

Roberant Ltd

Golden4 Care

Inspection report

36 Queensway
Enfield
EN3 4SA

Tel: 02039813980
Website: www.golden4.org

Date of inspection visit:
23 July 2021

Date of publication:
10 September 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Golden4 Care is a domiciliary care service providing personal care to people in their own homes. There was one person using the service at the time of the inspection.

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

The relative of the person using the service was happy with the standard of care provided. They said the care workers knew the person's needs well and thought the standard of care provided was good.

Medicines were not managed safely due to a lack of details and accurate information in the risk assessment and medicines administration records. Care workers followed the prescriber's directions but the records and management oversight did not reflect the actual practice.

The management team carried out checks to monitor the quality of care people received however the auditing of medicines records was not effective as the lack of detailed information about the medicines had not been picked up.

The service's recruitment procedure was not followed robustly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

Care workers were trained, supervised and subjected to spot checks to ensure they were providing safe care. They also had annual appraisals.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published January 2021) and there were three breaches of regulations identified. The concerns related to the unsafe management of people's risks and medicines, poor recruitment processes and failure to effectively assess risks and the quality of the service.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. We served a warning notice due to the breach of regulation about good governance.

After the warning notice we received information indicating improvements but at this inspection we found not enough improvement had been made and there were continued breaches of regulations at this inspection. The service remains rated as requires improvement.

Why we inspected

We undertook this focused inspection to check the provider had followed their action plan, complied with the warning notice and to confirm they now met legal requirements. This report only covers our findings in

relation to the Key Questions of safe, effective and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions were not looked at on this occasion but were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. 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 Golden4 Care on our website at www.cqc.org.uk.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care (medicines), staff recruitment and governance at this inspection.

You can see what action we have asked the provider to take at the back of this report. In response to the breach identified regarding good governance, regulation 17, we will be writing to the provider asking them to provide an action plan in response to the issues identified and to provide time specific updates on the progress of actions taken.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective. Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led. Details are in our well-led findings below.

Requires Improvement ●

Golden4 Care

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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency which provides personal care to people living in their own houses and flats. There was one person using the service at the time of this 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. The registered manager was no longer managing the service. A new manager (referred to as "the manager" in this report) had been appointed but had not yet applied to be registered to manage this service.

Notice of inspection

We gave the service 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 30 June 2021 and ended on 23 July 2021. We visited the office location on 23 July. The other days were spent reviewing records and speaking to staff, a relative of the person who used the service and the local authority.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included safeguarding alerts and feedback received about the service. We sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with the relative of the person using the service about their experience of the care provided. We spoke with four members of staff including the new manager, the nominated individual on behalf of the company and two care workers.

We reviewed a range of records. This included risk assessments, medicines records and care records. We looked at one staff file in relation to recruitment and we looked at staff training records. We also reviewed a variety of records relating to the management of the service, including policies, audits and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to properly assess the risks relating to the health safety and welfare of people and failed to manage people's medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some improvements had been made in assessing risks, however not enough improvement had been made with medicines management at this inspection and the provider was still in breach of regulation 12.

- Although there was a risk assessment in place for medicines administration some risks, such as leaving tablets out for a person to take later were not addressed.
- The medicines risk assessment did not include a list of the medicines the person took, what they were for, where they were stored or instructions on how to give the person their medicines, for example one tablet at a time or all together, before or after meal etc. We found this at the previous inspection but the same lack of detail was found at this inspection.
- The medicines risk assessment did not identify the person was taking any high risk medicines when the medicines administration record (MAR) showed this was inaccurate.
- Care workers had signed the MAR and there were no omissions which indicated that the person had been given their medicines.
- When speaking to the two care workers we found the person had medicines four times a day and the MAR indicated twice a day.
- Care workers told us that the person's bedtime medicines were left for them to take later once the care workers had left. The MAR, risk assessment and care plan gave no indication of this and staff signed the MAR which suggested they had administered the tablets, which was not accurate.
- When we looked at the person's blister pack there was one medicine which was prescribed to be given before a meal. We spoke to care workers and we were assured that they gave this medicine correctly as prescribed. However this instruction was not on the MAR nor mentioned in the medicines care plan.
- The management team were auditing MARs weekly but had not identified that the MAR did not match the instructions on the medicines prescribed. There was no risk assessment in place for leaving tablets out for taking at bedtime and the audits did not include any check of the prescription nor the medicines in place in the home which were in a monitored dosage system with clear instructions.
- We found concerns with the MAR and the quality of the audits at the previous inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. This was a continued breach of regulation 12

of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- Staff were trained in medicines administration and their competence to manage medicines had been assessed.

