Goldcare Professionals Limited

Goldcare Professionals

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?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We undertook an inspection of Goldcare Professionals on 9 January 2018. The inspection was announced, which meant that the provider knew we would be visiting. This is because we wanted to ensure that the provider, or someone who could act on their behalf, would be available to support the inspection. The service registered to provide a regulated activity with the Care Quality Commission in January 2016. This was the service's first inspection since registering, it had not been previously rated.

Goldcare Professionals provides personal care and support to older people in their own homes in the Keynsham and Saltford area. At the time of our inspection there were 37 people receiving personal care and support from the service.

A registered manager was in post at the time of our inspection. 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.

The service was not consistently safe as medicines records were not always sufficiently detailed. Guidance was not always in place of how to manage identified risks to people. Environmental risk assessments were in place but required further details. The service did not have a business continuity plan in place.

Quality audits were not in place to effectively monitor and improve the quality the service. Staff had not received supervision in line with the provider's policy or regular team meetings. Staff were knowledgeable about identifying and reporting and safeguarding concerns. However, these had not always been reported to the Commission as required.

Staff were supported and developed in their role by an induction to the service and training. People were supported with their health needs and any concerns noted prompted actions to be taken. Staff supported people as directed in meeting people's nutritional and hydration requirements.

People spoke positively about the kind and caring staff at the service. People had developed good relationships with staff and staff knew people well. Care and support was received as scheduled and people were informed of any changes.

Care plans were person centred and were reviewed regularly with people. People were involved with any changes made. The service was flexible and adaptable to people's changing needs.

People and relatives felt comfortable in raising any issues and these were always dealt with promptly and to people's satisfaction. The provider ensured information was effectively communicated to people and staff through emails, phone and text.

There was a positive staff culture, staff worked as part of a team and felt valued. People, relatives and staff commented positively on the registered manager and the caring approach of the organisation.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and one breach of the Care Quality Commission (Registration) Regulations 2009. You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always recorded safely.

Guidance was not always in place of how to manage identified risks.

Staff knew how to identify and report safeguarding concerns.

People told us care was delivered safely and as scheduled.

Is the service effective?

Requires Improvement

The service was not always effective. The service had not regularly supervised staff members.

Staff were confident in their knowledge and understanding of the Mental Capacity Act 2005. However, care plans did not always clearly identify people's capacity around different areas of their care

Staff received an induction and training to support them in their role.

People's health and nutritional needs were supported.

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and treated them with respect.

The service had been complimented on its care and support.

Staff had good relationships with people.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred.

The service was flexible and adapted to people's changing needs.

People and relatives were aware of the complaints procedure and felt comfortable in raising any concerns.

The service provided opportunities to socialise.

Is the service well-led?

Requires Improvement

The service was not always well-led. Quality audits were not in place to monitor and review the service.

Team meetings had not been occurring regularly.

People, relatives and staff spoke positively about the registered manager and how the organisation was run.

Staff felt valued and there was a positive staff culture.

Communication systems for people and staff were effective.

Goldcare Professionals

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.

The inspection was carried out 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

During our inspection we went to the Goldcare Professionals office. We spoke with the registered manager and four staff members. We undertook telephone calls to seven people who received care and support from the service and six relatives of people who received support from the service. We received feedback from one health and social care professional.

We looked at four people's care and support records and four staff personnel files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Requires Improvement

Our findings

The service was not consistently safe as the recording of medicine administration was not always sufficiently detailed. We reviewed medicines administration records (MARs) for three people and found that key information was not always recorded. For example, GP details and the person's allergy status. One person's care record indicated they were allergic to penicillin but this was not recorded on the MAR, this meant there was a risk that the person may be given a medicine that they were allergic to.

Some people used creams and lotions. Neither the MAR or the person's care record gave full guidance on where these should be applied on the body, how often the cream should be applied or the amount of cream that should be used. For example, in one care plan we reviewed the person was prescribed three creams. The only guidance was that one cream was for the person's heel. This may mean that staff do not apply the prescribed cream in a way that ensures it is effective.

