

Gold Crown Care Services Limited

# Gold Crown Care Services Limited

## Inspection report

Suite 1 & 2, 121 Sibson Road  
Birstall  
Leicester  
Leicestershire  
LE4 4ND

Tel: 01163194500  
Website: [www.goldcrown care.co.uk](http://www.goldcrown care.co.uk)

Date of inspection visit:  
14 May 2019  
16 May 2019

Date of publication:  
20 June 2019

## 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: Gold Crown Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own homes. On the day of our inspection they were providing care for 14 people.

People's experience of using this service:

People were treated to consistently safe care. The provider ensured people received their care as planned and people's preferences for regular staff to meet their needs was always considered. There were enough staff to keep people safe and meet their needs.

People were always treated with kindness and compassion and staff communicated with them sensitively. Staff paid particular attention to promoting people's dignity and enabling people to be as independent as possible.

The culture of the service was positive, and person centred. People were at the heart of the service.

People's needs and individual preferences were documented in support plans that were comprehensive.

Reviews of people's care and support were routinely carried out.

Risks to people were assessed and mitigated. Systems and processes safeguarded people from abuse.

People were protected by the prevention and control of infection and their medicines were managed safely.

People were supported to eat and drink.

People knew how to make complaints. Managers were available for people and staff to contact them at any time.

Staff were well trained and had regular supervision. Staff told us they felt supported. New staff were recruited using safe procedures and were supported with an induction to the service.

Staff worked well together, and they shared information when necessary and people's confidentiality was respected.

The service met the characteristics for a rating of "good" in all five of the key questions. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection: GOOD (Report published 01 November 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated good.

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

## 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.

# Gold Crown Care Services Limited

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of one inspector and one 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. Our expert by experience had previous knowledge and experience of physical and sensory impairments.

#### Service and service type:

Gold Crown Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. The agency was supporting 14 people when we carried out the inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 14 May 2019 and 16 May 2019. We visited the office location on 14 May 2019 to see the manager and to review care records and policies and procedures. We visited the office on 16 May 2019 to speak with the care staff. Telephone calls were made by our expert by experience on 14 May 2019.

## What we did:

Before the inspection we looked at information we held about the service, including notifications that the provider had sent us.

We reviewed all other information sent to us from other stakeholders.

During the inspection we spoke with three people using the service, five family members, the registered manager and three members of staff.

We reviewed two people's care records including their daily records, policies and procedures, records relating to the management of the service, records of accidents and incidents, training records and audits and quality assurance reports. We also examined other records relating to the recruitment of staff and complaints and commendations.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

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

- Effective safeguarding procedures were in place. Staff had undertaken training and knew how to raise any concerns they had about people's safety. One staff member told us, "I know when people have been harmed. I would report any concerns to the office straight away and the emergency services if I needed to."
- All of the people we spoke with told us they, or their relative felt safe when care staff were in their home. People told us staff used key safes appropriately and left them feeling secure. One person told us, "The staff always check whether I want the door locking when they leave."

Assessing risk, safety monitoring and management:

- Risks to people's health were assessed and safely managed. Any potential risks to a person's well-being were identified, such as mobility, skin condition and nutrition. People's care files provided staff with clear instructions on how to reduce the known risks.
- Staff told us they had read people's care plans and were told of any changes to people's health.
- One relative told us, "We have ongoing conversations with the manager about risks in the home because [named person] needs are changing. We're very happy how we're working together on that. We want to make sure [named person] is as safe as possible."

Staffing and recruitment:

- No one we spoke with had ever experienced a missed call from the service. Staff told us they had the time they needed to meet people's needs and didn't feel rushed.
- The registered manager followed safe recruitment and selection processes. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely:

- Policies were in place for the safe management of medicines.
- People who received medicines told us they were administered appropriately and on time. Records we looked at confirmed this.

Preventing and controlling infection:

- Staff were trained in and followed safe infection control procedures. They were supplied with personal protective equipment to prevent the spread of infection.
- People told us staff used gloves and aprons and washed their hands appropriately.

Learning lessons when things go wrong:

- The registered manager looked at previous incidents to look at any improvements that could be made. For example, one person contacted her to say that food had been left out of their fridge and had to be thrown away. They visited the person to apologise and refunded them for their loss. They told us following this they retrained staff on food hygiene.

