Goldsmith Personnel 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

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service. This was an announced inspection and we gave the manager two days notice of the inspection.

Goldsmith Personnel Limited provided personal care to people living in their own home or in supported living accommodation. The agency provided care and support for older adults, people with disabilities and children. Approximately 70 people used the service.

The agency had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

We spoke with 23 people who used the service and three relatives. All the people we spoke with said they felt safe using the service. The provider had policies and procedures which they used to keep people safe and minimise the likelihood of abuse. Staff were knowledgeable about safeguarding adults and what to do if they had concerns about abuse. Risks to individuals who used the service were identified and managed. Staff

Summary of findings

were vetted for their suitability to work with vulnerable people as part of their recruitment. There were sufficient numbers of suitable staff to keep people safe and meet their needs.

The provider supported people to receive their medicines safely. Medicines were managed in line with the provider's medicines procedures, including appropriate use of procedures under the Mental Capacity Act where people lacked mental capacity to consent to care and treatment.

All the people and relatives we spoke with said they were happy with their care. People's needs were assessed and planned. Individual care plans provided information to staff about how to meet people's needs.

Care was personalised and effectively provided to meet people's needs.

People were supported to maintain good health and staff worked with healthcare professionals to meet the healthcare needs of people.

Staff had training and support to understand their roles and responsibilities. They were familiar with people's needs and how to meet them. Each person had a main care worker who was involved in their assessment process.

People were helped to maintain good nutrition according to their needs.

People said staff were kind, caring and respectful to them. Staff respected and promoted the dignity of people.

People's diverse individual needs were taken into account when planning and delivering their care.

The provider listened and learned from people's experiences, concerns and complaints to improve the quality of care.

Staff received training and support and knew how to respond to incidents affecting the safety and wellbeing of people when conducting home visits.

The provider was able to demonstrate good management and leadership. There were systems in place to monitor the quality and effectiveness of the service. The provider developed an open and positive culture to encourage open communication with staff and people who used the service. There was a focus on delivering quality care that promoted and reflected best practice.

Summary of findings

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 safe. There were procedures to protect people and minimise the risk of abuse. Risks to individuals were assessed and managed. There were sufficient numbers of suitable staff to keep people safe and meet their needs. Medicines were safely managed.

Good

Is the service effective?
The service was effective. People received effective care from staff who had the knowledge and skills they needed to provide their care. People were supported to maintain good nutrition and good health.

Good

Is the service caring?
The service was caring. Staff developed caring relationships with people and people were positive about the care they received. People received a service in a way that preserved their dignity and respect. People who used the service were consulted, able to express their views and actively involved in making decisions about their care.

Good

Is the service responsive?
The service was responsive. People received care that was personalised and adapted in response to their ongoing needs. The service routinely listened and learned from people's experiences, concerns and complaints to improve the quality of care.

Good

Is the service well-led?
The service was well led. The provider demonstrated good management and leadership. There was an open, positive culture with staff and people who used the service to encourage good communication and promote good practice. The management team focused on delivering quality care in a way that centred on achieving best practice.

Good

Goldsmith Personnel Limited

Detailed findings

Background to this inspection

The inspection team consisted of an adult social care 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 service.

We visited the provider's office on 07 July 2014 to carry out this inspection. We talked with 23 people who used the service and three relatives. We spoke with staff, including four care workers, one care coordinator and the registered manager. We also spoke with a professional who managed the local authority borough contract that was held with the agency.

We reviewed a range of care records for six people who used the service to assess if care provided met people's needs. We looked at the provider's records to see how the agency safeguarded people, supported staff, managed complaints and checked the quality of the service.

Before our inspection we reviewed information we have about the provider, including statutory notifications we had received and the provider's information return (PIR). The PIR 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.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

All 23 people we spoke with and three family members told us their relatives were safe when being supported by their care workers. One person said, "I always feel safe, when the care is around, I do not have a problem. Given my condition I think they manage very well and make sure I am safe all the time."

Safeguarding adults was a mandatory component of induction training. Staff received ongoing training of abuse awareness and how to recognise poor practice. The agency's safeguarding adults policies and procedures provided guidance to staff on how to recognise, prevent, report abuse and safeguard people.

All the care workers we spoke with showed awareness of safeguarding matters including recognising types of abuse and what actions to take. They understood the agency's safeguarding adults policy and other policies for safeguarding people. These included the whistleblowing policy, managing people's finances and the care worker's code of conduct.

The provider had taken appropriate action to deal with allegations of abuse. They had worked with the local safeguarding team in these cases to keep people safe. The allegations and actions taken were recorded, including disciplinary procedures followed through with staff.

