

Pacific and Gold Limited

Pacific and Gold Healthcare

Inspection report

Standbridge Lane Community Centre
Standbridge Lane
Wakefield
WF2 7ND

Tel: 07401468768

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04 August 2021

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09 September 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Pacific and Gold Healthcare is a domiciliary care service who provide care and support to people living in their own accommodation, predominantly within the Wakefield area.

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. At the time of the inspection the service was supporting six people with personal care.

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

We found improvements were required with recruitment and governance procedures. The provider's monitoring systems were not effective as internal audits did not identify the issues we found on inspection.

People did not always receive safe care. Staff had not always been recruited safely into the service. Recruitment files had missing information, including how the service was reassured staff were suitable to work with vulnerable people. The service had failed to assess people for risks that would put them at harm. Whilst there were audits and checks in place to monitor the quality of the service these issues had not been identified by the provider's quality assurance systems.

People were protected from abuse. Staff knew how to recognise and report abuse. People and relatives told us they received safe care. People received support from a regular and committed staff team. Staff were trained to administer medicines safely. Competency checks had been completed to ensure staff were following safe medicine practices. Staff had received training in infection control and demonstrated an understanding of what personal protective equipment (PPE) should be used when supporting people. People told us staff wore PPE whilst spending time in their homes.

Staff knew people well and supported them based on their needs, choices and preferences. They were knowledgeable about their role and the expectations of people who were in receipt of care. Staff received regular training which had provided them with the necessary knowledge to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care plans were detailed and up to date and contained person centred information.

The service promoted person centred care and had an open and honest culture. Staff spoke very positively about the registered manager and their colleagues, describing them as, approachable and supportive.

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

Rating at last inspection

This service was registered with us on 02 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection as the service did not have a rating.

Enforcement

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

We have identified breaches in relation to staff recruitment and quality assurance at the service.

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 following this report being published 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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Pacific and Gold Healthcare

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

This inspection was carried out by one inspector.

Service and service type

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

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

This inspection was announced.

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 2 August 2021 and ended on 10 August 2021. We visited the office location on 4 August 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager and the nominated individual. We reviewed a range of records. This included three people's care records and medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, audits and policies and procedures were reviewed.

After the inspection

We spoke with one person who used the service and two relatives about their experience of the care and support provided. We also spoke with two staff about their experience of working for the service.

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records and policies.

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.

Staffing and recruitment

- Staff were not always recruited safely. We found significant gaps in five staff personnel files. Application forms were not always apparent so work histories, gaps in employment and references were not specified. No interview records were available. References were available however; they were done by telephone with the reference contact information given verbally to the registered manager by the staff member.
- All staff had a disclosure and barring service (DBS) check, which we were able to verify at the inspection. However, where the DBS had returned some previous history there was no risk assessment completed to assess staff's suitability or any record of any conversation held with the staff member.
- Following the inspection the registered manager sent us the recruitment documents and procedures they intended to implement immediately.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate staff were recruited safely. This placed people at risk of harm. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported by staff who arrived when expected and stayed the time agreed. People always knew who would be attending to support them. One relative said, "We always know who is coming, it's comforting. If there was to be anyone new the manager always comes to let us know and introduce the new person."
- People were supported by a consistent team of staff, to promote continuity of care.

Preventing and controlling infection

- People were protected from the risk of infection. The provider had ensured there was sufficient stock of personal protective equipment (PPE) in place.
- People told us staff followed appropriate infection control measures, such as hand washing and wearing protective equipment when supporting them with personal care. One person said, "The staff always come with gloves, masks and other bits and pieces. They are well prepared."
- Staff members told us they had received training in infection, prevention and control and knew how to minimise the risks of infectious illnesses. This included updated training in response to the COVID 19 pandemic.

Using medicines safely

- People received their medicines safely.

- Medicines were safely administered and regularly audited.
- People's medicine records were fully completed and up to date.
- Staff were trained to administer medicine and this training was regularly updated.
- The provider had appropriate policies in place to support safe medicines management.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. Comments included, "I believe [relative] is very safe, the staff are always thorough and professional" and, "I have no worries like that at all."
- Staff confirmed they had received training in how to identify and report abuse and stated they would report any issues to the office or to external organisations.
- Processes and documents were in place to ensure the details of any safeguarding concern could be clearly recorded, including the action taken and outcomes.

Learning lessons when things go wrong

- The provider had a system in place to have an overview of any accidents, incidents or near misses. Whilst there had been none, the registered manager told us they would be assessed for trends and patterns to prevent reoccurrence.
- Staff told us they would complete accident and incident forms should the need arise.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- Pre-assessments were carried out, to ensure people's needs could be met before moving into the home.
- People's gender, culture and religion were considered as part of this assessment process.
- People and relatives told us they felt fully involved with this. One person said, "I knew exactly what to expect when I came here because we discussed everything beforehand."

