

Golden Services Care Limited

# Golden Services Care Limited

## 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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

Golden Service Care Limited is a domiciliary care agency. At the time of the inspection they were providing personal care to 63 people in their own homes.

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:

People received an outstanding caring service. Without exception people told us they received very kind and respectful support from staff who promoted their abilities. Staff promoted people's privacy and dignity and enabled them to achieve their goals. People were supported to make choices and have as much control and independence as possible. Staff went above and beyond to ensure people were not lonely and gave up their own time to support people to engage in their hobbies, social and cultural activities.

People told us they felt safe and that staff were kind, supported them in a dignified and respectful manner and maintained their privacy and independence.

People received support from a consistent team of staff who were skilled and competent in providing care and support. Staff and the registered manager showed a genuine interest and passion to deliver personalised care based on people's likes, wishes and preferences.

People were supported in the least restrictive way possible and in their best interests; the policies and systems of the service supported this practice.

Staff knew people well and relatives felt reassured their family members were safe and well cared for. However, some care plans contained limited information relating to people's individual support and care needs.

Communication with health and social care professionals was effective in ensuring people received joined up care. The provider had aims and standards for the service and told people what they should expect from staff and the service in respect of the quality of care they received.

The provider worked in partnership with other agencies. This supported people in ensuring any changes were raised with professionals and those funding the person's care needs.

Rating at last inspection:

The service was rated good at our last inspection (published 9 June 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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?

Outstanding ☆

The service was caring.

Details are in our effective 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 effective findings below.

# Golden Services Care 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 was carried out by 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.

#### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 senior staff are often out of the office supporting staff or providing care. We needed to be sure that they would be available. The inspection took place on 4 and 5 December 2019. We visited the office location on these dates to see the registered manager and to review care records and policies and procedures.

#### What we did:

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is a form that asks the provider to give information about the service, it

tells us what the service does well and the improvements they plan to make.

During the inspection we spoke to the registered manager, branch manager, one care coordinator and seven care staff. We looked at eight people's care records, six staff files and other records relating to the management of the service, including policies and procedures. After the inspection we spoke to 15 people using the service and six relatives and asked them for their views about the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems had been designed and implemented to protect people from the risk of abuse.
- People felt safe using the service and their relatives agreed with this.
- Staff had received training in safeguarding and had a good knowledge about the subject. Any concerns had been reported and investigated appropriately.
- The provider held regular meetings with people and their relatives and shared information to help keep people safe. This included advice about criminal activity and telephone scams. This helped to protect people from abuse and avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed and managed well.
- Staff were knowledgeable about risk management and demonstrated they supported people's safety.
- People's care records demonstrated risks to their safety had been discussed with them and/or a relative. People's wishes regarding how they wished to manage risks were respected. For example, some people ate a diet of their choice even if this was against medical advice. This demonstrated a person-centred approach to risk management.

Staffing and recruitment

- There were enough staff to meet people's needs.
- The staff said they were able to provide care to people when they needed it.
- The provider had recruitment and selection procedures in place to ensure people were supported by staff that were suitable. Checks had been made on staff's identity, right to work in the UK, previous work history and criminal records. Staff also completed a health questionnaire which was used to assess their fitness to work.

Using medicines safely

- People told us they received their medicines on time and that staff informed them about the medicines they were being given.
- Medicines were managed safely and administered as prescribed. Medicine administration records (MAR) were signed accurately to indicate medicine had been administered to people as prescribed.
- Staff responsible for administering people's medicines told us they received appropriate training, which was updated when required and knew what action to take if they made an error.

Preventing and controlling infection

- The provider ensured people were protected by the prevention and control of infection.
- Staff confirmed they had undertaken infection control training, to ensure they kept people safe from the risk of infection and people told us that staff always used personal protective equipment (PPE) appropriately.
- Staff had access to personal protective equipment (PPE) such as gloves and aprons, to enable them to reduce the risks of cross infection. These were readily available from the office.