Staff were vetted and recruited only after receipt of satisfactory references and Disclosure and Barring Service (DBS) checks. This was so that only staff who were suitable to work with vulnerable people were employed by the agency.

Systems were in place to help protect people from financial abuse. Care workers kept receipts and records of any financial transactions and these were routinely audited. People were supported to look after their money in line with the provider's money handling and consent procedures. People were responsible for managing their own money or received support as they needed by their relatives.

The provider had a consent to care and treatment policy and procedure to protect people who had impaired mental capacity. The policy had been updated in light of the recent Supreme Court judgement. This related to the provision of care for people lacked mental capacity. The provider had recently used the procedure, working with the local authority to request a mental capacity assessment for one person relating to the management of their medicines.

The service had a positive risk taking policy to support people with their chosen goals and to preserve their independence. The main risks to people were assessed within 48 hours of referral for a service. This was in line with the agency's policy and procedure. Risks to people were managed in a range of areas such as people's health and nutrition, personal care, continence, behaviour management and communication. Risk assessments identified actions needed to minimise and manage risks. These were available in all the files we looked at and included in all care plans. For example, manual handling assessments recorded the number of staff needed to support people safely, such as two staff for safe moving and handling of people who used a hoist. Risk assessments were updated following any changes.

As part of health and safety procedures, staff were expected to routinely carry out safety and security checks in people's homes. All the care workers we spoke with said they received health and safety training. This included food safety and infection control, fire safety and manual handling. Staff files contained health and safety certificates of training.

The manager said they only used staff employed by the agency and there were sufficient numbers of staff to keep people safe and meet people's needs.

The provider supported people to receive their medicines safely. People were encouraged to take their own medicines where possible. People who received support told us they were happy with the assistance they received with their medicines. People gave written consent to accept support with taking medicines. Their consent forms were available in their files.

The medicines policy and procedure had been recently updated. It covered guidance on administration, safe disposal and storage of medicines. The guidance was issued to staff in the care worker's handbook and also the medicines policy. All staff had a basic overview of the safe handling of medicines in their induction training. Staff said

Good

Is the service safe?

they received further medicines training which enabled them to administer medicines. One care worker said they were unable to administer medicines until they had received this additional training.

Staff signed the medicines record sheets and there were no gaps or errors in the records we checked. These were routinely checked by the managers for their accuracy and completion. Medicines were supplied by the pharmacy for each person in blister packs or as according to their needs. There was feedback from one person to indicate that staff followed guidelines in relation to the supply and handling of temporary medicines. Medicines stored in people's homes were risk assessed and safe storage discussed and agreed with people who used the service.

Good

Is the service effective?

Our findings

All the people we spoke with said they were happy with their care and the staff who supported them. Care workers who spoke with us were familiar with the needs of people they cared for and how to meet them. Each person who used the service had a main care worker who was involved in their assessment process. Care coordinators who managed care made staff aware of people's support needs and care plans before they went out on visits. Staff said this helped them to know how to meet people's needs and better prepared them for their visits.

There was continuity of care when regular staff were absent through sickness or annual leave. This was possible as each person had a main and back up care worker. Care workers shadowed other experienced staff, sharing information to get to know people's needs. Where two care workers were required for visits, a team of eight care workers were assigned to work with people for consistency and to reduce delays. People who used the service and front line staff were able to access the agency's out of hours on call service if they needed.

Staff monitored the healthcare needs and wellbeing of people in line with their individual plans. Any changes were reported to relevant health and social care professionals. We saw there had been direct contact and involvement with healthcare professionals, including doctors, community nurses, occupational therapists and social care workers in all the files we looked at. We spoke with a healthcare professional who told us the agency took people who had enhanced, more complex needs where special skill was required to provide their care.

People who used the service were encouraged to take responsibility and monitor their own health. The manager told us how two people with learning disabilities attended a health awareness day. They were supported by staff to attend and become more knowledgeable about carrying out self-examination health checks.

All the care workers we spoke with said they had a five day induction training when they started. They said this helped to equip them with sufficient knowledge to go out on visits straight after the induction. Staff completed an induction workbook following their 12 week Skills for Care induction training course. The care coordinators assessed the knowledge and awareness of staff after this period.

All staff completed a six month probationary period. This enabled the management to assess the knowledge and competence of staff before they were recruited into permanent positions. All new staff shadowed an experienced care worker. Care workers also shadowed other staff if they provided care to a person for the first time or if the person had complex needs.

Staff told us they received supervision every three months, annual appraisals of their performance and regular training, as we saw in staffing records kept by the agency. The manager showed us the system that logged and monitored all training. This flagged up expiry dates of training for individual staff.

