

Heart of Gold Homecare Ltd

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Inspection report

52 Glen Avenue
Bolton
BL3 5QY

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17 March 2023
11 April 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not predominantly provide care or support for people with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group and the provider was supporting some people from this population group.

About the service

Heart of Gold Homecare is a domiciliary care agency providing personal care to 23 people at the time of the inspection. The service supported older and younger adults and children.

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

Right Support: People generally received support in line with their assessed needs. Assessments of people's needs provided staff with guidance; however, some care plans would benefit from additional detail to improve the level of person centred information for staff to follow. People's choices were promoted by staff who had a good understanding of how to promote people's independence. Support was in place to enable people to access the community. Staff supported people to achieve their goals, take part in chosen activities and pursue interests.

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.

Right Care: People's care was not always provided safely. Medicines were not always managed safely; people's medication administration records (MAR's) were not always completed correctly; timings of calls did not always allow for sufficient time between the administration of people's medication and paperwork relating to the application of creams and the use of thickening agents had not always been completed. Risk assessments associated with the provision of people's care generally provided staff with guidance on how to support people safely; however, additional detail was needed to improve person centred information and potential harm levels recorded within risk assessments needed review. People and relatives were happy with care and support provided by staff who had an understanding of how to protect people's privacy and promote their independence.

Right Culture: The providers governance systems required further development; audits were regularly completed; however, they generally only checked the recording of information rather than also focusing on

practice and people's experience of care. Audits did not always reflect our findings at this inspection and had not always informed improvement. Staff did not always receive training in key areas before commencing employment. The provider evidenced oversight of staff's compliance with training, but they had not always ensured courses were completed in a timely manner. The providers recruitment systems required further development; staff recruitment records were incomplete, when the provider had not been able to obtain previous employment references, they had not completed risk assessments to ensure the suitability of candidates to work with vulnerable adults and children. However, we did not evidence any impact and people were happy with the support they received. The provider demonstrated values to place people's needs and rights at the heart of everything they did and we felt issues identified related to the governance of 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 and update

This service was registered with us on 24 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

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 from the provider 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 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

Heart of Gold Homecare Ltd

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

This inspection was carried out by two inspectors 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.

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 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 17 March and ended on 11 April 2023. We visited the location's office/service on 17 March 2023.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 13 January 2023 to help plan the inspection and inform our judgements.

During the inspection

We spoke with 2 people who used the service and 7 relatives to understand their experience of care provided. We spoke with 5 staff including support staff and the registered manager who was also registered as the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records including 4 people's care plans, risk assessments and records relating to the provision of care. We looked at 4 staff files in detail and reviewed additional recruitment checks, training records and supervisions and appraisals. We looked at records relating to the management of the service including audits and policies and procedures. We also used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.



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 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.

Using medicines safely

- Medicines training and competencies had been completed by staff administering or supporting with medicine administration.
- Care plans had been completed including what level of support for medicines was required for people. Consent had also been gained from people receiving care to share information about their medicines with other health care professionals.
- Handwritten Medicine administration records (MARs) had not been completed correctly. For example, one person did not have their allergies recorded on their MAR, medicine names were spelt incorrectly and incorrect doses were handwritten on the MARs. There was also no additional information on the MARs to assist staff to administer the medicines correctly, for example, to be taken with food.
- Body maps to help with the application of creams were in place but had not been completed.
- For one person who required a thickening agent (powder added to people's drinks when at risk of choking) we found information was not consistently recorded as to when and to what consistency the drinks had been made up to.
- Medicines audits were completed monthly but some of the issues raised had not been dealt with in a timely manner.

The provider had failed to implement safe systems for the management of people's medicines. This demonstrates breaches of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider had failed to ensure safe systems were in place in relation to the recruitment of staff. Staff recruited did not always have complete paperwork, employment history or references. When this was the case, the provider had not completed any risk assessments to ensure the suitability to work with vulnerable people.
- Daily records and call monitoring logs evidenced people did not receive care at the time identified in their care plan. Additionally, there were often gaps which were either too short or too long between calls, the duration of people's calls was not always as planned and occasionally calls had not been recorded at all.
- Feedback in relation to staff arrival for people's support calls was mixed. Some people reported staff generally attended at planned times and they would contact people and relatives if they were running late. However, other people and relatives reported issues with calls being missed, short and late.

The provider had failed to implement recruitment systems which ensured staff providing care to people had

the right skills and experience and were safe to do so. Additionally, the provider had failed to ensure people's calls were carried out in accordance with their care plans, which created a risk of harm. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks associated with the provision of people's care had been assessed and guidance was provided to staff on how to mitigate and manage identified risks. However, some people's risk assessments required further detail to provide person centred guidance for staff to follow and for risk of harm levels to be assessed.
- Staff recorded accidents and incidents which had occurred, with sufficient detail. However, in most incident forms we reviewed, the provider had failed to complete the section which assessed what could prevent the accident or incident reoccurring. This meant the provider was failing to identify and record where lessons could be learnt and use this to inform good practice.
- We did not find any evidence people had been harmed due to a lack of learning by the provider following accidents and incidents.