# 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

Good: 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:

- People's needs were comprehensively assessed before they received support. These included people's emotional needs. The registered manager told us, "I only take on people's care where I know I can meet their needs."
- Equality and diversity needs including those around the person's gender, spirituality, disability and culture were also assessed.
- People and relatives we spoke with thought the care staff knew their, or their relative's needs well and were able to support them safely.
- One relative told us, "Our relative was at risk of choking on food. We were reassured as the staff had been trained on preventing choking and what to do if it did happen."
- People's care needs were reviewed regularly, and staff were notified promptly.

Staff support: induction, training, skills and experience:

- People received care from competent, knowledgeable and suitably skilled staff who had the relevant qualifications to meet their needs. One staff member told us, "My induction was good and I was trained well. I went out with an experienced member of staff for two weeks. I then went to people who needed two carers before eventually I went on my own."
- Staff told us the registered manager supported them well and had an 'open door policy' for any concerns they had.
- Staff were supported by regular supervision where they were free to discuss any issues or concerns they had.
- People told us carers were well trained to meet their needs. For example, "The managers support the staff with the training. It's 'top notch'."

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

- People were supported with their nutritional needs as required. People had a choice of meals and most people were happy with the way staff prepared their food. Care staff left drinks and snacks appropriately between visits.
- One person told us, "I can have whatever I like for breakfast. Sometimes I don't fancy anything, so the carers leave me a few snacks to keep me going until lunchtime."

Supporting people to live healthier lives, access healthcare services and support:

- Staff and managers recognised the signs of changes to people's health and reported their concerns in a timely way. One person's relative told us, "We were really grateful recently that the manager noticed a

problem with our relative's legs. It turned out to be a serious condition, so we were able to get treatment quickly."

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

We checked whether the service was working within the principles of the MCA, and we found they were.

- Staff had received training and had a good understanding of MCA legislation. Care files showed people's consent had been obtained before care was delivered. People's agreement was obtained for key codes to locks be shared with the service and for the use of electronic call monitoring in their homes.
- Staff applied their training correctly. One person told us, "The carers know I don't feel well on some days and they're flexible about what I want doing on each day they come." One staff member told us "If someone didn't want care I would respect their decision."

# 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

Good: 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:

- All of the people we spoke with told us staff were kind, caring, respectful and patient. People were complimentary about staff.
- One person told us, "My regular carer is lovely, she's like a proper mum to me and I feel very blessed." Another person told us, "The carers are all very helpful and very patient. They never rush my [named relative], they just let [person] carry on at their own pace and they take as long as needed." A further person told us, "The carers have a lot to do on every visit, but they always manage to have a chat with [named relative] and [person] just loves that. [person] loves all the carers to bits."
- Another person told us, "My [relative] died not long ago and the manager rings me quite often to see how I am. That's so kind."
- Staff spoke with us about the people they support in a professional and caring manner.
- Records we reviewed focussed on outcomes for people and were written in a person-centred way.

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

- People told us they were offered a choice of male or female care workers and that their choice was respected as far as possible. One family member told us their relative preferred female staff for their personal care and male staff for assistance with mobility and this wish was respected most of the time.
- People consistently told us that they or their relative were fully involved in creating their care plan. They could also make informal changes to their support needs outside of regular reviews they had.
- One relative told us, "My relative has an extensive and complex care plan, but the carers manage to do everything on it. We're making some changes now and we just have to talk to the manager about it and will happen." Another person told us, "It's been easy to change my plan when I needed to."