#### Learning lessons when things go wrong

- The provider had an accident and incident policy. This clearly set out the requirements for reporting people's, relatives and staff incidents and accidents.
- Accidents and incidents were regularly audited to check for trends or patterns and identify learning. These were shared with the staff team.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been holistically assessed. These included their physical, mental health and social needs. People's diversity and cultural needs had also been considered.
- The registered manager demonstrated a good understanding of best practice guidance. For example, they had supported people to request regular services for equipment such as hoists and wheelchairs.

Staff support: induction, training, skills and experience

- People and relatives said they felt staff were suitably trained and experienced to support them. Comments included, "Properly trained to help. I was unsure at first, but they are brilliant. They know what they are doing and put you at your ease."
- A registered manager had an overview of the training and support needs of staff and mentored and line managed new staff during their first 12 weeks of employment. New staff attended a comprehensive induction programme and were signed off by senior staff as competent before they became part of the staff team.
- The service had a small, steadfast group of staff. Staff worked well as a team and there was a continuous theme of supporting and supervising each other. Staff felt they were supported by the provider and registered manager.
- Staff received regular supervision and guidance from the registered manager. The supervision meetings were thorough and covered several different areas including wellbeing, training and development and were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications.

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

- People's nutritional assessments stated the support they required from staff. For example, people who were at risk of malnutrition or dehydration were supported to have additional portions and/or fluids or fortified foods and drinks.
- People's food and drink likes and dislikes were recorded in their care plans.
- Staff received training on food hygiene and nutrition and hydration and were aware of people's dietary needs and preferences and any support people needed.

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

- Staff documented the support provided to people, which kept others involved in people's care up to date and informed.

- Staff reported any concerns they had about a person's health and wellbeing promptly so that people would receive appropriate support in these instances.
- The provider worked closely with other healthcare professionals to ensure a joined-up approach to the support people received. On the day of the inspection of team of carers were being trained by an OT on how to effectively use equipment to support a person with moving and transfers.

#### 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 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.

- People's consent had been sought in line with the relevant legislation. People and relatives told us staff were polite and always asked for consent before performing a task.
- Staff had a good understanding of the MCA and said they supported people to make their own choices when needed. For example, showing people different outfits they could wear or food they would like to eat.
- Records showed people's capacity to consent to a decision had been considered where it was in doubt. Where people could not consent, relevant individuals had been involved to ensure any action taken was in the person's best interests.

# 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.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- People were exceptionally well cared for by kind and caring staff. One person said, "The carers treat me with dignity and respect they are like friends, we have a chat and laugh.". Another said, "Staff here are very caring, and very kind, and every one of them is good at their jobs, some are more than good, they are excellent especially the young ones, if they stay in care one day they will be good, excellent care managers of the future". Relatives repeatedly told us they could relax knowing their loved ones were being so well looked after. One relative said, "Above and beyond. [Name] is very nervous around people. Manager thought about it and found a carer matched to her personality." Another commented, "Carers are very good, can't grumble. The carers are kind and caring, can't fault them. At the moment all seems fine. One lovely lady at the moment, comes in and does everything."
- People consistently told us all the staff were exceptionally kind to them and showed empathy and understanding. One person explained how staff supporting them increased their confidence by regularly reassuring them. They said staff really understood their needs.
- Many of the people we spoke with explained how staff made such a difference to the quality of their lives because staff would stay and chat in their own time when possible. One person was unable to go out regularly and told us this made such an improvement to their well-being. Another person told us, "They go above and beyond. I always used to do crafts, [name of staff] does craft. They got me started on crochet again. This helps me to start in the morning. She helped me to get my mojo back. I love crochet."
- People said that staff would go above and beyond what they expected from the service. For example, one person told us all staff always offered to do more, such as supporting them to access different services in the community when needed. Another person explained how staff would identify additional needs without them asking and they said this made these staff "Excellent." They told us, [Staff] ask if there is anything else. One day I said I would like to go to the shops. A carer, who is insured to drive me now takes me to the local takeaway once a week."
- The management team and staff arranged celebrations for people's birthdays or special events. One person explained how special this made them feel and improved their well-being. Another person told us how the management team had linked them with a voluntary organisation that made Christmas dinner for those who lived alone. The person said they have now been paired with a family and will not be alone for Christmas. They said this was "thoughtful and kind."
- People and their relatives gave positive feedback about the care they received. One person said, "Carers are marvellous, they would do anything for me. I love them and they love me." Another person told us, "All caring, all brilliant girls can't fault them at all. I know I get very good care. I don't know what I would do without them. They help me to be independent, wouldn't be able to cope without them."

