Golden Hands Home Care Ltd

OFFICE

Inspection report

The Colchester Centre
Hawkins Road
Colchester
Essex
CO2 8JX

Tel: 01206266815

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30 April 2018

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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

This service is a domiciliary care agency. It provides personal care to people living in their own home in the community. It provides a service to older adults and at the time of the inspection was supporting 46 people in the Braintree, Witham and Colchester areas of Essex.

The inspection was announced and we gave the provider notice as we needed to make sure that someone would be at the office when we visited.

There was a registered manager in post. 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.

This was the first inspection of this service since it was registered with the Care Quality Commission (CQC). At this inspection we found shortfalls in areas such as medicine administration, recruitment and training. The provider's quality assurance systems had not identified these shortfalls. Staff recruitment was not robust and did not ensure that people were protected. Staff were provided with training but this did not provide practical guidance to staff on areas such as moving and handling. Competency checks were not undertaken to ensure that staff understood and implemented what they had learnt. Accurate records were not maintained of people's medicines which meant that people were at risk of not receiving their medicines as prescribed.

The agency had expanded relatively quickly and the registered manager's focus during their first year had been on the direct provision of care. They were open with us about some of the challenges that they had faced in the first year of operation and acknowledged that this had meant that they had not fully carried out some management tasks and oversight. The agency had not identified key risks and, as a result of what we found, we have made requirements in the areas of governance, medicine management, training and recruitment procedures. We have also recommended that they provide clearer guidance to staff on local safeguarding procedures and update their care plans to ensure that staff have the information they need on areas such as consent and working with people with dementia.

Despite the shortfalls, people's day to day experience of the agency was good. People told us that staff were reliable and punctual. There were clear arrangements to respond to issues outside office hours. Staff were alert to changes in people's wellbeing and responded appropriately when people became unwell. Care staff maintained good relationships with people who used the service and their families. People told us that staff were obliging and helpful and they were enabled to express their views and have a say in how they were supported.

Assessments were undertaken before people started to use the service and staff were provided with guidance on people's preferences in an informative care planning document. The agency was described as

helpful and people told us that that they addressed any concerns and complaints promptly.

Staff morale was good and staff told us that they well supported by the registered manager who was visible and approachable.

You can see what action we told the provider to take at the back of the full version of the 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 always safe.

The systems in place to manage medicines needed to be strengthened to safeguard people and ensure that they received their medicines as prescribed.

The checks undertaken on staff to ensure that they were suitable for the role were not sufficiently robust. There were sufficient staff available to provide the care that people needed.

Risks to people's welfare were identified and there were management plans in place to reduce the likelihood of harm.

Staff knew about safeguarding and expressed confidence that the management of the agency would take the concerns seriously. However staff would benefit from further knowledge about the local procedures.

There were systems in place which offered people some protection from infections.

Is the service effective?

Requires Improvement

The service was not always effective.

The training undertaken by care staff did not provide them with sufficient guidance. There was no formal assessment of competency to ensure that staff were implementing best practice.

Consent to care was sought in line with the principles of the Mental Capacity Act 2005.

People's nutritional needs and dietary requirements were assessed. Care staff knew how to support people with their wellbeing and maintain good health.

Is the service caring?

Good

The service was caring.

All the people we spoke to were positive about the attitude of staff and told us that they were kind and caring.

People were supported to maintain their dignity and their independence was promoted.

People were consulted about their needs and enabled to make decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care records were written in a person centred way and staff provided with guidance on how to support people in the way that they wanted.

There were clear systems in place to investigate and respond to complaints. People told us that they were listened to and any issues addressed promptly.

Is the service well-led?

Requires Improvement

The service was not always well led.

An effective system was not in place to assess, monitor and review the quality and safety of the service and protect people from harm.

The registered manager continued to deliver care and this meant that their management time was limited.

People and their relatives were very complimentary about the care they received and the leadership of the service.

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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 undertaken between the 24 and 30 April 2018. The inspection was announced. We gave the service 24 hours' notice that we would be doing the inspection so that they could make sure the necessary people were available at the office when we called. The inspection team consisted of an inspector, an assistant 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, and their expertise was in the care of older people.

In advance of our inspection we reviewed the information we held on the service, in particular notifications about incidents, accidents and safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. We also contacted the local authority quality team and we used their comments to support our planning of the inspection.