Respecting and promoting people's privacy, dignity and independence:

- People told us staff upheld their privacy and dignity by closing doors, curtains and covering them with towels during their personal care. One person told us, "Staff know how house proud I am. They clean up and even mop the floor before they leave because they know I'll not settle if the house isn't straight."
- People experienced staff promoting their independence. One person told us, "I can do a lot for myself on good days. The carers will know when I'm not feeling good and they'll do more for me on those days. The rest of the time they let me do as much as I can." Another person told us, "The carers encourage me to walk more while they're in the house because they know this will help me get on my feet."
- There was a policy on confidentiality to provide staff with guidance and staff were provided with training about the importance of confidentiality. Information about people was shared appropriately. We saw people's files were kept secure in filing cabinets and computers were password protected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People we spoke with told us they were happy with the timings of their calls and that they had chosen these times to suit their individual needs and wishes. Their calls were on time and only late when there had been a problem with a previous call. If the care staff were going to be late, office staff would ring them to let them know the expected time of arrival.
- The service allowed people to be flexible with their calls. They could cancel, arrange a 'one off' extra call or change the time of a call if they wished. One relative told us, "Next week we need the call at a slightly different time because [relative] needs to be ready for the hairdresser coming, so I'll just call the office and arrange that." Another person told us, "I have four calls a day and they're all at the time we wanted. That's what I call a good service."
- The service made sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The provider understood their responsibility to comply with the AIS and could access information regarding the service in different formats and languages to meet people's diverse needs.
- For example, we saw records where a person who had a visual impairment was provided with information in a format they could read and understand.
- One relative told us, "My [named person] can't communicate well. The carers have gone out of their way to ensure [person] is involved in the conversations between them. [Person] really enjoys this part of her care too. I think the care workers are incredible."

Improving care quality in response to complaints or concerns:

- The provider had a complaints policy and procedure in place. Nobody we spoke with had ever made a formal complaint but said they could discuss any minor concerns they had with the office and these were resolved quickly and efficiently.
- One person told us, "If I've ever had a small problem I've rung up and they've sorted it straight away. It's nice to think people are trying to help you." Another person told us, "The office staff have always been friendly and helpful when I or my family ring them. They do get things sorted pretty quickly."
- The office displayed numerous 'thank you' cards from people who had previously used the service.

End of life care and support:

- There were policies and procedures around end of life care. Although no one was receiving end of life care during our visit people's care plans had a mandatory section for this to be considered.

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The service had a registered manager in place. 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.
- The registered manager deployed a positive culture and told us how proud they were of the service. They told us, "I only recruit people who really want to work in care." We like to engage and talk to people we recruit so we know they are suitable for the role. We always try to develop good relationships with people from when we interview them."
- Staff held the registered manager in high regard. One staff member told us, "The manager helps us to develop and is easy to talk to. I have worked elsewhere, and it is not as good as it is here."
- People knew the managers and had trust in them. We were told they were very 'hands on' and 'went above and beyond' their managerial responsibilities to make sure people were receiving a good service." One relative told us, "The way the manager dealt with [relative] going into hospital while we were away was simply outstanding. It went above and beyond the duty of care."
- Another person told us, "The managers are exceptional. I had a plumbing emergency recently and one manager came out immediately to see if I wanted any help before the plumber arrived."
- People's support needs were assessed rigorously, and care plans were current and supported staff to deliver care to people how they wished.
- The registered manager was aware of the responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

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

- There were effective audits to check the quality and safety of the service.
- Systems were in place to monitor care calls to ensure staff arrived on time. Audits confirmed people received their care at the planned times.
- Staff were clear about their roles and trained effectively to carry them out. People's feedback confirmed this.
- People told us they could contact the office if they needed to and managers would often attend care calls to check the care was good.

- The rating of the previous inspection was displayed as required.

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

- People told us they had regular calls from the service to talk about the care provided and if there were any issues they would like to discuss.
- Staff received regular supervision. One staff member told us, "I feel they are useful, and I can request additional training too. I don't have to wait for supervision to talk to my manager. I can discuss anything at any time."
- The registered manager was flexible. They told us, "When a carers personal circumstances changed recently I altered the working pattern, so they could remain at work."
- Everyone we spoke with told us how well the service was run, and they would recommend it to others.

Continuous learning and improving care:

- The service was a member of a local providers forum. Providers discussed and shared best practice to learn from each other to try and improve the service they offered to people. One meeting led them to change their care plans as recognised this could benefit the service.
- The registered manager told us they were keen to expand and grow the service. They said, "We will take this slowly. We have researched how other local providers have not been successful by growing too quickly without proper resources in place, and how this negatively affects people's quality of care."

Working in partnership with others:

- The local authority told us they were satisfied with the quality of care provided by the service and had no concerns at the time of our inspection.