

# Goldcrest Healthcare Service Limited

# Goldcrest Healthcare Service (London)

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Goldcrest Healthcare Services Limited is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection the service provided support for 15 people. 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.

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

The provider had made improvement to the assessment and management of risks to ensure staff were provided with appropriate guidance to reduce possible risks when providing support. The provider had also made changes to their quality assurance systems which enabled them to monitor the care provided and make changes when identified to improve the service.

There was a robust recruitment procedure which meant the provider could ensure new staff had the appropriate skills and knowledge for their role. People received their medicines as prescribed and in a safe manner. When an incident and accident occurred it was recorded and any lessons which could be learned were identified to reduce possible further risk. Staff completed infection control training.

People received care which was person-centred. Relatives felt their family member received care which was safe. People were supported to provide feedback on the quality of the care they received. Staff felt they were supported by the management of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 6 May 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

We carried out an announced comprehensive inspection of this service on 14 February 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe, care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the

overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Goldcrest Healthcare Service (London) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Goldcrest Healthcare Service (London)

## **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 1 inspector and an Expert by Experience undertook telephone interviews with people receiving support and relatives. 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 15 June 2023 and ended on 23 June 2023. We visited the location's office on 15 June 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. 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 all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager and the area manager. We received feedback from 6 staff members. We spoke with 1 person who used the service and 2 relatives about their experience of the care provided. We reviewed a range of records which included the care plans for 4 people. We also looked at a variety of records relating to the management of the service, including policies and procedures.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection the provider did not always ensure information was provided and up to date to support care workers in managing and mitigating risks. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The provider had made improvements in relation to the assessment and development of risk management plans to ensure staff had appropriate guidance to enable them to mitigate possible risks.
- Where a person was identified as having a risk of choking, a risk management plan was in place with guidance for staff on how they could reduce the identified risk when they provided the person with support with food and drink.
- Risk assessments had been completed focusing on the person's home environment to identify any issues which could place the person or staff at risk when care was being provided.
- A personal emergency evacuation plan (PEEP) had been completed advising staff how to support the person to evacuate their home in case of an emergency. A fire risk assessment was also completed which provided guidance if the person used a cream which could be flammable.
- There was a range of risk assessments which included falls, oral hygiene, skin integrity as well as a moving and handling assessment identifying the person's mobility and support needs.

### Systems and processes to safeguard people from the risk of abuse

- The provider had a procedure for the investigation and reporting of any concerns which were raised about the care being provided. The safeguarding policy included what the term safeguarding meant and when and how any concerns should be report to the local authority.
- Relatives told us they felt their family member was safe then they received care in their home.
- We reviewed the records for one safeguarding concern which had been reported since the previous inspection. The safeguarding record included copies of correspondence, care plans and risk assessments and other information relating to the investigation.
- Staff members confirmed they had completed training on safeguarding adults and demonstrating a good understanding of the principles of safeguarding. A staff member told us, "Yes, I am trained in safeguarding. I know how to protect vulnerable adults and others from harm and abuse. I also know that abuse can be physical, sexual, emotional and financial. During my training, I was informed of the procedure of reporting safeguarding issues."

### Staffing and recruitment

- The provider had a recruitment process which enabled them to ensure new staff had the appropriate skills and knowledge for the role. At the time of the inspection, the provider had not recruited any new staff since the previous inspection in February 2022 and the registered manager confirmed the recruitment process remained the same.
- There were enough staff employed to ensure all the planned visits were carried out. We reviewed the visit records used by the service and we saw that staff members were allocated to a visit if the person's needs assessment indicated this was required to meet their care needs.
- A person told us the care workers usually arrived on time and they would sometimes let them know if they were running late but not all the time. They said, "Yes, sometimes I am left waiting (for a carer), they let me know (if they are running late) sometimes and, sometimes they don't. But mostly they arrive on time."
- Relatives told us the staff usually let them know if they were going to be late. A relative confirmed staff recorded their arrival and departure times as part of the record of the care they have provided during the visit.
- The provider used an electronic call log system so staff recorded when they arrived at the person's home and when they left. The area manager confirmed regular checks of the electronic system were made to ensure visits occurred at the agreed time. If any issues were identified, it would be discussed with the staff member to reduce the risk of it happening again.
- Staff told us they had enough time to complete all the support tasks required during each visit and they had enough time to travel between visits.

### Using medicines safely

- The provider ensured medicines were managed safely and administered as prescribed.
- The medicines administration records (MAR) included information on the dosage, description of what the tablet looks like and if there were any specific warnings for example any foods that interact with the medicine.
- Staff confirmed they had completed training on the administration of medicines and an assessment was carried out to review their competency to administer medicines.
- A risk assessment was completed to identify if the person was able to manage their own medicines or if they required support from staff.