As part of the inspection, we spoke to eight people who used the service and nine relatives. We undertook visits to two people who received care in their home. We spoke to staff both in person and by telephone; in total we spoke with six care staff as well as three staff from the head office team, including the coordinator, managing director and the registered manager.

We visited the office on 24 and 30 April 2018 and reviewed a range of documents and records, including care records for people who used the service, records of staff employed, complaints records and medication administration records. We looked at a range of quality audits and management records.

Requires Improvement

Is the service safe?

Our findings

Recruitment records were not sufficiently robust and did not evidence that adequate checks were undertaken on staff prior to them commencing employment. While references were requested from previous employers this was not consistently undertaken. There were anomalies between staff's applications, employment history and references and we could not see that these issues were clarified at interview. For example dates of application for one individual were after the interview was completed. Disclosure and Barring checks (DBS) were in place for most employees but we saw that one person had started work without references and DBS being in place. The registered manager told us that this individual was no longer working at the service.

The shortfalls in recruitment are a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The systems in place to ensure the proper and safe use of medicines were not effective. The agency had a policy which stated that staff only administer medicines which are in 'an authorised dossett box prepared by a chemist' and while we found that most people used a Monitored Dosage System (MDS), medicines were also provided in boxed and liquid formats. We looked at a sample of Medication Administration Records (MAR) and saw that they did not always document the boxed and liquid medicines that people were prescribed. There was a risk therefore that staff may not be clear what medicines people should receive at what times. We also saw that an administration label on a bottle of paracetamol stated 20ml four times daily but this was not clear on the MAR and we had concerns that the individual was only receiving 5ml four times daily. We asked the registered manager to urgently review this to ensure that the individual was receiving their prescribed pain relief. The MAR also did not document when the medicine was received and the start date which meant that the agency were unable to audit the medicines fully to establish if people received their medicines as prescribed.

These shortfalls in medicine management are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the issues that we found, people told us that they felt safe and spoke highly of the support they received from staff, One person told us, "I feel totally safe with them, I am paralysed, but they never speak down to me, or treat me badly." A relative told us, "This is the fourth agency we have used and it is the best we have ever had." Another person told us, "Oh yes, I feel safe with them around, they've never given me reason to doubt them."

Staff told us that they had received training in recognising and responding to allegations of abuse. We saw that body maps were used to record any changes in people's skin and possible causes of bruising. Staff told us that they would have no hesitation in reporting matters of concern to the office and were confident that they would be addressed. However, staff were less clear about the role of the local authority in investigation and responding to safeguarding concerns.

We recommend that the registered manager works with the local safeguarding team to develop local policies and ensure that staff are clear as to the process to follow.

Risks were identified as part of the care planning and assessment processes. This included environmental risks in people's homes as well as individual risks such as those associated with people's health and welfare. Where risks were identified guidance was given on how they should be managed. For example, a person's risk assessment for falls included guidance to staff on the care they should provide to reduce the likelihood of the person falling. This included guidance on lowering the bed, using a crash mattress, ensuring that the television was facing the person and the light on.

Plans were in place to guide staff on how to assist people to mobilise and reduce the risk of harm, however these varied in detail with some being informative, for example, detailing the loops that staff should use when hoisting but others were less so. Similarly with equipment such as catheters, information was included about the importance of good hydration and regular bag changes but the documentation did not always specify the day that the bag should be changed which meant that there was a risk that this could be missed. The registered manager agreed to update the information to ensure that these processes were clear.

People repeatedly told us that staff were reliable, and as punctual as they could be given the nature of their job. A relative told us, "They come when they are supposed to come." Another person told us, "They're reliable, punctual and very professional. If they're going to be delayed with someone else, they'll ring me so that I know, I can't ask for more than that."

Staffing levels were provided in line with the support hours agreed with the person receiving the service or in some cases with the local authority. Staff told us that they had sufficient time allowed in their schedule to travel between calls. We looked at the schedules which identified which carer would be supporting people each day and the records maintained in people's homes. We saw that people received support from regular care staff; however for some individuals there were significant variations in the timings of visits. For example we saw that one person was supported at 6.30am some mornings and 9.30am on other days and we were unclear as to the rationale. We asked the registered manager to review this.

There were systems in place to protect people by the prevention and control of infection. We observed that staff wore Personal Protective Equipment (PPE) such as gloves and aprons (as appropriate for the task. Staff told us that they received training on infection control and food hygiene and had good access to a range of PPE. Spot checks which were undertaken on the care provided looked at whether staff were wearing their uniforms and how staff were using PPE.