We saw that staff attended a range of courses, such as food handling and hygiene, infection control and other mandatory health and safety training, as well as good care practises in mental health and dementia. The majority of this training was delivered internally by the care coordinator, who was a trained nurse. The agency was in the process of registering existing care workers to undertake the new health and social care diploma. The electronic training log showed that a number of staff had already received National Vocational Qualifications.

People were supported to have good nutrition. Records in the files of certain individuals showed that nutritionists and community nurses were involved with people who had complex needs. Community nurses had responsibility to manage risks to those people in relation to their eating and drinking and delivered training to care workers to gain specialist knowledge and skills to provide this care.

Good

Is the service caring?

Our findings

All the people we spoke with said they were happy with how the care workers provided their care. A healthcare professional told us the care focused on their individual needs. We received comments from people including, “They treat me with respect”, “They take care of my needs” and “The girl is very respectful.”

Staff received support to understand the health, mental and emotional needs of people who used the service. One care worker told us, “The agency has helped me to be much more compassionate and understanding towards clients through the training and all the support.” Staff also received customer care training as part of their induction.

The care coordinators said they gave staff training on outcome focused care . This centred on meeting the overall needs of the people who used the service and helping them achieve their goals. The manager and one of the care coordinators were ‘dignity champions’. They showed us their Dignity Train the Trainer certificates from the local authority which enabled them to train other staff. The agency included ‘dignity principles’ as part of staff induction training.

Goldsmith Personnel Limited had recently introduced unannounced ‘dignity observations’ of staff during their home visits. This was intended to assess if staff carried out care with respect and dignity to the person.

The home visit observations looked at staff communication skills and if staff offered and respected people’s choices. Managers recorded the verbal and non-verbal communication of staff; if care was personalised and maximised people’s independence. The friendliness of staff was assessed and if they had good communication skills, both verbal and non-verbal. We saw comments stating, for example, that staff were very friendly and offered people choices in their clothing, washing and bathing or other aspects of their personal care. Where staff required further development, this was highlighted with recommendations for action including training and supervision for individual staff.

People received care by staff who could communicate in their specific language to address their language needs. One person who used sign language was allocated a member of staff who had been given sign language training to help communicate with the person. We spoke with the member of staff who confirmed this. The agency had sought additional government funding to have a British Sign Language interpreter. This was for use with staff who were deaf to aid and interpret their communication during training and supervision.

People were consulted about their needs during the assessment process and involved in planning their care. Their preferences and specific requests were taken into account in how their care was delivered. People were able to request to have care from staff of the same gender for example, and this was arranged for people. Individual preferences were reflected in people’s care plans.

People’s cultural and religious needs were respected when planning and delivering care. For example, where possible, staff respected people’s wishes when asked to remove their shoes before entering their house, which was a practiced custom in their culture. But where staff were prevented from doing so for their protection for reasons of health and safety, they were provided with shoe covers to respect people’s cultural needs. One person was supported to go to mosque with their care worker.

The manager and care coordinator told us they had involved a person who had learning disabilities in providing training for staff.The agency helped the person to produce a video of this training. This aimed to increase staff awareness about learning disabilities, including how to work positively with people who had learning disabilities.

Staff at Goldsmith Personnel Limited service respected and promoted the privacy and dignity of people. Staff said they knocked on people’s doors and announced their entrance and departure from people’s homes, despite having keys to gain access. People we spoke with confirmed this. Staff said where people were able to manage their care independently they ensured people carried out their care in private.

Good

Is the service responsive?

Our findings

People we spoke with were overall happy with their care and said it met their needs. One person told us, “They always help me with personal care,” and “I cannot fault the carer.” Another person said, “They are very good, they listen to what I need and provide care when I need it.” People told us they had choice with regard to staff providing their care and how their care was given.

One relative was less satisfied as they were waiting for an issue to be resolved regarding changing the care worker. The manager was aware of this issue and was in the process of dealing with it. Records showed examples of where Goldsmith Personnel Limited took action to address people’s needs.

People’s needs were assessed and planned prior to or within 48 hours of them receiving a service. Assessments contained information about people’s essential needs. Individual care plans were more detailed, identifying their personalised needs and expected outcomes people who received care as well as actions needed to support people.

Care was provided flexibly and took into account the needs and requests of people and their relatives and any changes in their circumstances. One relative who said they were extremely happy with the care worker told us, “They are really good and accommodating. When my wife had to go to the hospital, the carer arrived at six o’clock to get her ready. That was really good.” Another satisfied relative said, “I was very grateful of the support my wife got from the carer when I was taken ill and had to go to hospital.”

