

Goldsmith Personnel Limited

# Goldsmith Personnel Limited (Oxfordshire)

## Inspection report

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Oxfordshire  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Goldsmith Personnel Limited (Oxfordshire) offers a domiciliary service for people living in their homes in the Chipping Norton and surrounding areas. 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. On the day of our inspection 42 people were receiving a personal care service.

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

Since the last inspection, improvements had been made with the quality assurance processes. Systems were now in place to check on different aspects of the service. This helped the provider and registered manager monitor the service more effectively.

We received positive feedback on the service from people using the service, their relatives and from staff. Comments from people using the service included, "It's absolutely amazing. I'm blown away with them [staff]. It's so personal" and "They [staff] are extremely capable. They take an interest in our daily lives so there is always something to talk about." Relatives also commented favourably about the staff team and registered manager (who had taken on this position since the last inspection). Their feedback included, "They [staff] go out of their way to make her [person using the service] comfortable. If she's not so well, they are good at cheering her up and she feels good with them supporting her."

Safeguarding notifications to the relevant bodies had been made where required and appropriate action taken. Medicines were administered safely in line with prescribed needs.

There were effective infection prevention and control systems in place to ensure the risk of infection was managed. People and relatives were happy with how staff had visited them, following infection control procedures, during the COVID-19 pandemic.

There was an open culture and staff were complimentary about the registered manager and confirmed there was good communication and they felt supported. The registered manager had been in this role since earlier in 2020 and was keen to make continuous improvements, share best practice and ensure staff were well trained in their role.

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

Rating at last inspection and update: The last rating for this service was Requires Improvement (published 6 January 2020) where there was one breach of regulation 17. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

### Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions: Safe and Well-Led, as these had been rated Requires Improvement.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. 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 Goldsmith Personnel Limited (Oxfordshire) on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Goldsmith Personnel Limited (Oxfordshire)

## **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

The inspection was carried out by two inspectors 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.

#### Service and service type

##### Domiciliary care

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

#### Notice of inspection

We gave the service 48 hours' 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 19 August 2020 and ended on 17 September 2020. We visited the office location on 17 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The expert by experience spoke with five people who use the service and five relatives. We emailed eight care staff and

received a response from four and spoke on the telephone with three to gain their views on the service.

We received feedback from the local authority and three professionals who work with the service. The local authority provided us with their views on the service. However, on this occasion we did not receive a response from the professionals.

We also requested a sample of documents relating to the management of the service. This included three people's care records and associated medication records.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met with the registered manager. We looked at two staff files in relation to recruitment, spot checks and staff supervision. We also viewed incident records and safeguarding records.

# 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 now improved to good. This meant people were safe and protected from avoidable harm.

At the previous inspection we rated this domain as requires improvement. There were shortfalls as noted below. However, we did not previously identify a breach in the regulations within this domain.

Systems and processes to safeguard people from the risk of abuse

- At the previous inspection the safeguarding records were not all fully available to view. At this inspection the registered manager showed us how they kept safeguarding records. This was clear and showed action they had taken.
- People told us they felt happy and safe using the service. One commented, "Of course I feel safe. I've got relatives who live nearby and friends in the village, I'd speak to them if I was worried but they [staff] are lovely."
- A second person was clear who they could raise a concern with (such as social services) if they were unhappy. However, they told us, "I can't believe I wouldn't be able to resolve anything with them [the service] first though. The manager is so helpful."
- Staff received safeguarding training. Those asked knew what to do if they had a concern that a person was at risk of harm. Comments included, "If I was concerned about something, I would ring the office immediately and record in person's notes" and "We talk about whistle blowing in every supervision."

Assessing risk, safety monitoring and management

- At the previous inspection we had concerns that on occasions, staff were mobilising a person with a relative, who might not have had the appropriate training. This practice no longer took place and the registered manager was clear that staff and anyone else must be trained in moving and handling by a suitably qualified trainer.
- People and relatives were confident in the staff's ability to support people safely. They confirmed staff knew their needs and presenting risks. One relative said, "I'm totally sure she is safe. They [staff] are very well drilled in any safety precautions. I don't think there are any risks at all."
- Staff confirmed they understood minimising risks to people. One staff member told us, "I do a lot of double ups (two staff supporting a person) and we always have two carers (at the visit). We had a client that used to be able to weight bare and was deteriorating. I reported this to the manager, and she arranged a review."
- Risk assessments covered a range of subjects including, falls, bathing and Covid-19 so staff knew what procedures they needed to follow to protect the person and themselves.

Staffing and recruitment

- At the previous inspection, we identified there were some shortfalls with the recruitment process and the information asked of new staff. The provider confirmed shortly after the last inspection that this had all been

checked and resolved. At this inspection we could see improvements had been made to the recruitment checks.