There was not an effective system in place to ensure staff were administering people's prescribed medicines. Staff administered what was provided in the person's dosette® box, without being able to check from another source that this was accurate. Care records listed the names of people's medicines but not the amount, time to be taken, frequency or dose. Staff signed on the MAR that they had administered the medicines contained in dosette® box and recorded the time of administration. But the MAR did not indicate what individual medicines these were. This meant there was no record kept of what medicines a person had taken.

Care records and MARs did not indicate how people preferred to take their medicines, guidance for medicines that was be taken as required, such a pain relief or any storage instructions. It is important that medicines are stored as directed to ensure they are effective. Staff also needed to be able to locate people's medicines within their home. MARs were not being regularly audited so any gaps in administration had not been identified.

A procedure was in place if a medicine error occurred. However, this had not been implemented on all occasions where appropriate.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

The service did not have a business continuity plan in place. This outlines procedures to follow in the event

of particular circumstances or unforeseen events. This meant that people could be left at risk if plans were not in place to cope with incidents such as staff shortages, severe weather disrupting service delivery or a major incident.

Risks to people were not consistently identified and managed. For example, for one person we reviewed risk assessments were in place around food and fluids and emergency situations. However, the guidance for staff in reducing these risks were not always specific or detailed. For another person we reviewed their care record which indicated they were at risk of falls. However, there was no risk assessment in place to detail how this risk would be managed to support the person safely. Environmental risk assessments were included in people's care record. These detailed areas such as the access to the person's property, and identified any hazards. However, these were usually identified as either being in place or not, details to guide staff were limited. For example, fire detection systems were identified but no further details and mobility equipment noted but no details on their safe use. The registered manager said these would be developed to provide further detail.

The provider had a recruitment process in place. References were sought for people. However, one person had begun lone working before a second reference had been obtained. We also highlighted to the provider that the reference form did not identify when it had been completed or the person completing its relationship to the employee. Three of the four staff files we reviewed showed photographic identification, one staff file did not. The registered manager sought this from the staff member and we reviewed this during our inspection. All staff had full employment history documented and any gaps in employment had been explored. A Disclosure and Barring Service check (DBS) had been undertaken. A DBS check helps providers make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with particular groups of people. A checklist was in place which monitored and recorded the different stages of the recruitment process, although this had not been fully utilised for all staff members. The registered manager also said photographic identification would be added to the recruitment checklist. People commented that the organisation ensured that suitable people were recruited. One person said, "The manager makes an effort to get the right people. There is a good selection of staff."

The provider had policies in place for safeguarding adults. Staff were knowledgeable about how to identify and report any safeguarding concerns. The provider had raised concerns with the local authority where appropriate. However, the provider had not notified the Commission as required. Safeguarding information was not always stored in the same place, which meant information could be overlooked. Nevertheless, the provider had taken actions to manage safeguarding concerns and these were documented in people's care records.

The service had accident and incident forms in place. In some cases an incident form had been completed where appropriate. However, we noted several incidents recorded in people's daily records that did not have a corresponding incident report. In these cases staff had reported the information to the registered manager verbally and an accurate record was not kept to enable themes and trends to be considered. Incident and accident forms were not stored together and therefore it was not always clear the action that had been taken to prevent recurrence or who had been notified.

People told us that they felt safe with the care and support provided by the service. People said that as it was a small and local service they got to know all the staff well and this helped them feel safe. One person said, "[The service] is very good, reliable."

People told us the service had developed since it had begun. No concerns were raised about late or missed calls. Records showed that there had been four missed calls in 2017. All had been investigated, an

explanation and apology given to the person. People told us if staff were going to be late for their scheduled visit, they were always contacted to be informed. One relative said, "They will message her and say they will be late, they never just not turn up."