We recommend the provider reviews accident and incident systems to ensure key learning is identified following an accident or incident.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt their care was provided safely. Staff had a good understanding of how to raise concerns internally; however, some staff were not sure who they would contact outside of the provider if they had safeguarding concerns.
- One staff said, "If I had any safeguarding concerns, I'd ring the office and let the boss know. If I couldn't get hold of [registered manager] I'd ring the office. I don't know who to ring outside of the company."
- We discussed this with the registered manager who offered assurances and evidence staff would be refreshed in relation to external bodies they could contact with any safeguarding concerns.

Preventing and controlling infection

- We were assured that the provider was supporting people to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had a robust programme of induction for new staff; however, evidence reviewed indicated staff did not always complete mandatory training courses in a timely manner and the management team failed to ensure timely compliance with their induction programme.
- The provider completed regular checks on new staff's progress and compliance with their induction programme as part of staff's supervisions. We found evidence the provider was identifying concerns relating to some staff's compliance with training; however, evidence indicated several months passing before staff completed training.
- The provider supported staff in accessing and completing the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. However, there was evidence of the provider identifying staff had not completed this in a timely manner.

We felt this issue was related to recruitment processes; please refer to the safe section of this report.

- People and their relative's felt staff were skilled and provided support professionally. One relative said, "They are skilled and they learn from me too, because [person] is mobile and has advanced dementia, they listen to me and use methods with my input to provide the support."

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

- People were supported to eat a balanced and healthy diet in line with their choices. However, we found paperwork in relation to people's food and fluid intake to be inconsistent and in need of review. There were often gaps in recording and detail of what people had to drink and eat was not always clearly recorded.
- Staff provided appropriate support to help people to eat and drink. People felt, staff understood how they wished to be supported with meals and offered and respected their choice.

We felt the gaps and inconsistencies were in relation to the governance of the service and record keeping; please see the well-led section of this report.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found the provider had a good understanding of the MCA. Where needed, assessments had been completed and decisions made in people's best interests. This information was recorded within their care plans.
- Some staff's understanding of the MCA was limited. One staff said, "When people don't remember things and they forget their medication. I have to be really polite with them, listen to them and support them to make them calm down, listen to them and their choices."

We recommend the provider ensures all staff understand the principles and processes relating to the MCA.

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

- People's needs were assessed and protected characteristics such as age, religion and sexuality were considered at the assessment stage. The provider had obtained information from professionals and families involved in people's care which was then used to complete initial assessments.
- Feedback around staff's involvement in people's lives and how well they knew people was positive. People and relatives praised staff's commitment to understanding people's needs. One relative said, "I'm more than happy with everything and it's all going well. Over the moon with them."
- People's care plans were generally completed well; however, we found some areas where additional detail would benefit staff in understanding people's person-centred needs. We fed this back to the registered manager who advised a review of care plans is always ongoing and they would consider the feedback when completing reviews.

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 well with external agencies to promote the health and wellbeing of people they supported. Staff had a good understanding of the people they supported and who to contact should they need timely assistance and support.
- Relatives and people were confident the provider would work flexibly around their needs. One relative said, "If something was wrong, I know I could contact them and ask if they could offer support for it to be resolved."

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

- The provider had a strong understanding of how to support and respect people with varying cultural and religious beliefs.
- We asked the registered manager how they ensured people were supported by staff who understood their cultural and religious beliefs. They said, "We support people from varying backgrounds. So, we recruit staff from varying backgrounds who understand how to meet people's needs; whether that be preparing for prayer or ensuring staff know what groceries to buy and how food should be prepared."
- People and relatives felt staff understood how they wished to be supported. One person said, "[Staff] does prepare food and understands my religious needs. They're from the same background. They make a note of everything and if I want something done differently it's put in the file."

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

- People and relatives told us they were involved in decision made about their care. They felt confident the provider kept them up to date if any changes occurred.
- One relative said, "[The provider] would say if there were any concerns, or if something happened." Another relative said, "We're very involved in everything they do, and I can get in touch when I want."

Respecting and promoting people's privacy, dignity and independence

- Staff had a good understanding of how to support people with dignity, protect people's privacy and promote their independence. People and relatives feedback evidenced most people were happy with the care they received.
- One staff member said, "We don't share personal information, the people should be in charge of their care. When giving personal care I always knock on the door and talk to people and ask them if they're ok with what I'm doing. I always ask what they want me to do."
- One person said, "[Staff] listen to me and give me the support I ask for, which helps a lot. I'm independent otherwise. They show general politeness."