- Relatives told us staff were really caring about their family member. One relative said, "They are all marvellous and go above and beyond, frankly this gives us peace of mind. We don't have to travel over as much as we used to. We are very reassured by their service."
- Staff demonstrated sensitivity and consideration about issues around equality, diversity and human rights when discussing people who they supported. There were examples where staff championed people's rights to access the support they needed such as health care. This improved people's outcomes and health and well-being.
- The ethos of the management team was that this was a family led service that really cared about the people they supported. All the team were passionate about improving people's well-being and there were funds available from the provider to achieve this. For example, we saw one person was supported on a day out that was funded by the provider, they enjoyed their excursion, and this improved their well-being. Another person who had been unwell was supported with a special treat that they enjoyed, arranged and supported by the provider.
- The management team regularly raised funds to support different charities that impacted on people who used their services.
- Professionals we spoke with told us staff were passionate about providing good outcomes for people and ensuring they were well supported.
- The management team and staff were passionate about ensuring people's cultural and religious needs were met. We saw examples where people had been supported to access resources to meet their cultural needs. For example, staff had in their own time taken someone to the Christmas market and to a carol service. The person told us, I used to do this with my dad. This brings back happy memories."

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

- People consistently told us staff respected their privacy and dignity and supported them to be as independent as possible. For example, one person explained how staff enabled them to do things for themselves. They said, "Things like the last few days when I've not been feeling well, they say to me just do a little bit, take it slowly." Sometimes if I say I don't want to do something [like a shower] They encourage me but they don't force me.
- Staff gave us examples where they mitigated risks and improved people's independence. For example, supporting people to access the community where possible.
- Staff told us how their specialised training had enabled them to identify concerns early which had prevented hospital admissions. This improved people's health and welfare and reassured people they were safe whilst staying in their own homes.
- People said staff knew them so well, they knew their interests and supported them to maintain these where they could. For example, one person explained how one member of staff would go out of their way to keep them up to date with their interest. A relative confirmed, "One young [Staff member] knew Mum liked baking so spent time decorating cakes with her, sure they did it in her own time."
- Staff were respectful of people's needs. All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes and constantly encouraging people to live full lives.

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

- People told us they would not use any other service because they were so well supported.
- People made the decisions about their day to day support. Where people needed support with decisions staff were clear about how to support people in their best interest. Relatives and people confirmed staff really listened to their family member's views. One person said, "I am always treated with respect and dignity. I am not rushed but am offered choices. For example, they lay out my clothes and help me to choose what I wear."
- People and their families were regularly asked for feedback to ensure they were happy with the support

staff provided. People were visited by the management team to discuss their support regularly to ensure all opportunities for improvement were made. One person said, "[Name of manager] comes out, fills in a form they ask how I feel about things or if there are any problems." We saw results from satisfaction surveys were consistently positive and these were shared with people and their families.

- Relatives we spoke with told us communication was excellent, they felt involved in how their family member was supported and were kept included and updated by staff and the management team.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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 had care plans in place. Some care plans were detailed, person centred and demonstrated that the person or their family had been involved in how they wanted their care needs met. However, other care plans did not always contain enough information for staff to know about people's background, interests and preferences, and how they wanted their care.
- Care plans gave basic information about the person's daily routines and what care and support they needed. For example, there was no information how staff should provide stoma care. In another care plan there was no detail on how staff should support a person when they were depressed. We discussed this with the registered manager who had a plan in place to improve the content of care plans. This was an ongoing piece of work.
- However, staff knew people very well and we saw them demonstrate this on home visits during the inspection. The registered manager told us staff were allocated to the same people and this had enabled them to recognise individual capabilities and worked on strengthening these.
- Staff told us there were good communication systems in place to help promote effective discussions, so that they were aware of people's needs and any changes for people in their care. This included verbal handovers, daily records, phone calls and text messages.
- People's changing needs were responded to quickly and appropriately. Staff recognised when people were unwell and reported any concerns to a person in charge or directly to relevant health or social care professionals. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed, and intervention was required. This included treatment for infections, review of medicines and assessment for equipment in their homes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had a communication profile in their care plan describing how they liked to communicate. This guided staff in how to best communicate with people and how best to respond to people in different moods or if they were displaying behaviour that challenges.
- We saw staff communicate with people in line with their needs. People were seen to appreciate the staff's effort to communicate with them effectively.