Staff support: induction, training, skills and experience

- New staff received an induction. Staff told us, and records confirmed this included training in subjects such as, safeguarding, manual handling and the Mental Capacity Act. Staff also shadowed more experienced staff before being allowed to work alone.
- People were assisted by a trained staff team who felt supported by the provider and registered manager. One staff member told us, "I believe the manager is very supportive indeed."
- Staff told us they received regular support and supervision sessions where they could discuss work, training and any concerns.

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

- Staff supported people with their nutrition and hydration when this was part of their care plan. Plans contained details of people's likes and dislikes regarding food and drink and the specific support they required.

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

- The service worked with other agencies and professionals to ensure people received effective care.
- Care records showed people's healthcare needs were assessed and the service had contacted other health professionals appropriately to ensure people's healthcare needs were met. Staff followed guidance provided by other professionals.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was acting within the legal framework of MCA.
- Staff understood the principles of MCA and how they applied this in their day to day work. They described how they promoted people to be as independent as possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were happy with the staff that supported them and were treated in a kind and caring way. One relative told us, "I think the manager and staff are wonderful, I can't praise them enough, they are all fantastic." Another person said, "All the people who come to help me are very nice."
- Staff we spoke with demonstrated a good understanding of every person they supported and understood each person's different needs and preferences.

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

- Care plans showed people, where they were able, were involved in the initial planning of their care.
- Reviews of people's care showed people and relatives were regularly involved in the review processes.
- One relative told us, "Staff always consult with me and keep me informed."

Respecting and promoting people's privacy, dignity and independence

- People told us they were treated with dignity and respect and their privacy was supported by staff. People said staff members always respected their privacy when completing personal care with them. One relative said, "The staff are very respectful by making sure the doors are always closed."
- The service promoted people to be as independent as possible. Staff gave us examples of how they supported people in completing certain aspects of their own personal care and day to day activities.

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 good. This meant people's needs were met through good organisation and delivery

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

- People received personalised care which took account of their needs and choices. Care plans were reviewed every month or more frequently if people's needs changed. Staff maintained daily records to demonstrate that people's care was delivered in line with their care plan.
- People told us they were supported by staff to make choices about their daily lives. For example, one person told us, "Staff never just do something, they always ask first."
- Care plans were person centred and detailed about each person. They contained helpful and clear information about people. This meant their individual needs could be met. For example, information about likes, dislikes and what was important to people.
- Assessments and care plans took account of people's protected characteristics under the Equality Act.

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.

- People had access to their care records. One relative said, "It's right here next to [person]."
- People's communication needs were assessed including sight, hearing and speech as well as sensory aids such as glasses, or hearing aids. Care plans included guidance about how to communicate with people.

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

- People told us staff helped them access the community when appropriate and where people were unable to access the community, staff had undertaken tasks such as shopping.

Improving care quality in response to complaints or concerns

- The service had a complaints system in place.
- People and relatives were confident complaints would be dealt with appropriately. One informal telephone complaint came in during the inspection. We observed the nominated individual ensure it was managed in line with the policy to a satisfactory outcome.

End of life care and support

- At the time of the inspection the service was not supporting anybody who was at the end of their life. However, where possible information was included in people's care plans and staff had received training

about how to support people who were at the end of their life.

Is the service well-led?

Our findings

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

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and registered manager used a range of audits and monitoring systems to assess the quality and performance of service delivery. Auditing of areas including care visits, continuity of care, complaints, safeguarding, training, medicines and care documentation had been completed on a monthly basis.
- The registered manager assessed service delivery against a range of key performance indicators (KPI's) each month. This data was used by the provider to support their auditing process.
- Despite the governance systems in place, the issues we found on inspection with recruitment had not been identified or deemed sufficient.

We found no evidence that people had been harmed, however, governance systems were not robust enough to ensure issues with recruitment were either identified or addressed in a timely way. 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; 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 service had a positive culture. The staff we spoke with described an open culture where people in receipt of support were at the forefront of everything. They told us the support they received from the registered manager was frequent and positive. One staff member said, "The manager is approachable, supportive and always available."
- People we spoke with told us they found staff and the management team very good. One relative told us, "The staff are brilliant. We have a very good relationship and I don't know what I would do without them."

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

- People and their relatives were asked for their views of the service through questionnaires and conversations with the registered manager. People were positive about the communication from the office. One person told us, "On the rare occasion there is a problem, like traffic delays, I always get a call to keep me up to date."
- Staff said they had opportunities to meet and discuss any changes to the provider's working practices and policies and to make suggestions. They told us they had regular communication to help to keep in touch

with current guidance and share information during the COVID-19 restrictions.

Working in partnership with others

- The management team and staff worked with other professionals to benefit people using the service. Health professionals, such as, GP's and pharmacists were contacted when staff wanted advice and guidance.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>We found no evidence that people had been harmed, however, governance systems were not robust enough to ensure issues with recruitment were either identified or addressed in a timely way.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>Recruitment procedures were not established and operated effectively to ensure persons employed were; of good character, had the necessary qualifications, skills and experience.</p>