Staffing and recruitment

At the last inspection we found the provider had failed to operate a safe recruitment process for some staff. This was a breach of Regulation 19 (Fit and proper persons).

- At our last inspection we found one of the staff member's references was not satisfactory. The provider did not give us any explanation for this when we requested it but provided another reference.
- At this inspection we had a similar concern. The provider had allowed a new employee to start with only one reference without any further assurance of their conduct in previous employment. A second reference stated the referee did not know the applicant.
- The provider's recruitment procedure stated two professional and one character reference should be obtained but they had only obtained one professional reference which was not from the most recent employer. The nominated individual told us they thought it was acceptable to allow a new applicant to start work with only one reference. They also confirmed in writing they had no other references and verbally that they had not requested a reference from the person's last employer. After the inspection they sent us a reference from the last employer dated three months previously.
- This discrepancy indicated a recruitment procedure which was not fully safe and effective.
- Failure to take out and verify all required checks on staff leaves people at risk of having contact with unsuitable staff.

This is a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- There were enough staff employed to meet the needs of the service. As the service has only had one person using the service for many months only two care workers were employed. The manager was also able to provide care in any emergency if neither care worker was available.
- The representative of the person using the service was very positive about the care workers. They said staff knew the person's needs well, were reliable and arrived at the agreed time.

Preventing and controlling infection

- This inspection took place during the COVID-19 pandemic. People using the service were protected by suitable infection prevention and control practices.
- Care workers told us there was always a good stock of personal protective equipment known as PPE (disposable gloves, masks and aprons) which was delivered to them.
- The care workers and relative of the person using the service confirmed they wore the correct required PPE.
- A care worker told us that they were kept well informed of what they should be doing to protect the person they supported from risks of infection.
- There were COVID-19 risk assessments carried out for each staff member and person using the service to reduce risks associated with them contracting the virus.
- The manager said they kept up to date with changing government guidance, informed staff of requirements and carried out spot checks in the person's home which include checking if care workers were

following the required infection prevention and control procedures.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff had completed training in safeguarding. Care workers knew how to raise safeguarding concerns.
- The manager had an understanding of how to raise safeguarding alerts where necessary.
- There had been a safeguarding investigation since the last inspection raised about the service which was connected to care workers not having sufficient PPE. The provider told us they had not yet received the report with recommendations for improvements.
- The manager told us they had made some improvements since they started at the service two months prior to the inspection and told us, "We are improving day by day."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to properly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Some improvements had been made in assessing risks.

- There were risk assessments in place to address risks to the person's health and safety. These included risk of falls, environmental risks, COVID-19 risk assessment and risks associated with personal care. The risk assessments included some guidance to staff on managing the risks. The representative of the person using the service signed the risk assessments as evidence they had been involved in them.

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 requires improvement. At this inspection this key question has remained the same.

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

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;
Supporting people to eat and drink enough to maintain a balanced diet

- The service assessed people's needs and risks so that care and support could be planned to meet their needs.
- There was a lack of detail about how to support the person with their personal care. The care plan did not detail the person's preferences for when they liked to have a shower. The care workers were familiar with the person's preferences so were able to meet their needs but the care plan did not reflect any personal preferences. The lack of detail about the person's routine in the care plan meant there was a risk that if a new care worker started providing care they may not have all the information to meet the person's needs and wishes.
- There was a lack of information in a person's care plan about their nutritional needs and preferences despite a recommendation in the last inspection report.
- The relative of the person using the service told us they were satisfied that their nutrition and hydration needs were met. In practice the care workers knew the person's likes and dislikes and the support they needed with meal preparation.
- Risk assessments included the person's hydration needs and their preferred drinks which was positive but this information was not included in people's care plans so there was a lack of information about the person's assessed nutrition and hydration needs.

