

Gold Care Services Ltd

Goldcare Services Limited

Inspection report

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22 March 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 March 2017 and was announced. We told the provider two days before our visit that we would be coming. Gold Care Services Limited provides personal care for people who live in supported living accommodation. The people who use the service have a range of needs including learning disabilities with some people requiring 24 hour support. At the time of our inspection 11 people were using the service living in three separate supported living units. At our last inspection in January 2015 the service was rated as good.

At this inspection we found the service continued to meet the regulations and fundamental standards and remained good.

The service had two registered managers in post. Each manager was responsible for their own designated supported living units, one manager covered two sites while the other managed one. 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.

People told us they felt safe living at Gold Care Services and staff knew how to protect people from the risk of harm. Staff were aware of each person's individual safety both in the service and in the community and worked hard to minimise risk while still encouraging people's independence.

Staff supported people to be as independent as they wanted to be and encouraged them to follow their own activities and interests. There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

Care records focused on the person and were updated according to any changes in people's health and wellbeing. People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

Staff understood people's individual needs and supported people with dignity and respect. People were involved in decisions about their care and were supported to be as independent as they could be with buying food and meal preparation.

The registered managers continued to provide good leadership. Staff felt supported and there was open communication. The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received and look at ways to continually improve the service.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Goldcare Services Limited

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 checked 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.

This comprehensive inspection took place on 21 & 22 March 2017. The inspection was unannounced and carried out by one inspector. We told the provider two days before our visit that we would be coming. We did this because the managers are sometimes out of the office supporting staff or visiting people who live at other supported living units. We needed to be sure that they would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We spoke with three people using the service, five members of staff and both registered managers. Due to their needs, some people using Gold Care Services were unable to share their views and experiences. We observed the interactions between staff and people. We reviewed care records for five people who used the service.

We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We checked recruitment records for five members of staff. We also reviewed how medicines were managed and the records relating to this.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I feel safe with staff...I'm not being hurt or abused in any way." Another person told us "I like it here...the regular staff, I trust them."

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Records confirmed most staff and managers had received safeguarding training. People's finances were protected and there were procedures in place to reconcile and audit people's money.

We saw up to date assessments which identified any safety risks to people and helped to safely promote their independence. Where possible people were involved in decisions about any risks they may take, they told us they were involved in their support plans and that staff respected their decisions. People's support plans gave guidance to staff on how to assist them with everyday tasks and during activities. Staff we spoke with understood people's individual risk needs and how to best support them.

People we spoke with told us they felt happier when there was a regular staff team and this helped them receive a continuity of care and support. Staff told us they felt there was enough staff on duty to keep people safe. One staff member commented that occasionally the full staff team were not available and that this could be challenging. We spoke to both registered managers who confirmed staff recruitment and retention was an on-going issue but new staff were in the process of being recruited. We looked at staff rosters for each unit and noted staff numbers were flexible depending on the required support. For example, additional staff were allocated for healthcare appointments or outings. The recruitment process was detailed and contained evidence of all the required checks.

People received their prescribed medicines as and when they should. All prescribed medicines handled by staff on behalf of the people who lived at the service were stored appropriately either in a locked cabinet in their rooms or centrally at each location. We found that one person's 'as required medicine' was out of date; the pharmacy label had been placed over the expiry date and it was hard to see. The registered manager contacted the pharmacist while we were there to obtain a new prescription and put protocols in place to stop this happening again. This gave us assurance that future risk in this area had been reduced. We found no recording errors on any of the medicine administration record sheets we looked at. Nearly all of the staff had received training in medicines management and around half of the staff had received medicine competency checks. The registered managers explained only those staff who had received this training were able to administer people's medicines. There were protocols for 'as required' medicine giving guidance to staff on the type of medicines to give and when people needed to receive them. These helped ensure staff understood the reasons for these medicines and when and how they should be given. One example related to emergency medicines for the management of epilepsy.

Is the service effective?

Our findings

People told us they felt happy with the support staff gave them. One person said "My link worker takes me out and drives me around...she understands me." Another person told us, "I like the staff" and went on to explain how they supported them to go on outings and cook their favourite meals.

Staff told us they felt they had enough training to meet people's needs and explained to us how they were supported to undertake additional qualifications such as their diploma qualifications in health and social care. They told us about the opportunities they had to develop their skills and the support they received from their manager. Both registered managers kept training records that allowed them to identify those staff members who were due to refresh their mandatory training and to highlight when training has expired. Where training had expired we were shown the future courses staff had been booked on to refresh their skills.

Staff received regular supervision and yearly appraisals of their work performance. The registered managers checked staff were putting their learning into action and remained competent to do their job through direct observation of their practice. Staff supervision records included discussions about people's care and support as well as individual learning or development needs. Staff told us they felt well supported and could discuss any issues with the manager.

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. Any application to do so must be made to the Court of Protection. We checked that the service was working within the principles of the MCA. Staff understood their responsibilities under the MCA and knew how it applied to people in their care. They demonstrated a good understanding of the importance of gaining people's consent to the support they received and what they should do if they had any concerns about people's capacity to do so. People's consent and ability to make specific decisions had been assessed and recorded in their care records. Where people lacked capacity, relevant healthcare professionals and those close to the person were involved to make sure decisions were made in the person's best interests.

