

Goldcrest Healthcare Service Limited

Goldcrest Healthcare Service (Bristol)

Inspection report

Ugima Centre
97-107 Wilder Street
Bristol
BS2 8QU

Date of inspection visit:
14 December 2022

Date of publication:
18 January 2023

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

About the service

Goldcrest Healthcare Service (Bristol) is a domiciliary care agency that provides personal care and support to people living in their own homes and flats. The service provides support to people with a range of physical, sensory or mental health needs.

At the time of our inspection, 33 people were using the service, but only two people were receiving the regulated activity of personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. Staff were trained and knew how to recognise and report abuse. Staff worked with other agencies to manage risks.

The service helped keep people safe because information about risks was known, monitored and well managed. Staff were given up to date guidance about how to work safely with different people and in different situations. Assessments which reflected people's needs and choices were carried out and regularly reviewed. People were involved in assessments, care plan development and review.

There were enough staff, with the right training, qualities and skills to meet people's needs. People usually received support from a small group of staff. This meant they knew them well and people's needs could be met more effectively. Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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.

People were positive about staff and the service they received. People's individual needs, preferences and routines were supported and respected. A staff compatibility policy helped the management team to provide people with support from staff they got on with or shared interests with. Staff encouraged people to achieve greater independence and identify meaningful goals.

Governance processes were effective and helped monitor performance, kept people safe and maintained standards. Actions were taken when shortfalls were identified to manage risks and make changes.

People and staff told us the service was well led and described the management team as supportive, approachable and caring. Staff felt respected and valued by managers and this fostered a positive,

improvement driven culture. Feedback was regularly sought, and the management team were open and responsive.

The provider worked with a range of professionals to ensure people received effective support. They gave positive feedback about the service.

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 27 May 2021 and this was the first inspection.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good 

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good 

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good 

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good 

The service was well-led.

Details are in our well-led findings below.

Goldcrest Healthcare Service (Bristol)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The 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 houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 December 2022 and ended on 3 January 2023. We visited the location's office on 14 December 2022.

What we did before the inspection

Before the inspection we reviewed information we had received about the service since it registered with CQC. We reviewed CQC notifications. These describe events that happen in the service that the provider is legally required to tell us about.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used this information to plan our inspection.

During the inspection

We spoke to one person who received personal care from the service. We also spoke with six people or the relatives of people who received support which was not regulated by CQC. This was to obtain additional views about the provider because these people received support from the same staff and management team as the person who received a regulated activity.

We spoke to 10 staff including the registered manager, nominated individual, compliance manager and support staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received feedback from three professionals who worked with the service. Everyone's comments have been incorporated into the report.

We reviewed records relating to people's care and the running of the service. This included the records of both people who received personal care. We also looked at three staff files in relation to recruitment and staff support, audits, policies and procedures and quality assurance information.

We considered all of this information to help us to make a judgement about the service.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Comments included, "Yes, they know how to help me" and "I can definitely trust staff to support [Name] because they now know [Name] so well".
- Staff received training in recognising and reporting abuse and knew how to raise concerns to ensure people were safe. Policies and procedures provided guidance to staff.
- One staff member told us, "I would raise concerns if I feel a person is at risk. I've done it once. The office were great. They told me what was happening and checked I was ok".
- Safeguarding incidents were reported to relevant authorities and investigated by the registered manager. Outcomes were shared with staff to manage and reduce future risks.

Assessing risk, safety monitoring and management

- The provider had systems in place to identify and reduce the risks involved in supporting people. This included risk assessments, a lone working policy and business continuity plan. The business continuity plan described how the service could continue to run in exceptional circumstances such as staffing shortages or extreme weather.
- An 'on call' system provided staff with support from senior staff members outside usual office hours in the event of an emergency.
- Individual risk assessments were completed to describe how staff should work safely with people. For example when supporting them with medication, continence, mobility and falls.
- Information was recorded about how to stay safe in people's homes. This included information about access, hazards, key safes and smoke alarms.
- Risks were regularly reviewed and updated to ensure changes were made where necessary to continue to keep people safe.

