager and administrator.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our site visit. We looked at training data and quality assurance records.

As part of our inspection, we spoke with 3 care workers, 4 people who used the service and 7 relatives by telephone about their experience of the care provided.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Staff demonstrated knowledge of the safeguarding processes in place to keep people safe. One staff member told us, "If there is any abuse taking place, I will stop them I will contact the manager." Another staff member also said, "If there is any abuse, I will contact the registered manager or service manager. If nothing happens, I will contact police or social services."
- People were further protected from abuse because all staff had received safeguarding training on how to recognise and report abuse appropriately. The staff members we spoke with could explain what action they would take if they suspected or witnessed abuse.
- People and their relatives told us they felt safe whilst being supported by staff. One person said, "I feel absolutely safe with them [staff]. I'm happy so far. They [staff] are nice and I trust them." A relative told us, "I do go round there sometimes when they're actually there and [person] seems very happy and safe with them." Another relative told us, "Yes, they are safe. The staff reliability is good. They always turn up."
- There were no safeguarding concerns raised regarding the service in the last 12 months.
- The provider had a whistleblowing policy, which guided staff on how they could raise concerns about any unsafe practice.

Assessing risk, safety monitoring and management

- Sufficient risk assessments were in place to ensure people received safe care.
- Risk assessments gave staff clear guidance on how to support people safely. For example, people who were at risk due to their physical health or their medical conditions, they had a risk assessment in place. Risk assessments were reviewed regularly to ensure they were accurate.
- Staff were aware of potential risks to people and ensured they were safe when carrying out any tasks.
- Where there were changes in people's risks, their risk assessments were reviewed accordingly.
- The registered manager also had an environmental risk assessment in place which identified potential risks and how to minimise them. This helped to ensure people received care and support within a safe environment.

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.

- Systems were in place to assess people's capacity to make and consent to decisions about specific aspects of their care and support.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.
- People told us staff sought their consent prior to providing any care and support and respected their choices and decisions about this. One relative told us, "They say 'do you want your hair washed?' [Person] get the choices of they want done that day." A staff member said, "When I need to do personal care, I seek their consent and make them comfortable."

Staffing and recruitment

- There were enough staff to meet the needs of people using the service. Staff rotas had been planned to ensure people were supported by a regular team of staff so that the care and support they received was consistent.
- Staff were punctual and attended their scheduled care calls on time. One person told us, "They don't rush. I'd say that's very good." A relative said, "I have been there when the staff has been there. They ask if there's anything else they need help with and when they're [staff] satisfied, they go. Staff are not in hurry."
- Systems were in place to minimise risks of late or missed calls. The service used a time sheet to monitor staff attendance and punctuality. These time sheets were also reviewed by the management team.
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on the staff member's qualifications and relevant experience, their employment history, references, criminal record checks and proof of identification, and current registration with professional bodies for nurses. This reduced the risk of unsuitable staff working with people who used the service.

Using medicines safely

- Medicines were being managed safely.
- Information regarding the support people needed with their medicines was recorded within their care plans, which was clear, up to date and accessible to staff.
- There was a policy and procedures in place for staff to follow when people needed support with their medicines and staff had received appropriate training.
- Medicines administration records (MARs) we reviewed were all signed with no gaps, which showed medicines were being administered as prescribed.
- People using the service had no concerns about medicines. One person told us, "They [staff] help me with all my medicines." One relative said, "They [staff] do all that for [person]. I have been in there and I've seen them give their medicines and do their ointment. They do it straight away as soon as they come in."

Preventing and controlling infection

- There were systems in place to ensure people as well as staff were safe regarding the spread of infection.
- Staff were aware of their responsibilities regarding infection control and prevention and they had received training in this subject.
- Staff were provided with personal protective equipment (PPE) such as gloves and aprons to protect the spread of infection.
- Staff had access to a good stock of PPE and could request more from the office as needed.

- A relative told us, "The carers wear their aprons and gloves when they come."