### Preventing and controlling infection

- People's infection control risks were identified, and staff had access to appropriate personal protective equipment (PPE).
- Relatives we spoke with confirmed that staff had access to PPE and they usually wore it when providing support with a relative commenting, "Yes they do, [wear PPE] everyday, gloves and aprons, Friday is shower day so they wear blue shoe covers".
- Staff members confirmed they had completed infection prevention and control training and they had access to PPE.

### Learning lessons when things go wrong

- The provider had a process for the recording and investigation of incidents and accidents and any lessons learned were identified.
- We reviewed 6 incident and accident records which had been completed since the previous inspection. The records included detailed information on what had happened, if there were any injuries and the immediate action taken by staff. The incident and accident records also indicated what actions could be taken to reduce the risk of reoccurrence and the person's care plan and risk assessments were updated.
- If a fall had occurred, a post fall assessment tool was completed with a body map to record any injuries, and this was sent to the person's GP.

# 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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

At our last inspection the provider did not always ensure guidance was in place to identify how to mitigate risks and ensure care plans identified if the person could consent to aspects of their care. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had ensured that where a possible risk was identified when a person's care needs were assessed, a risk management plan had been developed to provide staff with guidance on how to mitigate the risk.
- The provider had a range of audits and checks to enable them to monitor the care provided and the records completed. The registered manager explained they undertook an audit of the care plans every 6 months and were reviewing the process to identify any possible improvements to provide them with additional information.
- An electronic call monitoring system (ECM) was used by staff to record their arrival and departure time for each visit. Checks were carried out of the ECM records to check for visits which did not occur at the agreed time or missed calls. The registered manager confirmed when an issue was identified the staff member was contacted and the reason was discussed with actions taken if required.
- Incidents and accidents were analysed to identify any trends which required additional action to resolve.
- Regular checks were completed in relation to medicines, staffing, training and infection control with a 6 monthly audit was carried out to review the outcomes of these quality assurance checks.
- People's cultural characteristics and religious preferences were identified in their care plans and appropriate support was provided. The registered manager told us that staff completed training on equality and diversity. There was an equality and diversity policy in place, and it was discussed as part of the staff meeting.
- Staff told us they felt the service was well led with a staff member commenting, "All my managers and seniors are like my family. We talk everything in meetings. My manager is like my big sister. She teaches me, she made me good carer. She is a good leader."

- Staff also told us they felt supported by the management of the service and a staff member told us, "Yes, my manger and coordinator always ask me if I am comfortable with my work or need support or further training."
- People and their relatives were supported to provide feedback on the care they received. We saw there were monthly telephone monitoring calls to discuss the care people received and there was an annual survey.
- The registered manager explained that there was a clear organisational structure with delegated responsibilities with local care coordinators and a centralised recruitment team to support all of the provider's branches.

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

- People received care which was person centred. The care plans included information on what care the person required and how they wanted this support to be provided.
- Relatives confirmed staff members were caring, respectful and polite. A relative told us the staff knew their family member really well and said, "They're always polite yes, they always say, 'How are you mama'. The care workers always leave messages, they let me know if [family member] didn't eat and I need to feed them."
- Staff member confirmed they read the care plans and risk assessments of the people they were supporting regularly to ensure they were meeting the person's current support needs.

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 process to ensure the service was open and honest with people receiving support and relatives. This included a duty of candour policy providing guidance on who is a next of kin, what is a notifiable incident and the process to follow. The registered manager showed an understanding of the duty of candour and how it impacted the provision of the service. They told us, "It is about the management, monitoring, safeguarding and protecting people under your care and progressing their health and wellbeing. If something goes wrong you need to act immediately, investigate and report to the local authority. The first priority is the person receiving care and their family, say sorry, be upfront and apologise."
- There was a procedure to investigate and respond to complaints. Relatives we spoke with confirmed they knew how to raise any concerns they may have but they had not felt the need to. Staff demonstrated an understanding of how to respond to any concerns raised by people they were supporting or their relatives. A staff member commented, "I'd encourage the feedback, and prompt them to speak at length regarding any concerns they may have."
- The registered manager understood their regulatory responsibilities of their role. They also ensured the policies and procedures which had been developed were regularly reviewed so they reflected any changes in current best practice.

Working in partnership with others

- The provider worked in partnership with other organisations and professional involved in people's care and support. These included the GP, district nurses, housing associations, occupational therapists, and pharmacies.