Staffing and recruitment

- The provider ensured there were enough staff, with the right training and skills, to meet people's needs.
- People told us they received care at consistent times and staff stayed the full duration of their visit. One person told us, "They come every day just as they're meant to. The manager checks everything is ok".
- Staff usually supported the same people, which meant they knew them well and could effectively meet their individual needs. One person's relative told us this had been particularly important to their family member.
- Effective systems were in place to organise and monitor calls and make sure visits had been completed. This meant action could be taken to ensure people received support as agreed.
- The provider was hoping to increase the number of people they could support, and a recruitment programme was in place to support this. The management team were clear that they would not take on new

packages of care unless they were confident they had suitably skilled staff to meet people's needs.

- There were safe recruitment processes in place. The appropriate recruitment checks were carried out to help determine candidates' character, experience and conduct in previous employment. This helped the provider identify suitable staff.

Using medicines safely

- Staff were only required to provide minimal support for people to manage and take their medicines.
- A medicines policy was in place which gave staff guidance to ensure medicines were administered in line with best practice guidance.
- Risk assessments were in place to manage and reduce risks associated with medicines.
- Staff completed medicines training and procedures were in place for the provider to carry out medicine audits.

Preventing and controlling infection

- We were assured that people were protected by the prevention and control of infection as far as possible. This included the safe use of personal protective equipment (PPE).
- Infection prevention and control policies and procedures were in place and reflected current guidance about coronavirus.

Learning lessons when things go wrong

- Incidents were reported and recorded in line with the provider's policy and procedures. These were investigated and actions put in place when required to stop similar incidents occurring in the future.
- Feedback was encouraged, and people and their relatives told us the management team were approachable and responsive.

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 of 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

- An assessment had been carried out into each person's health and care needs. Assessments included details of the support people needed in key areas such as their personal care or food and nutrition. This was regularly reviewed and updated to reflect changes.
- People and their relatives were involved in developing care plans and reviewing assessments. This meant people's choices and preferences were reflected and care and support better met individual needs. One person told us, "They're in touch with me all the time. I tell them everything. They know me well and know how to help me".
- Staff had access to people's care plans and risk assessments, so they knew how best to meet their needs.
- The registered manager matched staff with individuals and considered their needs, interests, personalities and beliefs. People we spoke with told us this was important to them.
- Information from professionals helped to develop people's care plans and risk assessments. This helped to ensure people's needs could be met effectively. One professional said staff, "Built good trusting and therapeutic working relationships and demonstrated real empathy and understanding".
- The registered manager used an electronic system to monitor call times and task completion. This could be done remotely at any time and meant support delivered was monitored to ensure it was in line with expectations and standards.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant induction and training. This included subjects such as safeguarding, manual handling and infection prevention and control. Additional training in subjects such as diabetes awareness, behaviour that challenges and pressure sores was provided to ensure staff could meet people's specific needs effectively.
- A different training subject was focused on each month to ensure all staff remained up to date and competent in their roles.
- All staff received supervision and appraisals, and new recruits were supported with induction, introductions to people and a period of probation to ensure they were skilled to work independently with people.
- The provider recognised staff commitment and good practice through an 'employee of the month' scheme which included a financial bonus.
- People told us staff were well trained and able to carry out their roles. Comments included, "They know how to do their job" and "They know what they're doing".
- Staff said, "There's a lot of training, it's really good though" and "I feel really supported. I don't need to worry about anything". One staff member added, "I think the standout things they do well are

communication and training...it's allowed me to grow as a support worker and feel more confident in how I do my job".

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

- Care records showed people's needs around nutrition and hydration had been assessed and the support needed was recorded. Records also detailed the importance of monitoring people's intake and reporting concerns. Staff had the guidance they needed to meet the person's health and dietary needs.
- Preferences were documented in care plans and people told us they were able to make choices around meals and drinks.