Requires Improvement

Is the service effective?

Our findings

People expressed confidence in the staff and their skills. One person told us, "They seem very capable and well trained; it makes me feel comfortable with them."

However, we found that the training was not sufficiently robust but the risks were reduced as the majority of staff had previous experience of working in the care sector before commencing employment with this agency. Staff who were appointed when the agency first started had undertaken one days training which included a wide range of topics including moving and handling, infection control and health and safety. Other staff who had subsequently been appointed had completed online training. We had concerns that none of the training provided included practical training on areas such as using a hoist for moving and handling. There were no competency assessments undertaken on areas such as moving and handling or medicines to ascertain if staff had understood what they had learnt.

The shortfalls in training are a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff said that they were well supported and could contact the office and the out of hours on call person when they needed to. Staff told us that they received supervision from a senior member of staff to discuss how they were progressing. Staff also received work performance spot checks when working in a person's home. This was to ensure that the quality of care being delivered was in line with best practice and reflected the person's care plan.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw that staff had received training in the MCA and the staff we spoke with understood the importance of giving people choices and ascertaining their consent before providing care. However, some of the documentation was not clear and we recommend that this is reviewed to ensure that consent and capacity are clearly documented.

Where people required assistance, they were supported to eat, drink and maintain a balanced diet. People told us they were satisfied with the support they received from staff. One person told us, "They make me a sandwich for my lunch, but they'll always give me a choice, and do it nicely for me, they always make sure I have plenty to drink too." Another person said, "They do breakfast for me, and heat up other meals for me. What would I do without them? I'm very appreciative of them."

Staff were able to give examples of where they had identified people whose health was deteriorating and communicated with health professionals such as the district nurse and the occupation health service for advice. This was confirmed in the documentation in people's care records. People told us that staff supported them to maintain good health and promoted their wellbeing. One person told us, "They keep a

close eye on my feet; they tend to swell up. They help me to put my feet up before they go; they say it's very important. They're very good to me." A relative told us, "They'll quickly pick up if they are not well, and will let us know immediately." Another relative told us that staff had reacted appropriately when their relative suddenly became unwell. "They called me straightaway, and also 999. I'm grateful for their prompt action."

Good

Is the service caring?

Our findings

People spoke highly about the care that they received and told us that they were treated with kindness and compassion. One person told us, "The care is excellent, I have nothing but praise for the staff, I know them all by name, and they look after me in a very kind way." Another person told us, "My main carer is lovely to me, so sweet and thoughtful, none of them would ever be unkind to me."

People told us that their privacy and dignity were protected by staff. One person told us, "They are very discreet, never talk about other patients in front of me. I'm pleased about that, it shows respect for people." Staff gave us examples of how they put these values in practice such as making sure the curtains were closed and always knocking, before letting themselves into people's homes.

Care plans focused on what people could do and the support they needed to achieve their goals. For example, we saw recorded, '[Person] prefers to shave themselves but still offer.' Another recorded, 'I can brush my teeth independently.' People told us that their independence was promoted and the staff worked at their pace. One person told us, "I like to be as independent as I can, but I can feel that I might need more help soon. My carer noticed recently that I wasn't very good on my feet, and she went and got my frame. I told her I didn't want her to call the doctor so she didn't. I know I'm too independent really." A relative told us that their relative sometimes declined help as they preferred to undertake their own personal care and said that the carers, "Understand that they want to be independent, so they don't force them."

People were enabled to express their views and were actively involved in making decisions about their care. We saw from the care plans that people were consulted and their preferences documented such as, what they liked to eat and drink and how their care should be delivered. Staff knew people well and were able to tell us about what was important to individuals. People had good relationships with their carers. We noted that one person had written in to say, "I love the way you all sing along with [my relative] to make them happy." One person told us, "I'm very grateful that 70% of the time I get male carers, I don't mind the girls but it's lovely to have male company , one particular worker, he's absolutely fantastic, on time always, does what he needs to do, we have a lovely time together." Another person told us, "If I need them to come at a different time, they'll oblige, they're very flexible and helpful."

Good

Is the service responsive?

Our findings

Assessments were undertaken before people began to use the service and this information was used to develop a care plan. Information was provided on people's preferences such as the gender of carer, products that they liked to use and how they should be supported with areas such as personal care. For example, information was included on the different flannels that staff should use and what the individual liked to wear when going to bed at night. While the majority of the care plans we looked at were informative, we recommend that further information is provided to staff on specific areas, such as how to respond to people with a diagnosis of dementia experiencing distress and discomfort.