Staff said they were given all the equipment they required to conduct care and support safely. One person said, "Staff always wear gloves for food preparation and personal care. They are very conscious of hygiene." People told us that staff had different colour gloves which corresponded to different elements of care.

Requires Improvement

Our findings

Staff had not received supervision in line with the provider's policy. Supervision is where staff members meet one to one with their line manager to discuss their development and performance. The registered manager acknowledged that staff supervisions were not up to date. There was no overview in place to see when staff had received supervision previously. Three files that we reviewed of staff members who had started during 2017 showed they had not received a supervision. One staff member who started in May 2017 said, "I have not had a supervision yet." However, all staff we spoke with said they felt well supported by the provider and that as they were regularly in the office they could speak with the registered manager when they wished. One staff member said, "I can raise anything at any time." This was also confirmed in the staff survey which cited staff as feeling well supported.

Spot checks were undertaken to ensure staff skills and knowledge was at the expected standard. These assessments checked staff competences in areas such as medicines, nutrition and manual handling. Staff files showed that not all staff members had received a spot check assessment.

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 told us they were consulted about their care and consent was always obtained. One person said, "They [staff] always ask before doing anything." Staff had received training in the MCA and could give examples of how they applied these principles in their role. One staff member said, "It is assuming people have the capacity to make decisions. I respect people's decisions. I always ask people's consent before giving care."

Care plans in place did not always clearly identify people's capacity to make decisions around different areas of their care. For example, one care record showed clearly that the person had been assessed as having capacity to consent to their care and support. However, for another person their care plan recorded that they did not have capacity to consent to taking their medicines but steps to decide this in their best interest had not been taken in accordance with the Mental Capacity Act 2005.
Staff received an induction before they started work. All staff we spoke with confirmed this. An induction timetable was in place which outlined different areas that new staff members undertook in their induction.

This included mandatory training determined by the provider such as safeguarding adults and fire safety, insight into systems and procedures and orientation through the staff handbook. One staff member said, "I felt quite confident going out after the induction." However, records did not confirm that staff had completed all areas of the induction progress. The registered manager said the induction timetable would be reviewed and amended to demonstrate this. The registered manager sent us a copy of how this had been changed after the inspection. Staff said they shadowed a more senior staff member as part of the induction. One staff member said, "I completed three shadow shifts." One person commented, "New staff always come with someone, they never come alone."

Staff received training in areas such as first aid, manual handling and safeguarding adults. Staff members commented positively about the training they received. One staff member said, "There is lots of practical training." Another staff member said, "The training on dementia was really good." One person commented, "Staff are properly trained." Another person said, "Staff are well trained. Staff know what to do." The provider facilitated and encouraged staff members to undertake recognised qualifications in health and social care. Staff and people spoke positively about this. One person said, "Most staff have or are working towards a qualification."

People and told us their health needs were met. When additional healthcare support had been needed, staff had facilitated this. For example, by contacting the GP or district nurse. One relative said, "The staff are observant and tell me if [Name of person] is unwell." One person said, "Staff seem to notice if I am not on top of the world and always ask how you are."

Staff provided assistance to some people in the preparation of food and drinks as detailed in their care plan. For example, in one person's care record it documented how they liked a hot drink left in a flask to have at a later time. One person said, "They always check that I have enough. They always ask me."

Good

Our findings

All the feedback was positive about the care and support people received from staff. One person said, "The staff were kind, caring and respectful." Another person said, "I feel lucky, the staff here are very caring." A staff member said, "The quality of care is good. Staff are very passionate." A health and social care professional said, "They provide a good service and carers have a good rapport clients."

People and relatives described staff as having positive attributes such as being friendly and listening to people. One person said, "The staff are always polite." A relative said, "They are very kind to my Father, very sweet and patient. They always greet him at the beginning of the visit. They crouch down in front of him and to talk to him before they start."

People told us they had good relationships with staff. One staff member said, "As we cover a small area we see people regularly. We have a good rapport with clients." One person said, "The staffing is good, very consistent." People told us this ensured staff knew their individual needs and preferences well. One person said, "Excellent staff, I know them well."