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

- The provider worked with a range of professionals and partner agencies to ensure people received effective and timely support. One professional described staff as having a "Helpful, can do attitude".
- People were supported to make appointments to maintain their health and wellbeing when necessary and specialist referrals were made with people's consent. Engaging with specialist agencies had significantly improved some people's quality of life.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, no applications had been made to the Court of Protection and no-one was considered to be deprived of their liberty.
- The registered manager understood their responsibilities under the MCA and people's capacity to consent to care had been assessed and recorded.
- At the time of our inspection, everyone had capacity to give consent to care, but systems and processes were in place to ensure decisions were taken in people's best interests if necessary.
- People were involved in decisions about the support they received. They participated in regular reviews and gave formal feedback. One person told us, "[Registered manager] is good. She rings and checks everything is ok".

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 of 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

- We received positive feedback about staff. People told us they were kind and caring. Comments included, "I would like to give special thanks to my worker. They've been wonderful" and "The support worker goes above and beyond for [Name] and is genuinely caring".
- People told us staff were respectful towards them and their homes.
- Staff understood how people wished to be supported and they respected individual choices, preferences and routines. Information to guide staff in providing appropriate support was available in people's support plans.
- Staff told us they aimed to treat people as individuals with rights and diverse needs. One staff member said, "Each person has their own lifestyle choices. We have to put our own beliefs aside and focus on the person. That way we can make a difference".
- Staff received training and policies helped ensure staff considered people's protected characteristics under the Equality Act 2010 when planning and delivering care.

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

- We saw evidence the provider had systems in place to ensure people were involved in decisions about their care. Individual comments were added, and records were signed by people.
- People were involved in regular reviews of the care and support provided.
- Feedback recorded was consistently positive and people had made comments such as, "I like it this way, stay this way" and "Support workers support me so well and I'm thankful".
- Training and supervision helped make sure staff had the skills and knowledge they needed to support people to express their views and provide compassionate support.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity. They told us about ways in which they asked and listened to people and demonstrated they were sensitive to people's individual preferences and lifestyle choices.
- In a feedback questionnaire, one person ticked that they strongly agreed with statements such as 'my care workers treat me with respect' and 'my care workers keep personal details they know about me to themselves'.
- The registered manager understood their responsibilities and ensured confidential information was kept securely and only shared when necessary and with consent.
- Some people needed support to keep their home environment hygienic and safe. Staff did this in a sensitive and respectful manner.

- Staff had a good understanding about the tasks each person could undertake for themselves and the support they needed. This was also described in people's records.
- Staff aimed to maintain people's independence where possible. One staff member told us, "Some people can do everything, but others need more help. I like to encourage in a soft way – I make suggestions, but don't force things on them. You've always got to keep their view in mind".

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 of 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 had detailed and up to date care plans which documented their individual needs and preferences. This meant staff were able to support people according to their wishes and preferences.
- A staff compatibility policy helped the management team to provide people with support from staff they got on with or shared interests with.
- Records described goals and aims and considered all areas of the person's life. When reviews were carried out, these focused on achievements towards individual goals and outcomes.
- Care plans were regularly reviewed with people to ensure they continued to be relevant.
- Staff told us they were made aware of changes promptly through the provider's electronic system or phone contact.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and other sensory needs were assessed, identified and regularly reviewed. This supported staff to provide appropriate care by communicating effectively with people in a way which best met people's needs.
- The registered manager was aware of their responsibilities under the Accessible Information Standard. People's records contained information about their ways of communicating and their preferences.
- The registered manager told us information could be provided in other formats if required.

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

- Care records contained information about all aspects of people's lives, including their interests and preferred activities. Staff were encouraged to support people to engage in person-centred activities which were meaningful to them and met their individual needs.
- Staff compatibility was carefully considered to ensure support was delivered in a way that effectively met individual needs and respected people's values and beliefs.