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.

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 people should get the support they need in relation to communication.

- People and relatives feedback on communication was mixed. In some cases the provider was praised for providing support to people with varying languages. However, other people and relatives told us language barriers caused difficulty in some cases, particularly for people who lived with dementia.
- We found the provider was not supporting anyone who required any communication aids or specialised languages such as Makaton or British Sign Language (BSL). Due to being registered to provide support to people with learning disabilities and autistic people we asked the registered manager about the providers readiness to offer support with communication. The registered manager's response raised concerns the provider was not prepared should someone need support in this area. They said, "Touch wood, we don't have anyone who has Makaton or sign or anything like that thankfully."

We recommend the provider ensures all people's communication needs are met and reviews current training methods relating to communication.

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

- People's care records were not always accurately maintained. Care plans were generally completed well; however, additional person centred information would enhance the quality of people's care plans further. Daily notes were generally completed well; however, we did find on times of visits had not always been recorded and there were occasional entries into records which were not legible due to handwriting.
- People's calls were not always completed in accordance with times identified in people's care plans. We discussed this with the registered manager who explained staff are often asked to leave once all support needs have been met. Records and people's feedback did not always reflect this however and calls were not always carried out in line with people's choice.
- People and relatives feedback on consistency in the staff who supported them was mixed. Some told us they had a small group of staff who supported them regularly; while others told us they rarely had the same people provide them with support.

We found limited evidence of impact on people and felt this was an issue in relation to governance, please

see the well-led section of this report.

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 and relatives reported they were supported to access the community proactively by staff who were flexible in meeting requests, as and when people decided.
- The provider demonstrated a strong understanding of how and when people's varying cultural and religious beliefs can impact their choice to access the community and need for specific support. For example, the provider built a personal care call into one person's care plan to support them in preparing for prayer on a specific day each week in line with their choice and religion.

Improving care quality in response to complaints or concerns

- At the time of inspection, the provider had not received any formal complaints.
- People and relatives, we spoke with who raised concerns during their feedback to us, advised they had not raised a formal complaint with the provider.

End of life care and support

- There was nobody receiving end of life care at the time of our inspection. However, the provider had ensured a training course was available for staff to complete if people required end of life care.

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 providers quality assurance systems were not robust. Audits had been completed; however, they did not reflect our findings at this inspection in relation to gaps and inconsistencies within records. Additionally, audits completed rarely included detailed comments in relation to the auditors' findings or what actions they would be taking.
- Audits completed reflected a check on staff's recording rather than reconciling records with checks on staff practice. For example, a repositioning audit had been completed; however, this checked how staff had recorded one person's repositioning support rather than reconciling this with daily notes, feedback from the person and call monitoring logs, to ensure what had been recorded was accurate.
- Tools the provider used for carrying out and recording oversight did not always lead to an improvement in practice. We found entries into spot check and supervision records where the provider identified the same issue for several consecutive months with the same members of staff. This meant tools and systems to ensure and maintain oversight of service quality were not effective.

The provider had failed to implement effective systems to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 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

- The provider demonstrated a commitment to person centred support. This was reflected in feedback from people and relatives about staff's direct support which was often praised.
- People and relatives told us they valued the positive impact from the provider's support. One person said, "I'm just happy because I feel less pressure now and my anxiety's getting better. I'm fully involved, I can change anything and choose what I want."
- People and relatives felt the registered manager was accessible and supportive. One person said, "They're absolutely amazing. It's as if someone's picked the best company for us."

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 provider had a good understanding of when they needed to report accidents, incidents and issues and which bodies to report these to.

- People and relatives were confident the provider would keep them informed when things went wrong. One relative said, "They phone or message me if some changes and they get back to me if I want something."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider was praised for proactively contacting people and their relatives to check on whether they were satisfied with the care provided. However, none reported being asked to complete a survey, so the provider was limited on the evidence they could share in relation to feedback received.

We recommend the provider implements robust systems for collecting and analysing peoples, relatives and staffs feedback.

- Where there were examples of feedback outside of contacting people and their relatives, we found the provider had been complemented on the way they supported people and how accessible they were to people and their relatives.
- Staff felt well supported by the registered manager and praised them for the working environment they created. The only mixed feedback received was in relation to call schedules being shared with staff at short notice on occasion.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to implement safe recruitment systems and ensure people providing care were skilled, experienced and competent to do so. The provider had also failed to ensure people's care was carried out in accordance with their care plans. This was a breach of regulation 12(1)(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure robust auditing systems were in place to assess, monitor and improve the quality and safety of the services provided to people. This was a breach of regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2004.</p>