

Goldtech Care Services Ltd

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Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Goldtech Care Services Ltd is a home care agency that provides personal care to people living in their own homes. At the time of our inspection, eight mainly older people were receiving a home care service from this agency.

People's experience of using this service

People told us they were happy with the standard of personal care and support they received from this agency and would recommend them to others. People also told us they and their family members were supported by caring staff who treated them with respect and dignity.

People received consistently good-quality care from staff who had the right mix of knowledge, skills and support to perform their roles and responsibilities well.

However, staff had not received any autism awareness training, despite supporting a person who was autistic. We discussed this training issue with the registered manager/owner at the time of our inspection, who agreed to ensure all staff who needed it would receive autism awareness training by the end of 2021. Progress made by the provider to achieve this stated aim will be closely monitored by the Care Quality Commission (CQC).

People were kept safe and protected against the risk of avoidable harm and abuse. People received continuity of care from a small group of staff who were familiar with their personal needs and wishes, daily routines, and whose fitness to work in adult social care had been thoroughly assessed. Medicines were well-organised. Staff followed current best practice guidelines regarding the prevention and control of infection, including those associated with COVID-19.

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; the policies and systems in the service supported this practice. People were supported to access food and drink that met their dietary needs and wishes. Assessments of people's support needs and wishes were carried out before they started receiving a home care service from this agency. People were supported to stay healthy and well, and to access relevant community health and social care services as and when required.

People were treated equally and had their human rights and diversity respected, including their cultural and spiritual needs and wishes. Staff treated people with dignity and upheld their right to privacy. People typically described staff as "caring" and "friendly". People were encouraged and supported to maintain their independent living skills and do as much for themselves as they were willing and capable of doing so safely.

People's care plans were person-centred, which helped staff provide them with the individualised home care and support they needed. Staff ensured they communicated and shared information with people in a

way they could easily understand. People were encouraged to make decisions about the care and support they received at home and staff respected their informed choices. The provider had systems in place to manage complaints. Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

People receiving a home care service, their relatives and staff were complimentary about the way the registered manager/owner ran the agency, and how approachable and accessible they were. The quality and safety of the service people received was routinely monitored by the registered manager and they recognised the importance of learning lessons when things went wrong. The registered manager promoted an open and inclusive culture which sought the views of people receiving a home care service, their relatives, and staff. The provider worked in close partnership with other health and social care professionals and agencies to plan and deliver people's packages of home care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection

This service was registered with us on 16 December 2020. This is their first comprehensive inspection.

Why we inspected

This was a planned comprehensive inspection based on the service no longer being dormant after becoming active in December 2020.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Goldtech Care Services Ltd

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.

As part of this inspection we also looked at the provider's infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a home care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission (CQC). This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection because we needed to be sure the registered manager/owner would all be available for us to speak with during our site visit. This two-day inspection started on 7 October, when we visited the provider's offices, and finished on 11 October 2021, when we made telephone contact with a range of people using the service and their relatives.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed all the key information providers are required to send us about their service. This information helps support and plan our inspections.

During the inspection

During our site visit we spoke in-person with the registered manager/owner.

We also looked at a range of records. This included three peoples care plans, four staff files and other documents relating to the overall management and governance of the service.

Following the site visit inspection

We sought people's views about the agency by contacting two people who received a home care service from them, five relatives and three members of the care staff team.

We continued to seek clarification from the provider to validate evidence found. We requested the provider send us additional evidence after our inspection in relation to staffs pre-employment recruitment checks and their Statement of Purpose. We received the information we requested, which was used as part of our inspection.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse.
- Staff had received safeguarding training and knew how to identify and report abuse. The provider had clear safeguarding and staff whistle-blowing policies and procedures in place, which staff could easily access via their mobile phones or staff handbook. One member of staff told us, "I know I have to report any abuse I might find out about to the [registered] manager straight away who I know would deal with it." The registered manager demonstrated a good understanding of their safeguarding responsibilities and knew they had to immediately notify the local authority, the CQC, and where appropriate the police, if they were made aware of any safeguarding concerns.
- People told us they felt safe with the staff that visited them or their relative at home. For example, one person said, "I feel completely safe with my carers."
- At the time of our inspection no safeguarding incidents had been raised in respect of this service in its first year of operation.

Assessing risk, safety monitoring and management

- The service appropriately assessed and managed risks people might face.
- People said staff knew how to keep them safe. For example, one person told us, "They [staff] know how to use the equipment I need to help me move about safely."
- Care plans contained up to date person-centred risk assessments and management plans. We found plans that provided staff with clear instructions regarding the actions they needed to take to prevent or safely manage specific risks. This included, for example, people's home environment, managing their own medicines and accessing the wider community.
- Staff told us these risk management plans were easy to access and follow. For example, one member of staff remarked, "Risk management plans are very clear and tell you precisely what people need to stay safe, and how best we can support them to achieve this."