The service had received a numerous positive compliments. One compliment read, 'The carers are kind, friendly, efficient and professional. The organisation clearly works well.' Another compliment said, 'Carers are genuine, kind, professional and fun people who add so much to the quality of life that is slowly declining.' A further compliment praised carers for, 'All the love and kindness that is shown to clients.'

The service had assisted a person to attend a family event. A card had been received afterwards thanking the service for doing this. They said what it meant to them and the person to be involved and enjoy the days celebrations. One relative who lived abroad had written to Goldcare to praise their care and communication. The service sent them regular emails so they were kept up to date. They said, 'We rely heavily on Goldcare for Mum's well-being and for keeping us in the loop. We thank-you for all that you do for Mum and us.'

People and relatives told us that staff upheld their privacy and dignity. One person said, "When staff help shower me, they respect my dignity." Relatives and staff gave us examples of how staff ensured that personal care was given in a dignified manner and that care was given how people preferred. One person said, "I feel totally comfortable [with the care provided]." One staff member said, "I always make sure people's doors are closed to give them privacy from other people in the house. Ensure everything is prepared and keep people covered."

People told us that staff always asked for people's consent and respected people's choices. One person said, "They always ask if you want something, for example if I want a shower. If I don't they will help me have a wash."

People said staff ensured all their needs were met. One person said, "Staff do not leave until everything is sorted out."

Good

Our findings

People told us the service and staff were responsive to their support requirements. One person said, "They are very accommodating. They are very flexible about the amount of care for example, if the family are away they can provide more care for me."

Care plans were person centred. People had a section, 'About Me.' This described people hobbies, interest, family members, past employment and places they had lived. This ensured staff knew their history and background and areas that were significant to each individual. It also described people's routines and preferences in areas such a sleep, food and drink and social activities. For example, one person's care record said, 'I like a cup of strong coffee in the morning (no milk and 2 sweeteners).'

Care records described technology people had in place to aid and support them. For example, this included pendant necklaces and remote activations for electronic devices. People's preferred methods of communication were described in their care plan. Staff gave us examples of how they ensured people's communication needs were taken into account. For example, by crouching down in front of someone, speaking clearly and by using signs. People's end of life wishes were documented if people chose.

Situations or things that may upset or worry a person were described. For example, for one person it described how if carers were late it made them anxious. It was detailed how staff could support people and steps staff could take. We did highlight to the provider that guidance for staff in some sections of people's care records required further details to ensure people's preferences were clear. For example, in areas such as bathing, washing and dressing. The registered manager said these would be addressed.

People were aware of their care plan and were involved in any updates or reviews. Relatives were included if people wished. People said their views were listened to and reflected in their care plan. One person said, "I have a care plan and I can add to it. They meet with me to discuss it."

People had received a copy of the complaints procedure. The service had not received any formal complaints since January 2016. People and relatives told us they felt comfortable in raising any issues or concerns and were confident that matters were responded to. One person said, "I feel comfortable feeding back to the office, I get thanked and told that they will address it and they do." The service had not received any formal complaints since January 2017. One person told us how they had raised an issue about the timing and length of a call. The person said, "This was sorted immediately."

People told us that the service was flexible and responsive to their care needs. For example, one relative told us their family member's care needs had changed very quickly. The provider had been able to increase the care provided the following day to ensure the person's needs were met. Another relative who did not live nearby had been contacted by the emergency services about their family member. The relative contacted the service who went round to check on the person's well-being. The relative said, "They rang me back to say all was well and [Name of person] was up and had had a hot drink."

People said that care was not hurried or rushed. Staff had adequate time to deliver care in a supportive and caring way. One person said, "I feel they have time to do everything they need." People told us that staff read the care notes provided to ensure they were up to date with people's current needs. Staff told us the service informed them of any changes to people's care and support needs by mobile messaging.

