

Gold Crown Care Services Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 28 July 2016 and was announced. This meant we gave the provider 48 hours' notice of our visit because we needed to be sure someone would be in the office.

Gold Crown Care Service Limited is a domiciliary care service providing personal care to people living in their own homes. The office is based in Leicester and the service supports people living in Leicester and surrounding areas. At the time of our inspection there were eight people using the service. The service was able to support a range of complex health conditions in addition to people living with dementia and mental health needs.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe with staff and the care they received. People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and how to raise concerns. People had risk assessments which identified the risks people may be exposed to. Assessments did not always include the action staff needed to take to reduce the risk of harm in the first instance.

People were supported by the number of staff identified as necessary in their care plans to keep them safe. There were robust recruitment and induction processes in place to ensure new staff were safe and suitable to support people.

Staff had the skills and knowledge to provide care in accordance with best practice. People confirmed they had consistent staff who stayed for the full length of time allocated and arrived on time.

The registered manager and staff had a good understanding about how the service was required to uphold the principles of the Mental Capacity Act 2005. Staff sought people's consent before providing care and the registered manager supported people to make choices and decisions about their care.

People were supported to maintain their health and well-being. Staff liaised with specialist health professionals to enable people to manage their complex health conditions.

Feedback from people and their relatives showed that staff and the registered manager were friendly, open, caring and diligent. People and their relatives trusted staff and valued the support they provided.

People's care plans were person centred, detailed and written in a way that described their individual care and support needs in detail. This meant that everyone involved in their care was clear about how people were to be supported and their personal objectives were met. There were regularly evaluated, reviewed and

updated. People and their relatives were actively involved in deciding how they wanted their care and support to be provided.

People told us they were aware of how to raise concerns. People and their relatives were confident that any concerns would be responded to by the registered manager and provider.

People were confident in how the service was led and the abilities of the management team. There were systems in place to assess and monitor the quality of the service. These included checks on staff delivering care and reviews of people's care. The provider and registered manager were committed to providing quality care to people.

People and their relatives felt they were listened to and were given opportunities to share their views and opinions about the quality of the service they received through surveys, reviews, home visits and telephone calls.

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.

Staff had a good understanding of safeguarding adults including how to report concerns. Staff demonstrated that they understood their responsibilities to keep people safe. Risk assessments were in place to identify potential risks but assessments did not always record the measures in place to control the potential risks. The provider followed safe recruitment procedures and people were cared for by reliable staff.

Is the service effective?

Good ●

The service was effective.

People were cared for by skilled and competent staff. Staff said they were well supported to carry out their caring role. People were asked for consent before receiving care. Staff provided effective care to support people to maintain their health and well-being.

Is the service caring?

Good ●

The service was caring.

People were happy with the care they received from the service. People were cared for by kind and caring staff who knew their needs well. People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care was planned and delivered to meet their needs. People and their relatives were involved in regular reviews of their care. People felt confident to complain if they needed to and were confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good ●

The service was well-led.

The provider and registered manager provided good leadership and staff were clear on their role and responsibilities to provide people with good care. People and their relatives expressed confidence in the management team. People's views were sought using a range of methods, including surveys and telephone calls, to check they were satisfied with the quality of care provided.

Gold Crown Care Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 28 July 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

This inspection was carried out by one inspector 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.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR.

We looked at the information we held about the service which included statutory notifications of significant events. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with four people who used the service and two relatives whose family members used the service. We also spoke with the registered manager and two care staff.

During the inspection we looked at the care records of three people who used the service. These records included care plans, risk assessments and medicine records. We also looked at recruitment and training records for three members of staff. We looked at the provider's systems for monitoring quality, complaints

and concerns, minutes of meetings and a range of policies and procedures.

Is the service safe?

Our findings

People and their relatives told us they felt safe when supported by staff. One person told us, "I do feel safe with the carers. They know what they are doing and that makes me feel confident with them." Another person told us, "They [staff] make me feel safe when I am walking around." A relative told us, "I really trust the carers with my family member's care. The [registered] manager will always phone me if there are any issues."