- There were systems to monitor the time staff visited people so the registered manager could see if visits had been running late. People spoke positively about visit times and comments included, "If they [staff] have a client before me and are held up they will ring to let me know. It's very rare though" and "They're pretty good, especially with Covid-19. I can't fault them."
- Staff confirmed they had enough time to care and support people. They also told us there was enough travel time in between visits.
- The registered manager aimed to provide a stable regular support team for people using the service. One person told us regular staff visited them and, "We've got to know each other. We can have proper conversations, like what you did at the weekend." A second person said, "Being a smaller team you get the more personal touch, there are less slips between any cracks. They [staff] remember things about you."

#### Using medicines safely

- People were happy with how staff supported them to receive their prescribed medicines. One person said, "They [staff] always prompt me to remember them [medicines]. I've never had any concerns at all, it's so efficient."
- People confirmed staff always recorded the tasks they completed, including when they helped people with their medicines.
- Staff confirmed they had training to carry out medicine tasks safely. Staff were clear they needed to record any medicine tasks carried out and record if people refuse to take their medicines.
- Medicine risk assessments were completed to highlight the level of support people required to safely receive their medicines. Allergies were recorded along with how people ordered their medicines.

#### Preventing and controlling infection

- People and relatives all confirmed staff were wearing personal protective equipment (PPE). Comments included, "I've seen them [staff] wash their hands. They're very good like that. When they arrive, they usually have their gloves on already and they've got hand gel" and "They sanitise everything."
- Staff completed infection and prevention control (IPC) and Covid-19 training along with training on using PPE during the pandemic. Staff confirmed they had enough PPE which was readily available.
- The registered manager ensured staff received clear guidance on IPC to support and inform them.

#### Learning lessons when things go wrong

- The registered manager acted on shortfalls and looked at where improvements could be made.
- Systems were in place to follow up on survey results, safeguarding concerns and complaints. The registered manager reminded staff if practice needed to be improved. This included sharing best practice via team meetings, a mobile phone application and holding one to one meetings with staff.

# 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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This issue led to a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvements had been made and the provider was no longer in breach of regulation 17.

- The provider and registered manager had worked hard to take into account our concerns at the last inspection and had made improvements with the checks and audits carried out.
- Medicine administration records were audited to improve medicines management. Care plans and risk assessments were regularly checked to ensure these were person-centred and up to date.
- The registered manager took action where shortfalls were identified, and this included supporting and informing staff of where improvements needed to be made.
- The registered manager kept up to date through meetings with the local authority and viewing the Care Quality Commission (CQC) and Skills for Care website.

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

- People and their relatives were happy with the support they received. The staff who visited people formed positive relationships as they regularly supported the person. This helped in providing a person-centred service as the staff team knew people's individual preferences.
- People felt they could raise any issues with the registered manager. One person said, "The one thing I really like was the manager coming with the carer the first time. It was so I could get to know the carer, it's caring and thoughtful." A relative told us, "She's [registered manager] excellent and I trust her."
- Relatives spoke favourably about the staff and how they went the extra mile. One relative gave an example where a staff member initiated a daily video link between the person and their relative, who lives abroad. The relative said staff had noted a positive change in the person's demeanour and looked forward to this daily contact.
- The registered manager was creative in supporting people. They had identified where a person might benefit from music therapy and as a staff member was trained to provide this, the person benefitted from

receiving this type of therapy. Several other people have been offered music therapy to enhance their lives.

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

- The provider understood the responsibilities of their registration. There had not been any duty of candour incidents. Providers are required to notify CQC of important events such as allegations of abuse, serious injuries or deaths. Records showed that where required, the provider had notified CQC of these events.
- People and relatives told us they were contacted to inform them of relevant information. This has been important through the period of Covid-19.

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

- People felt involved with how they were supported and that the registered manager regularly telephoned or visited people to check on the care being provided. Comments included, "It's a well- run operation. I was apprehensive at first. I had asked myself, will they [staff] be thoughtful, will they be attentive. They [staff] are all of those things and more" and "There is nothing else they [staff] could do, everyone to do with the service is good."
- The registered manager sought people's views (and their relatives) through a variety of ways. This included surveys to gain feedback on the service, telephone monitoring calls and home visits.
- People are involved in the development of their care plans and are part of the reviews that are held to ensure the service continues to meet people's needs.
- Staff spoke positively about the registered manager. They had taken over in this post since the last inspection and had worked well to build positive relationships with people using the service and staff.
- Staff were happy with how the registered manager supported them. They were satisfied with how the rotas were organised, confirmed communication was good and they felt listened to by the registered manager. Comments included, "I get what I need to support me" and "[Registered manager] is an easy manager to voice any concerns a client has or for me to express an opinion."

Working in partnership with others

- The registered manager and staff team worked closely with other health and social care professionals. This included making timely referrals to the appropriate departments, such as occupational therapy.