Improving care quality in response to complaints or concerns

- The provider had processes in place to allow people to raise concerns and complaints. A policy detailed how concerns would be addressed and responded to and information was available in a file kept in people's homes.
- People and relatives told us that they would be happy to raise concerns and felt confident these would be taken seriously and resolved if possible.
- We saw evidence of how responses to complaints or concerns were being used to improve the service. A log of concerns and incidents provided a monthly focus for staff, and policies and practice were changed as required.

End of life care and support

- At the time of the inspection, no one was receiving end of life care. However, the registered manager told us they could support someone at the end of their life with support from health professionals and with specific training for staff if necessary.

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 of this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives told us they received good quality care and that they were happy with the service provided. Comments included, "They do a good job" and "Our whole family is so grateful for the support that Goldcrest have been giving to [Name] and can't thank them enough for the change they've made to their life".
- People told us the service was well led. The registered manager and senior staff had a good understanding of people's needs and were committed to promoting a good quality service.
- The provider had developed a clear, person centred vision and a set of values which focused on being respectful, trusted, caring and making a difference. Staff aimed to reflect these values by knowing people as individuals, communicating clearly and focusing on goals and outcomes.
- Staff were motivated by and proud to work for the service. Comments included, "I love working at Goldcrest" and "I'm so happy working for them".
- Staff were positive about the leadership and management of the service. One staff member told us, "I feel like I can trust the office to help me anytime I am stuck or have a problem and we have a very good relationship. They have supported me to grow and nothing is too much trouble for them when I call for help". Another staff member described how the management team had supported them and made adjustments to meet their health needs.
- Professionals told us staff aimed to achieve good outcomes for people. One professional told us the provider was responsive and person-centred in meeting a person's needs, and another said staff went, "Above and beyond with their support".
- People, staff and professionals all felt the management team were supportive, approachable and caring. Comments included, "The manager is very good", "The office have been an invaluable help and do whatever they can to fit the support around [Name's] needs" and "Manager is very approachable and has caring and open manner. They are not prejudiced or judgemental".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to duty of candour. They were open and honest with people if there were incidents or when things went wrong.
- Systems, policies and processes were in place to monitor the service, reduce risks and prevent similar incidents in the future.

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

- People were supported and received care in line with statutory and regulatory requirements.
- There were clear lines of accountability, and staff felt supported by the management team. Roles and responsibilities were defined, and staff at all levels understood each other's roles. This helped them to deliver a high quality service.
- Staff performance was monitored through regular observations of their work in people's homes. Positive feedback and areas for improvement were shared with staff to help them continue providing a good service.
- There were effective systems in place to oversee the quality of the service. Senior staff completed regular audits which included records, safeguarding concerns and health and safety issues. This helped to identify and manage risks and drive improvement within the service.
- The registered manager understood and demonstrated compliance with the requirements of their role. This included submitting statutory notifications and communicating with other agencies. Statutory notifications are information about important events the service is legally obliged to send to CQC within required timescales.

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

- The provider sought feedback regularly to check people were happy with the service and make improvements where necessary. Comments and feedback on quality assurance questionnaires were consistently positive. Examples included, "Change nothing" and "My support workers are helpful and supportive".
- Staff were encouraged to give feedback and share their views about the service. This included through supervision and in team meetings. One staff member told us, "They're really supportive. They're always asking what I need and what I think".
- Staff achievements were recognised, celebrated and rewarded.

Continuous learning and improving care

- The registered manager had continuously assessed where changes could be made to improve the quality and safety of the service. They used information from audits, complaints, feedback, accidents and incidents to inform changes and improve the service.
- Lessons were learned when things went wrong, and improvements and changes were shared with staff to ensure these were implemented.

Working in partnership with others

- The service worked closely with health and social care organisations to ensure people received the care, support and treatment they required.
- Professionals were positive about the quality of the service and the staff team. Comments included, "Seem to be flexible / accommodating and willing to take on 'complex' situations" and "I have been really impressed and satisfied with the service and support that I and my service user have received".