People confirmed that staff arrived on time and stayed for the allocated time. One person told us, "They [staff] are rarely late - in fact I can't think of the last time they were late." Another person told us, "They [staff] are always on time and if they are early they will sit in the car and wait until the correct time before coming in." We looked at call schedules for the week of the inspection and saw that staffing levels were provided in accordance with people's assessed needs as detailed in their care plans. People told us the service was reliable and missed calls never happened.

We spoke with the registered manager and staff about safeguarding procedures. Staff told us they had undertaken training in safeguarding adults (protecting adults from abuse) and we saw this was confirmed within staff training records. Staff demonstrated they understood types of abuse and what they would do if they suspected abuse had taken place. One staff member told us, "My priority would be to reassure the person and make sure they were safe. I would call my manager and discuss my concerns with them. If the manager didn't do anything I would speak to other agencies, such as police or Care Quality Commission."

We looked at the provider's safeguarding and whistleblowing procedures. Whistleblowing is the term used when a staff member passes on information concerning wrongdoing. We found that both policies were in need of updating to include local and national guidance and contacts for relevant external agencies. This information was necessary to ensure people and staff had clear information and guidance to support them to make safeguarding and whistleblowing concerns. We raised this with the provider who told us they would immediately review and update their policies following our inspection.

People's safety was supported by the provider's recruitment procedures. We looked at staff recruitment records and saw that recruitment practices were safe and appropriate checks had been completed prior to staff working unsupervised for the service. Checks included employment history, references, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS check helps employers to make safer recruitment decisions and prevents unsuitable staff from working with people using the service. These records were well maintained.

The registered manager carried out a range of assessments to determine whether people were at risk. Risk assessments were used to identify what action staff needed to take to reduce the risk whilst meeting people's needs and promoting their independence. Risk assessments included any potential risks relating to the environment, for examples potential hazards around people's homes, as well as those relating to the person's care and support and any health conditions. For example, one person's mobility fluctuated from day-to-day due to their medical condition and we saw this was reflected in their risk assessments.

Although risk assessments identified potential risks to people's safety, risks assessments did not always record the measures in place to control these risks. For instance, one person was at an increased risk of falls. However, their risk assessment only provided information about the action staff should take to respond to a fall but did not detail the action required to prevent the person from falling in the first place. The registered manager told us they would ensure risk assessment records were more detailed to ensure staff could refer to written guidance to support them to keep people safe.

Staff who we spoke with were knowledgeable about risks to people. One staff member told us, " I was given time to read the person's care plan and talk to the person to understand how I can keep them safe. I have been trained to use equipment safely and I always make sure the person is happy and comfortable with how I am helping them." Another staff member told us how they reported concerns to the registered manager if they felt risks to people had changed. They told us the registered manager met with the person to undertake a review of the person's risk assessments. Care records that we saw confirmed risk assessments were regularly reviewed with the person.

The provider had procedures in place to ensure people received medicines as they had been prescribed. At the time of our inspection, most people managed their own medicines with support from their relatives. One relative told us, "The carer prompts [name] to take their tablets at lunchtime if I am out. There has never been a problem." We saw that people's care records included details of people's medicines and people had signed their consent to the level of support they needed to manage their medicines.

Staff confirmed they had received training in medicines administration and that medicines were usually in a monitored dosage systems or in their original containers. We looked at staff files which confirmed staff had undertaken medicines awareness training. Staff told us they recorded support with medicines in people's daily care records. This meant that people were supported by staff who were trained and skilled to enable them to manage their medicines safely.

The registered provider had a system for logging and investigating incidents and accidents. We viewed these records and saw that an investigation report was written for each incident, including the action taken to resolve the incident. Examples of previous action included discussions with staff and family members and referrals to external agencies.

Is the service effective?

Our findings

People told us they were supported by staff who were effective in their roles. One person told us, "The carers seem well trained, I have no problem with that and they give me confidence." One relative told us how the registered manager had allocated staff who provided effective support to their family member through establishing good communication and gaining a comprehensive understanding their family member needs. They told us how staff helped to support them as the main carer for their family member and how this had improved their quality of life as well as their family member's.