People were supported to have a balanced diet and were involved in decisions about their food and drink. People told us what their favourite food was and how staff supported them to buy and prepare their meals. One person told us how, with staff support, they had worked hard to lose weight and become fit. Staff helped people to make healthy choices and plan their weekly menu. Less independent people had their likes and dislikes recorded in their care records and staff told us about ways they were able to involve them in their food choices. For example, one person who was unable to communicate verbally used picture cards

to help them choose their meals. Staff were aware of people's individual dietary needs, likes and dislikes. Risks associated with any nutritional needs were assessed and reflected in people's care records.

People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and people's social workers. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show how they liked to be looked after.

Is the service caring?

Our findings

People told us they were happy living at Gold Care and that staff listened to what they had to say. One person told us, "Staff have the time to listen to me and want to listen; they ask if I have any problems." Another person told us, "I like the staff, they are very good, they are caring."

Staff had a good knowledge of the people they were caring for and supporting. They were able to tell us about people's likes, dislikes and history. They spoke about people with kindness and compassion and explained how they supported people while promoting their independence. One staff member told us, "The service is brilliant, I love my service users, [one person] is always laughing, it makes my day, you just start smiling as well." Another staff member told us, "I'm in care because I like what I do, when I leave and I've made someone feel happy, feel comfortable, or have made them laugh... I like working with people... [Person's name] has done so well we are all so proud." They went on to explain how they knew one person's body language and the look they gave that could tell them if they were upset and that allowed them to help them. Another staff member was able to explain how one person who was non-verbal was able to communicate with facial expressions and small gestures and this allowed them to learn about their likes and dislikes.

We observed staff when they interacted with people. They treated people with respect and kindness. One person told us how welcoming staff had been when they first started to use the service, they said, "I felt welcome as soon as I walked in here. They would do anything to have me here; they had to widen the door of my room and put bathroom rails in and a chair." They went on to explain how the staff that worked with the occupational therapist to make sure they had everything they needed and to "make sure everything was ticking over properly."

Care records were centred on people as individuals and contained detailed information about people's history, their strengths, interests, preferences and aspirations and how staff could support them to achieve their goals.

People told us about their relationships with friends and relatives and that they could visit at any time. One person told us about their visits to see their family while a staff member explained how they supported another person to visit their family.

One person told us how staff supported them to be as independent as possible, "Freedom is very important to me. Things I do on a daily basis like washing up makes me proud, I'm always improving my skills." Staff told us how they respected people's privacy and dignity. They told us of ways they helped people learn new skills and increase their independence while still giving people the privacy they need.

Is the service responsive?

Our findings

People told us they were involved in developing their support plans. One person told us, "I read my support plan the day before yesterday, I talked it through with staff. I was happy with it all." Another person told us, "Staff talk about what's in my support plan."

Care records gave staff important information about people's care needs. There were some good examples of how staff could support people who had communication needs. For example, for one person, who was unable to communicate verbally, there was guidance in place so staff could recognise if they were uncomfortable or in pain.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do and how staff could best support them. We spoke with one person who told us about their love of music and how staff helped them travel to a local radio station so they could help out.

People were supported to follow their interests and take part in social activities. People had an activity plan which varied from person to person, examples included outings to social clubs, shopping, music sessions, walking, bicycle riding, and day trips. Household chores were part of the daily plan such as laundry, cleaning and meal preparation to help encourage people's independence. Staff told us they were always looking for different things to do with people and their shifts were flexible to accommodate different activities. One person told us about a night club they liked to go to and spoke about going to the cinema. For those people who were less independent we saw how staff encouraged and supported people to take part in new activities. For example one person had recently started hydrotherapy sessions and staff explained how gradually their confidence was growing. We heard staff had motivated another person to go for walks by buying them a new pair of walking boots to wear.

People told us they knew who to make a complaint to if they were unhappy. One person told us if they were unhappy they would speak to staff or the manager they said, "The manager will talk to me to see if everything is OK." Another person told us how resident meetings were held so people could have their say but the manager "is always there to talk to us... she asks us if we have any problems."

Both managers took concerns and complaints about the service seriously with any issues recorded and acted upon. We saw one example where the local authority had conducted a quality assurance review following one complaint made by a person who used the service. We were shown a copy of the report and discussed with the registered manager the recommendations made and actions taken in response to the report to reduce the risk of future reoccurrences.

Is the service well-led?

Our findings

There were two registered managers at Gold Care Services at the time of our inspection. Each manager was responsible for their own designated supported living units and provided cover and support for each other during periods of annual leave. People knew who the managers were and were positive about how the service was run. One person told us, " [managers name] is a fantastic manager, very efficient, I can't praise her highly enough...she is brilliant."

People were asked about their views and experiences of the service. People told us of residents meetings held at one supported living unit and we saw minutes of the meeting in January 2017. Discussion points included maintenance issues, activities and finding employment. Where people were unable to verbally express their views we heard how pictorial aids and Makaton symbols were being used to gain people's views. Stakeholders including people who use the service and their relatives were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. The results from the most recent survey sent during July and August 2016 fed into a policy statement on quality management. Although people's feedback of the service was positive we noted recommendations had been made to drive improvement across the service.

Staff said they felt well supported by their managers and were comfortable discussing any issues with them. Comments included, "I get 100% support from my manager, any issues she supports me." "[The manager] is open to listen to ideas for new activities or improvements" and "I would go to [the manager] if I had any concerns, I would tell her straight away."

Regular staff meetings helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included planned activities, people's general well-being and guidance to staff for the day to day running of the service.

Regular quality assurance audits were carried out by the provider. These included monthly health and safety checks including reviews of fire drills, staff first aid training and the safety and suitability of the service. Reports of each audit contained detailed findings, action needed, who was responsible and the timescales for actions to be completed.