Learning lessons when things go wrong

- There was a system in place to record accidents and incidents within the service.
- The registered manager told us there had not been any incidents or accidents recently. However, they mentioned that if in future there were any accidents/incidents, they would review them and take action to reduce the likelihood of them happening again.
- The registered manager was always available for staff if they needed any advice in the event of an emergency.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had developed a very positive culture, which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- The registered manager was visible in the service, approachable and took a genuine interest in what people, staff, family, and other professionals had to say.
- Feedback from people who used the service and relatives was complimentary about Goldstar Care Service Limited. Both people and their relatives told us they were satisfied with the care they received and would recommend the service to other people. One relative said, "Registered manager is very polite person, they understand [persons] problems." Another relative said, "Registered manager is available to listen. She's there to provide the best personalised service for [person]. The best thing about is I can trust registered manager to provide carers we can trust."
- Processes were in place to ensure people's care was regularly reviewed, and any changes or improvements were acted upon in a timely manner.
- Staff were positive about working for the service and how they were supported in their work. A staff member told us, "I've been here for a long time, registered manager is very approachable and, registered manager helped me a lot." Another staff member said, "[The registered manager] is a good manager, she is my mentor. If you have a problem, you go to her and she tries her best to sort it."
- In 2019 Goldstar Care Service Limited received an award for Dignity Champion at the NHS Skills for Care programme.

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 registered manager was aware of their duty of candour responsibility.
- Notifiable events had been reported to CQC as required and the provider was aware of their responsibilities around this.
- The registered manager understood their responsibility to be open and honest if something went wrong. Apologies were given to people, where needed, and lessons were learnt.
- Policies and procedures to promote safe, effective care to people were available at the service. These were regularly reviewed and updated to ensure staff had access to best practice guidance and up-to-date information for their role.
- The ratings from the previous inspection were displayed at the service and on the provider's website as

required by law.

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

- The registered manager was clear about their role and responsibilities. They ensured they were appropriately trained and kept abreast of developments in the domiciliary care sector. The registered manager understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The registered manager and service manager were involved in the running of the service. All people using the service and their relatives knew who they were and how to contact them. For example, care records showed that both the registered manager and service manager visited people during public holidays where required, weekends and out of hours to assess and review people's needs, do spot checks on care staff or to check progress in regard to people's care. The registered manager and service manager also carried out spot checks of staff's practices regularly to monitor the quality of care provided to people.
- The provider was supported by compliance manager who completed regular monthly checks on the service. Where any concerns were found, an action plan was produced, and concerns addressed.

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

- The provider had systems in place for people and professionals to give feedback about their experiences of using the service. The registered manager acknowledged good practice and addressed any areas of improvement where needed.
- The provider sought feedback to improve the service. People and staff were asked to provide feedback and the provider used this feedback to continuously develop the service.
- Staff told us they are happy working at the service. Records confirmed that staff had regular team meetings that allowed them the opportunity to input suggestions regarding the service. One care worker commented, "Goldstar Care Services not only thinks about its clients' needs and wants but they also think about its employees too."
- Staff training was delivered in a way that supported individual staff learning methods. This included supporting staff on a one to one basis to ensure everyone had access to the training they needed and wanted. Staff were supported to gain recognised certificates in health and social care so they could, not only develop their career, but also provide best quality care to people.
- The registered manager recognised the importance of ensuring all staff were valued. Staff received letters and gift vouchers of recognition for the support they gave to people. They also demonstrated this by recognising important days and events to staff, such as birthdays, Christmas and Eid and Diwali day and presented staff and service users with gifts and pamper baskets.

Continuous learning and improving care

- There were quality assurance processes in place. Various audits were carried out by the registered manager and compliance manager, including audits of care plans and risk assessments, health and safety and staff training.
- The registered manager and staff undertook regular training to help drive learning and continuous improvements at the service.
- The registered manager is also applying for Gold Standard Framework. Gold Standard Framework is a training providing for generalist frontline staff in caring for people in the last years of life. Gold Standard Framework is a practical and evidence-based end of life care improvement programme.

Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs.
- The registered manager also regularly visited different websites and subscribed to different newsletters to ensure they were familiar with the changes happening within the health and social care.