We recommend that more information about people's hydration and nutrition needs and preferences are included in their care plan.

Staff support: induction, training, skills and experience

- Records confirmed that staff received training on mandatory topics for care workers. From speaking to a care worker we found they had the knowledge and skills to provide effective care.
- A care worker confirmed they had an appraisal in 2020 where they had opportunity to discuss their training.
- A care worker said that they were kept up to date with information and the nominated individual and manager were helpful and always available for information and supports.

- Staff were happy with the level of support provided by the management team.
- The relative of the person using the service told us they were happy with the care provided. The two care workers had formed a good relationship with the person and met their needs well.

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

- The service was supporting a person to maintain their health and the manager told us they had made a referral to the local authority when needed.
- Care workers followed the advice of an occupational therapist in providing personal care safely.

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.

We checked whether the service was working within the principles of the MCA. There was no person subject to a deprivation of liberty safeguard at the time of the inspection.

- There was evidence that the person's representative had been involved in planning their care and signed the care plans on their behalf.
- The manager had carried out an assessment of the person's mental capacity. This included an assessment of various decisions and whether the person was able to make them or not which was good practice.

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 requires improvement. At this inspection this key question has remained the same.

Requires improvement: This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to implement effective management systems. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We served a warning notice on the provider as this was a repeated breach of regulation 17. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The systems in place to check quality and risk were not sufficiently effective.
- The management team carried out audits of MAR and recorded these. They also carried out spot checks in the person's home. However they had failed to identify that their MAR did not reflect the instructions on the person's prescription and the practice followed by care workers. This suggested they had not checked the medicines in the home to compare it to the MAR. Care workers were giving some medicines in the evening and leaving the bedtime medicines to be taken after their visit but signing that they had given it. The management team said they were not aware that their records were different to the practice.
- There were minor errors in records such as personal care plan giving information about baths when the person had showers and the mental capacity assessment mistakenly recording that the person was bedbound.
- The registered manager was no longer managing the service. There was a new manager supported by an executive administrator who was the nominated individual for the provider and they shared the management responsibilities.

We found no evidence that people had not received good care but the systems in place to oversee quality and risk were not robust enough to demonstrate the service was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care workers had spot checks carried out by the manager to ensure they were competent and providing appropriate care. There were records kept of the spot checks.

- The provider was aware of the requirement to submit notifications to CQC about events, incidents and changes to the service as required by law. There had been no notifiable events since the last inspection.

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

- Staff told us the communication from the management team was good and they felt supported by them.
- A relative told us their relative was looked after well.
- The manager told us that relatives were welcome to come to the office and discuss people's care at any time.
- A care worker told us the person they supported was able to tell them what they wanted them to do and express their wishes. They knew the person well and empowered them to follow their chosen daily routines.

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

- Staff said they felt involved in the service and could call on the manager or provider if they needed any support.
- A relative said senior staff communicated with them regularly to check if there were any improvements needed. The management team confirmed they had met with the relative in the office to discuss and review the care to ensure the person's needs were met.
- The manager said they had held virtual meetings with staff during the pandemic via Zoom so that they were up to date with requirements related to COVID-19 and had opportunity to seek advice and support.
- People's equality characteristics such as cultural and religious needs were included in the care plan. This helped care workers to know the person well and respect their beliefs.

Continuous learning and improving care; Working in partnership with others

- The provider had made some improvements since the last inspection and told us they were committed to achieving a good rating. However the improvements and quality monitoring systems were not enough to assure us that the governance of the service was robust.
- The nominated individual and manager said they were committed to improving the quality of the service and showed ambition and enthusiasm.
- The service was not working in partnership with others, so we were unable to assess this question. No local authorities were commissioning care from this service at the time of this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have suitable systems in place for the safe management of people's medicines.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's systems for assessing quality and risk were not effective in identifying area for improvement.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider's recruitment practices were not sufficiently robust.