Records in people’s files and recently held review meetings and care plans showed when people’s needs and service changed. Records in people’s files showed that the agency notified funding authorities to request an increase or decrease of service provided to individuals.

Goldsmith Personnel Limited invited relatives and professionals involved in people’s care to take part in their reviews. Whilst the agency responded to meeting people’s needs, and their care plans were updated to show current service provision, information in records was not easily accessible to show when changes were decided, by whom and what prompted any changes to the service people received.

Staff received training and support to know how to respond to unplanned incidents affecting the safety and wellbeing of people. Incident reports showed staff took appropriate action in response to incidents, including contacting emergency services to protect the health, safety and wellbeing of people.

People were given a ‘service users guide’ with information about the service. This included the contact details of the office and how to raise concerns or complaints about their care provision. Goldsmith Personnel Limited listened and learned from people’s experiences, concerns and complaints to improve the quality of care. One person told us, “I have no need to complain. I am happy with the service.” This reflected comments we received from other people who used the service.

Complaints records showed that complaints were investigated in line with the agency’s complaints procedure. Where complaints were upheld, the manager took action to address complaints, for example, they increased supervision of staff; undertook more frequent home monitoring visits and provided staff with training. Where necessary they used staff disciplinary procedures to ensure staff acted in accordance with the agency’s policies to meet people’s needs. We spoke with a local authority professional who said, “Goldsmith Personnel Limited provides a very good service.” They told us they did not receive many complaints about the agency. They said the agency communicated well with them, promptly responding and addressing any issues that were brought to their attention.

Good

Is the service well-led?

Our findings

The manager said they aimed to create a positive open culture in the organisation. All staff said they felt supported by the management team, who were accessible whenever they needed. They felt the service was well managed and people's needs were met.

Staff were actively encouraged to 'whistleblow,' to report any bad practices they witnessed with assurance of their protection. Staff were questioned to ensure they understood and implemented the positive values of the organisation. This was evident in their induction, training and annual appraisals.

All staff were given a staff handbook which outlined their roles and responsibilities and key policies and procedures. They were also provided with the grievance procedure. A suggestions box was made available to staff in the office. The manager said that staff tended to approach the management team directly or through meetings to share their views.

There were clear lines of accountability in the management structure. The management team included the registered manager, two care coordinators and two field supervisors. Management meetings were held every month to two months with themed agendas. Items focused on issues affecting people who used the service, including health and safety, complaints, incidents, accidents and staff training.

Team Leaders and managers conducted annual staff appraisals and set objectives for staff for their individual performance and development. Team Leaders acted as mentors for new staff and provided induction, shadowing, coaching and support. Two care workers we spoke with said they found their training and support was a valuable part of their practice, which helped to improve the way the provided care. [LW1] One care worker said, "It has helped me to be more compassionate and caring with people." Another said they felt more able to support people with specialist tasks, for example, moving and handling people who had mobility issues.

There were systems in place to continually improve the service. Surveys were sent out annually to people who used the service. The last annual surveys were sent out in April. An analysis of the results had not yet been produced as the survey returns were still awaited. However results from the questionnaires received at the time indicated the majority of people rated the service as being excellent or very good and people were overall happy with their care.

Management staff used a range of ways to monitor the quality and safety of the service and checked to ensure policies and procedures were implemented. For example, there were regular audits of daily care records, medication administration records and how staff handled of people's money. Care workers were required to send in care records every three months to assist with this.

Staff confirmed that managers conducted three monthly 'spot check' monitoring visits in people's homes. During the visits managers checked if staff delivered care in line with individual plans of care, and checked issues such as their manner and approach to care in their observations. Any actions required were noted. Shortfalls in performance were discussed with staff.

The manager gave us examples of how they were developing and improving the service. Examples included the development of a new audit tool to assess and capture how people's health and wellbeing had improved following their service. Another example was a new nutrition form developed to better monitor the nutrition of people. The form was intended for use with people who had additional monitoring needs, due to their dementia, physical health needs or where people were unable to communicate.

The manager had recently changed the medicines administration charts. This was so the frequency of audits could increase for closer monitoring and be carried out monthly rather than on a three monthly basis.

Additional training had been secured to help staff achieve a more personalised approach to the assessments of people's needs and care planning in order to improve their independence. This satisfied the local authority requirement as part of their tendering process.

The manager told us they regularly attended provider meetings to obtain and share information with staff about best practice. They said they also kept up to date with developments by consulting the Care Quality Commission website. The provider was a member of the United Kingdom Home Care Association (UKHCA) whereby they received newsletters and updated information about best practice in their industry. The management team attended

Good

Is the service well-led?

workshops to update their practice which they used to provide staff training. A recent course included how to work well with other professionals and provide better integrated care.