We looked at the induction process for staff and the registered manager confirmed that staff undertook induction prior to working in the service. We saw that induction included time spent with the registered manager discussing all areas of the role including the values of the service. Staff also undertook a range of training that was essential to their role such as safeguarding and moving and handling. We were told by staff and saw documentation on staff files to show staff had the opportunity to work alongside experienced staff and observe how people preferred their care to be provided prior to visiting people on their own. The registered manager had recently introduced the Care Certificate for all new staff. This is a national qualification that supports care staff to develop the skills, knowledge and behaviours to provide quality care.

Staff told us they felt their induction and training gave them the skills and knowledge they needed to be effective in their role. One staff member said, "There is a lot of training. The [registered] manager always asks me if I am comfortable or need more training. My induction gave me time to learn about the role and read people's care plans. The time I spent working with other experienced staff was really helpful. My manager gave me extra induction until I felt confident in my role. My training is slow and careful and the [registered] manager really cares about my development." Another staff member told us, "The training is really good and I am supported to develop. My induction gave me time to get to know people and be introduced to them before I started to work with them. The training doesn't stop after induction, I am supported to develop through further training which I really appreciate." The registered manager told us they were in the process of developing a training matrix which would enable them to identify staff training needs and when training needed to be updated. This would help to ensure that staff had received induction and training that enabled them to be effective in their roles.

Staff we spoke with told us they felt supported. One staff member said, "The [registered] manager is good. They always listen and respond if I need to talk to them." Another staff member told us, "The [registered] manager really supports me and let's me know what I am doing well and where I need to improve." The registered manager met with staff individually and also worked alongside staff to support them. The registered manager also carried out spot checks by visiting staff in their work place and observing how they carried out their work. We saw that outcomes of spot checks were recorded and discussed with the individual staff member as part of their development.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA. The provider demonstrated an awareness and understanding of the MCA. People and their relatives confirmed that staff checked people were consenting to care before providing it. One relative told us, "They [staff] always check with my family member before they get [name] up to make sure [name] is feeling ready and well enough to get up." Staff told us and training records confirmed that staff had undertaken awareness training in the MCA and understood their responsibilities in seeking consent before providing care and supporting people to make choices and decisions. One staff member told us, "I always make sure the person is happy with how I am helping them and observe for reactions, not just verbal feedback." People's care plans showed that people had been consulted about their care and had signed their consent to the level of care they had agreed to meet their needs.

Care records showed that where people had been assessed as needing support with their nutrition, this had been assessed and detailed guidance was in place for staff to follow. We saw that staff recorded the support people had received with their meals and drinks in daily care notes and these reflected the guidelines in people's care plans. For example, one person had requested a roast beef dinner for a meal. We saw that staff had provided this as a result of the person's request. One person told us, "I always chose what I want for my meal and they [staff] prepare whatever meal I have chosen."

Some people had complex health conditions and required intervention to manage these effectively, such as regular re-positioning to avoid pressure areas developing on their skin. Care plans contained specific guidance for staff to help them support people. We saw that staff completed records in line with each person's guidelines. People and their relatives told us staff supported them to access specialist health services if they needed it, such as district nurses or emergency medical services. One relative told us, "Sometimes [name] doesn't feel well and staff will consult with us if [name] needs a doctor. I really appreciate this support to help manage [name] health condition. This showed staff provided effective care to enable people to maintain their health and well-being."

Is the service caring?

Our findings

All the people we spoke with were happy with the care they received which was provided by consistent staff. One person told us, "All the staff are really good and I would hate to lose any of them." Another person said, "The carer is like one of the family, they really take care of me." A relative told us, "I would 100% recommend this agency. The care is fantastic." They went on to tell us how staff did everything the way their family member liked it and took their time so the care was not rushed. Another relative told us, "They [staff] have made my family member feel comfortable in their own home. My family member calls staff her friends now. The staff are always happy and when they come in they always ask how [name] is but not just that, they ask how everybody in the family is."