The service arranged annual events such as a Christmas party and an Easter celebration. The service supported people to attend by collecting people to and from their homes. People and relatives spoke positively about these events. It enabled people to meet others who used the service and to form social networks. It also further developed people's relationships with staff members. One person commented, 'Just a note to say thank-you and how much I enjoyed the Christmas party. I am very glad I came. Thank-you to the carers who fetched and dropped me home.' It was documented how people had spoken to others about important events in their life for example, their experiences during the second world war. One relative said, "The party was really open and fun."

Requires Improvement

Our findings

Notifications had not always been submitted to the Commission as required. Notifications are information about specific events that the service is legally required to send us. The registered manager was not aware of all the circumstances where a notification should be submitted. We found two notifications had not been submitted in 2017 in regards to safeguarding concerns.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009

There were not adequate systems in place to effectively monitor and review the quality of the service. The service had been regularly auditing people's care records between February and May 2017. However, this was no longer occurring due to changes in staffing roles. No audits had occurred since May 2017. From these previous audits no actions had been produced to ensure areas identified were improved. Other areas of the service such as recruitment, staff supervision, medicines records and safeguarding concerns had not been audited. This meant that shortfalls in the service were not being identified and appropriate actions taken to improve the service.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Team meetings occurred three to four times a year. A team meeting had been scheduled in January 2018 to ensure regular and effective communication to staff members. It was highlighted to the registered manager that previous meeting minutes did not accurately reflect areas covered in the meetings. The registered manager said this would be addressed. Staff members told us that when meetings had occurred they could raise any items they wished. One staff member said, "Meetings are open and we are encouraged to bring up things."

People and staff spoke positively about how the organisation was run and managed. One staff member said, "It is an amazing company." One staff member said, "[The registered manager] is very very good." Another staff member said the registered manager was, "Very caring and approachable." Staff told us that the registered manager's approach was to ensure, "Care is the priority." We received positive feedback from people and relatives about the manager. One relative said, "[The registered manager] runs a very good service." People told us that on occasions the registered manager had provided support. People enjoyed this and one person said it meant, "That I know her well."

Staff said they felt valued by the provider. Two staff members had received certificates of excellence in January 2018. This was to recognise their hard work and contribution to the service by the provider. Staff were also recognised with an award when they had completed particular qualifications. We saw from staff personnel files that people's individual needs had been assessed and supported.

Staff members spoke highly of the staff team. We were told there was a positive and caring approach. One staff member said, "It is a lovely crew, everyone helps each other." Another staff member said, "It is a close, friendly staff team." Staff told us that as they regularly visited the office and that staff interacted with each other, office staff and the registered manager.

A survey had been conducted in December 2017 to gain feedback from people about the service they received. Responses from the survey were being gathered. The surveys that had been returned were positive. One person had commented, 'We really appreciate how your team goes the extra mile.' Another comment said, 'Excellent care provider which offers help and support to both client and families.'

A questionnaire had been completed with staff members in 2017. Results showed that staff members felt supported, that the registered manager was approachable and staff members valued the training they received.

Relatives commented positively on the communication of the service, saying they were kept well informed. One relative said, "Communication is good. Managers and staff use phone, text and email as needed." Relatives and people said they also visited the office if they were local. People enjoyed having this face to a face contact. One person said, "If I go to the office they are always welcoming and will always see me."

The provider had developed positive links with the local community. The service had organised a summer fete in 2017 which had been reported in the local newspaper. This had engaged the community, local businesses and people who used the service in a number of activities. The service had raised money for a local charity supporting people whom lived with dementia.

The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was doing well and the areas they planned to improve upon.

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 18 Registration Regulations 2009 Notifications of other incidents Regulation 18 (2) (c) The provider had failed to send notifications to the Commission as required.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 (1) (2) (a) (b) (c) The provider had not always ensured robust recording systems for medicines. The provider did not operate effective systems to monitor and improve the quality of the service provided.