Improving care quality in response to complaints or concerns.

- The provider had a complaints policy in place which was provided to people who used the service. The

service had not received any complaints since the last inspection

- People had formed good relationships with staff and they felt confident to express their views. Small things that had worried people or made them unhappy were documented in the daily records. This information was also shared with staff on handover sheets. People we spoke with told us they were listened to and had never had to make a formal complaint. They named individual carers who they said were very good and supportive.

End of life care and support.

- There was evidence of people's end of life wishes being discussed with them if they wished to do so and some people had advanced care planning in place. For others it was recorded that they didn't want to discuss their end of life wishes and would prefer to discuss this with family.
- People and their families were supported when they required end of life care, with the support of GP, district nurses and palliative care nurses.
- No-one was receiving end of life care at the time of our inspection.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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; and how the provider understands and acts on duty of candour responsibility

- People received a high standard of care because the management team provided strong leadership. The service had been awarded Gold Standard Investors in people. This is the second highest accreditation awarded by Investors in People in recognition of Best Practice. The management team led by example and set high expectations of staff about the standards of care people should receive. For example, the management team worked alongside staff every day, role modelling and used this opportunity to gain feedback from people about staff and the service being provided.
- The provider was passionate about continually striving to improve people's care and support. They had built strong relationships with relevant professionals and within the community to promote learning and meeting people's needs. For example, the provider proactively approached the local authority's quality assurance team and requested they review the care provided
- The provider had values and aims for the service which were focussed on people receiving high quality care and support from staff. For example, "Being dedicated and professional and giving the service users the best possible outcome". These were communicated to people through information the service provided, for example, the 'service user guide' and through staff.
- The provider had recognised care plans needed more person-centred detail and had begun to put these in place. Reviews were taking place to ensure individualised information was recorded. The registered manager showed us their plan about how they will complete all care plans to ensure they had more person-centred detail.
- The provider had systems in place to record and investigate any accidents and incidents that occurred, which included keeping people involved and informed of the outcome.

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

- People spoke positively about senior staff. People told us staff were, "Very approachable", "Understanding" and "Very obliging". They also told us the registered manager was, "Always at the end of the phone and responds to things quickly."
- There was a clear management and staffing structure and all staff had well defined responsibilities. Senior staff held regular monthly meetings with staff to make sure they understood their roles and responsibilities



with regard to the support they provided to people.

- The registered manager understood their responsibilities with regard to the Health and Social Care Act 2008 and was aware of their legal obligation to send us notifications, without delay, of events or incidents involving people using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Senior staff undertook spot checks at people's homes and asked them for their feedback about how the service could be improved. They also telephoned people using the service to check that they were happy with the support being provided and for any suggestions they may have for how this could be improved. One relative told us the service was, "Well managed because they listen to my needs too. They have taken everything on board, given feedback, they are a nice group of people. [Name of person using service] looks forward to seeing them ".□
- Senior staff used spot checks to monitor whether staff were providing the support that had been agreed in line with the service's policies and procedures. Any issues identified through these checks were discussed with staff immediately to help them to continuously improve their working practices.
- The provider made improvements when these were required to enhance the quality of the service.

Working in partnership with others

- The provider worked in partnership with other agencies to develop and improve the delivery of care to people. For example, staff worked collaboratively with the district nurses and occupational therapist. They also liaised with the local authority to ensure they were kept up to date with any changes to people's care needs. This helped to ensure people continued to receive the appropriate care and support they required.