People and relatives described to us warm and positive relationships between people and staff. One relative told us, "My family members loves the staff. They [staff] always give [name] a big hug and they love that." Another relative told us, "The staff tries to use my family member's interests to keep [name] entertained and stimulated. For example, staff will put music on that [name] likes such as classical music."

People and their relatives confirmed that staff treated them with dignity and respect. One person told us, "I have a male carer but I didn't want him to help me with my personal care. The registered manager respected this and he just helps me with my meals which I am really happy with as he is a good cook!" Another person told us, "My carer always helps with my personal care carefully and gently. They always make sure I am covered up and not left without any clothes on." Another person said, "Staff always respect my need for privacy. If I need to go to the toilet, they will leave me with privacy, closing the door." Staff demonstrated that they understood their responsibility to protect people's privacy and dignity. One staff member told us, "I always ask people where they prefer to be helped, for example in the bathroom or in their bedroom and make sure they are covered and comfort them to reassure them."

People were supported to be as independent as possible. One person told us, "Staff help me with things but they also let me have a go myself and then help me when it's needed. This helps me to be more independent." Staff described how they supported people to maintain their independence. One staff member told us, "I make sure I help the person to choose their clothes then support them to do as much as they can, for example, put an item of clothing on or do a button up. I always ask if they need help rather than just provide it." People's care plans included how much they could do for themselves without assistance. This showed that staff were providing care that enabled people to maintain their skills in their own homes.

People were provided with information when they started to receive a service. The service user guide included information about a range of services the registered provider provided, contact arrangements, values and objectives of the service, standard of care people could expect from care staff and how the provider monitored the quality of care.

Is the service responsive?

Our findings

People and their relatives told us they had been involved in deciding what information went into individual care plans. One person told us, "I feel they do involve me in the care plan." A relative told us, "They always involve us both in decisions about the care and the care staff ask how we both are when they visit." People told us the provider made sure they received the service that was expected and staff who visited were always known to them and knew what their needs were.

We spoke with staff and the registered manager who told us that people using the service had a 'person centred' care plan. 'Person centred' is a way of working which focuses the actions of staff and the organisation on the outcomes and well-being of the person receiving the service. They described to us in detail how staff made sure people were properly cared for and we looked at how this was written in people's care plans.

Care plans contained key information about people's background, such as their next of kin, their religion and health conditions. Part of the care plan included a profile which was used to record a summary of the person's life history. This included information about the person's family, how they preferred their support to be provided, previous employment, friends and interests. Profiles also included how the person preferred to communicate, for example through facial expressions or body movements. People's needs had been assessed to identify the support they required across a range of needs, such as diet and personal care. For example, one person's care plan identified that they needed support to manage 'good days and bad days' associated with their complex health condition. We saw that there were guidelines in place to enable staff to identify what a good day looked like and the extra support the person may need when they experienced a bad day. Daily care records showed that staff were providing care in line with the guidelines in the person's care plan.

Care plans were developed following an assessment of each person's needs and where appropriate consultation with everyone who had a role in the person's life. People who used the service were empowered and supported by staff to make decisions about how they would best like their care and lifestyle needs to be met. These decisions formed the basis of a formal agreement between the provider and the person using the service. We saw examples of these agreements in people's care plans and these were signed by all parties to acknowledge that the agreement would be followed.

People's care plans were reviewed on a regular basis or when needs changed. People and their relatives told us they were involved in the review of their care. One person told us, "My care plan is reviewed and is always kept up to date." A relative told us, "They [registered manager] have reviewed [name] care plan and we were all involved in the review as a family." Another relative told us that their family member had only recently started to use the service and the registered manager had contacted them to ask how they were and advise them that a review was being planned. This showed that the provider ensured people's care plans were kept up to date and people and their relatives were involved when changes were made.