Everyone we spoke with was satisfied with the service they received and told us that the staff were responsive to their needs. A relative told us, "They're doing an excellent job. A lot of them aren't English, and [my relative] is very deaf, but they understand now. They go right up close, and speak slowly into [my relatives] ear. They're quick learners; they soon work out where things are, or how we like things done." Another relative said, "They shower [my relative] every week, but if they don't feel like that, they'll offer again the next day. They do look after [my relative] well."

People and their relatives told us that the agency communicated with them well. A relative told us, "I've been at meetings to discuss [my relatives] care, they've always been helpful and I feel they listen to us and I've been given a number to call if I have any concerns. Communication is very good, if I ring the office, someone will always get back to me." Another relative told us that staff communicated with them about their relatives medicines, "They now ring or text me when there are about five days' worth of tablets are left so that I can reorder them, they're good like that."

Daily records were maintained which outlined the care provided on each visit. We found that these were completed as required and provided an overview of the care provided and any areas which required further intervention or observation.

End of life was covered within the care planning documentation but some of the records would benefit from greater detail. People's experience was however good and we noted the following compliment from a family after their relative had been supported at the end of their life, "The family are very grateful and thought the personal care was above and beyond, to know that [our relative] still maintained their pride was priceless, you were amazing."

Most people had not had reason to complain but those that had raised issues told us that they were listened to and any concerns were taken seriously and addressed. One person told us, "I phoned up the manager and complained about it, they agreed and fixed it, it doesn't happen anymore." We looked at the records of complaints and saw that there had been one formal complaint made over the last year and this had been investigated and responded to promptly.

Requires Improvement

Is the service well-led?

Our findings

This service was registered in 2017 and the registered manager set up the service with two other family members. This was the services' first inspection since becoming registered. At this inspection we found shortfalls in areas such as medicine administration, recruitment and training. We did not identify any major impact from the shortfalls on people and their experience of using the agency however the shortfalls indicated potential risks which had not been identified or addressed.

The registered manager was open about some of the challenges that they had faced in the first year of operation, particularly around staffing. This had meant that they had focused on the provision and delivery of care and had struggled to carry out the management tasks and ensure oversight. We found that the agency had grown quickly and did not have a strong infrastructure and governance system. The registered manager acknowledged some of the recent shortfalls, took on board our concerns and assured us that they would take immediate steps to address the issues.

The audits which were in place were not working effectively. For example, they had not identified the shortfalls we found with the administration of medicines or with the recruitment of staff. Some of the documentation was poorly organised. For example, MAR charts were collected and stored in the office but not easy to access or analyse. Some of the telephone numbers they provided us for family members were incorrect and we expressed concerns about how family members would be contacted in the event of an emergency.

The shortfalls in oversight are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite these issues in identifying risk, people's overall experience of the agency was good. One relative told us, "Overall I think it's working well, the agency is run very well, I'd recommend them. Any weak points they've had, they've always actioned or rectified when we've brought it to their attention." People appreciated the fact that the agency was flexible and people's needs were at the forefront. For example, one person told us that they sometimes run over the times when they were showering their relative but their focus was on their relative. Another person told us their relative who had a diagnosis of dementia, had gone missing, but when the staff member had arrived they raised the alert and went looking for the person and found them. They told us "I wouldn't expect them to actually go out looking; I thought that was above and beyond their duty. We were obviously so grateful to them as who knows what could have happened if they not been found so quickly."

Our discussions with people, the registered manager and staff showed us that there was an open and positive culture within the agency which focused on people who used services. People and their relatives spoke highly of the registered manager and told us that they were accessible and helpful. Staff told us that they were listened to and encouraged to share ideas to improve care and the agency processes. They were positive about working for the agency and told us that there was a strong team ethos and they received good levels of support. The agency worked in partnership with other agencies such as the Local authority to

support care provision and service development.

People, relatives and staff were able to provide feedback about the service to the provider through home visits, surveys and telephone monitoring, where calls were made to people who use the service about their experience. The feedback was very positive and reflected the positive feedback that we also received.

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 The systems in place to manage peoples medicines did not provide people with sufficient protection from harm

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to identify shortfalls and drive improvement were not working effectively

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The shortfalls in recruitment did not protect people from potential harm.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff training did not provide staff with the skills that they needed to carry out their role