We looked at the provider's records of complaints. This showed that procedures were in place and could be

followed if complaints were made. We found that the provider's complaints policy and procedures were in need of updating to include contact details of relevant external agencies, such as the local authority and local government ombudsman. This was important to ensure people had clear information on how their complaint would be managed. We spoke with the provider who told us they would update the policy and procedure following our inspection and provide people using the service and their relatives with the updated copy.

People and their relatives told us they felt comfortable raising concerns with the provider and felt them to be responsive to dealing with any concerns raised. One person told us, "I would be happy to complain if I needed to but I have never had to make a complaint." A relative told us, "If I had any complaints, I would be happy to speak to the [registered] manager about it and I'm sure they would be very responsive." We saw that where people had raised concerns, the provider had acted promptly to investigate these and record their findings. People were provided with an outcome together with any feedback on action the provider had taken to make improvements that would reduce the risk of further concerns. The provider saw concerns and complaint as part of driving improvement.

Is the service well-led?

Our findings

People and their relatives spoke positively about the registered manager and the provider. People knew the registered manager by name and reported finding the management team very approachable. One person told us, "I know who the (registered) manager is and she comes to visit me at weekends. They (registered manager) call me up to check I am okay and tell me if there are any changes." A relative told us, "The (registered) manager and [name] provider are so supportive. They always let me know they are here to help me care for my family member and ask if there is anything I need to help me care for [name]. They (managers) go the extra mile and I have nothing but praise for them and the staff. They are one of the best things to have happened to us and I would definitely recommend them." Another relative told us, "I have requested respite and I am so impressed with the agency that I have asked that they provide the respite."

The service had a registered manager in post who was responsible for the day-to-day running of the service. The registered manager demonstrated that they were knowledgeable about the needs of people and understood their responsibilities. They told us they kept their knowledge up to date through joining a care consortium with other care providers. This meant they could share information and resources to develop and improve their service.

The registered manager understood their legal responsibilities to notify the Care Quality Commission of all significant events which had occurred, along with associated outcomes. At the time of our inspection, there had been no incidents or occurrences that required notification.

There were regular opportunities for staff to provide feedback about people's care. One staff member told us, "The (registered) manager invites us to ask questions and regularly asks us to give feedback. They are always accessible and are committed to providing quality care." We saw that the registered manager held regular meetings with staff and these were well attended. Minutes of a staff meeting in April 2016 showed that staff were supported to discuss best practice, provided with updates to key policies such as safeguarding and involved in discussions about changes to improve the service. The registered manager also held meetings with the provider to discuss business planning and developments for the service.

The provider had a quality assurance programme in place to check people received good care. This included client reviews, telephone calls, audits and spot checks and consultation with people and their relatives. Records we viewed included regular spot checks and audits of records. These considered the conduct and practice of the staff member, including punctuality and quality of care. Audits of records considered the person's current care needs and whether staff were effective in recordings within people's care records. For example, one audit identified that staff were not recording information in sufficient detail within daily care notes to support the monitoring of a person's complex health condition. We saw that the registered manager had responded by introducing a new format to guide staff in recording the required information and had met with staff to improve their understanding. Records confirmed that staff recordings had improved as a result of this action.

Staff confirmed that the registered manager carried out regular checks as part of ensuring people received

good care. One staff member told us, "They [registered manager] carry out spot checks regularly or if there is a change to a person's care plan. They check how we are doing and ask the person for feedback as part of the spot check." Another staff member said, "The [registered] manager checks that everything is being done right. They let me know if I need to change anything I am doing. They are very professional."

The registered manager carried out a satisfaction survey with people and their relatives. People were asked to rate the care they received including the presentation and conduct of care staff, if they felt safe and if they felt the staff were caring. We viewed the feedback from the most recent survey carried out in May 2016. These showed people were satisfied with their care and no areas of concern or areas for improvement were identified.

The registered manager told us and records confirmed that people's views were regularly shared with the provider. For example, the provider had agreed to send out satisfaction surveys on an annual rather than quarterly basis as a result of people's feedback. This showed that the provider sought people's views and used feedback to develop their service and improve outcomes for people.