Staffing and recruitment

- There were enough staff to support people safely.
- People told us they or their relatives received continuity of care from a small group of staff who were always punctual and familiar with their needs, wishes and daily routines. Typical feedback included, "They [staff] don't miss calls and they stay for the agreed length of time" and "The agency try to give us regular carers who are very reliable. Mostly they come on time and will ring to let know if they are running late."
- The service carried out recruitment checks on care staff to ensure they were suitable to work in people's homes. This included Disclosure and Barring Service (DBS) and identity checks along with references to

confirm they were of good character.

Using medicines safely

- At the time of our inspection, no one was receiving support from the agency to manage their prescribed medicines.
- Care plans nonetheless included detailed information about the medicines people were prescribed and who was responsible for ensuring they were taken as they should. Medicine support was individually risk assessed and the appropriate level of staff support identified.
- Staff received medicines training as part of their induction. The registered manager told us they planned to assess staff's competency to manage people's prescribed medicines safely at least annually. One member of staff confirmed this when they remarked, "I have been trained to manage medicines safely and the manager told us my competency would be checked at least once a year."

Preventing and controlling infection

- People were protected from the risk of infection. This was because we were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19.
- We received positive feedback from people about how the provider was managing COVID-19. For example, one person told us, "They [staff] always wear their Personal Protective Equipment (PPE) when they visit me at home and are regularly tested for COVID-19."
- Staff had completed IPC training as part of their induction, used (PPE) correctly and demonstrated a good understanding of their IPC roles and responsibilities. This was confirmed by one member of staff who told us, "Our infection control learning was updated to include appropriate use of PPE and we complete regular COVID-19 tests."
- We saw the agency had ample stocks of PPE held at their offices, including face masks, disposable gloves and aprons.

Learning lessons when things go wrong

- The provider learnt lessons when things went wrong.
- The provider had systems to identify and learn from any incidents. This included sharing the learning from incidents with the staff team to further improve the safety of the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Records showed staff who supported people with autism had not received any formal autism awareness training. We discussed this training issue with the registered manager at the time of our inspection who acknowledged staff who supported people with autism would all benefit from receiving autism awareness training.

The registered manager agreed to ensure all the staff that needed it completed autism awareness training by the end of 2021. Progress made by the provider to achieve this stated aim will be closely monitored by the CQC.

- People received personal care from staff who had the right mix of skills, knowledge, and support to deliver it effectively.
- Staff had on-going opportunities to reflect on their working practices through regular individual supervision and work performance appraisal meetings with the registered manager. Staff said they felt they received all the support they needed from the registered manager. For example, one member of staff told us, "I do feel the [registered] manager is extremely supportive, always makes herself available and is easy to talk to."
- Care staff were expected to attain the Care Certificate. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. One member of staff told us, "I completed my care certificate training before I started working for this company, which formed a big part of my induction."
- People told us staff had the right mix of knowledge and skills to meet their needs. A relative said, "The staff we have are fabulous. They certainly seem to know what they're doing."

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

- People received personal care and support that was planned and delivered in line with their identified needs and wishes.
- People's care needs were assessed before the service started to provide them any personal care and these assessments were used to develop their personalised care plans. People and their relatives said they were invited to participate in the assessment process to help staff to further understand people's needs and wishes.
- The care plans we looked at addressed the support people required and included a high level of detail about the person, their support needs, their individual likes and dislikes, and daily routines, including the start and finish times of their scheduled home visits.

- Staff were aware of people's individual support needs and preferences.

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.

- People consented to the care and support they received from staff.
- People told us staff always asked for their consent before providing them with any personal care.
- The registered manager and staff had received training about the Mental Capacity Act 2005 and DoLS.
- Care plans clearly described what decisions people could make for themselves. The assessment process addressed any specific issues around capacity.

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

- People were supported to access food and drink that met their dietary needs and wishes.
- Where staff were responsible for preparing people's meals and/or assisting them to eat and drink, people told us they were satisfied with the choice and quality of the meals and drinks they were offered.
- Care plans also included nutritional risk assessments about people's dietary needs and preferences. Staff monitored the food and drink intake of people who had been assessed as being at risk of malnutrition to ensure these individuals ate and drank sufficient amounts.
- Staff had received basic food hygiene training as part of their induction.

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

- People were supported to stay healthy and well.
- People and their relatives told us they were confident staff would call the doctor or emergency services if they were required. One person said, "They [staff] know me well and helped me get to hospital when I was unwell."
- Care plans detailed their health care needs and conditions and the action staff needed to take to keep people fit and well.
- Where staff supported people to see health care professionals in the community, such as GPs, district nurses, occupational therapists and dentists, staff ensured people attended these scheduled appointments on time. The registered manager also gave us a good example of how staff had initiated a referral to the relevant health care professionals after they had correctly identified the mobility needs of someone they supported had significantly deteriorated.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy, dignity and independence was respected by staff.
- Staff demonstrated a good understanding of how to respect the privacy and dignity of people they supported. For example, one member of staff told us, "We do keep doors closed whilst providing people with their personal care", while a second member of staff said, "We close bathroom, toilet and bedroom doors when we provide personal care to people, which is especially important if they live in a shared house."
- Care plans included information about people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with. For example, this included washing and dressing, eating and drinking, and managing their prescribed medicines. The registered manager gave us a good example of how staff enabled one person who had expressed a preference to continue washing themselves to do so with some polite verbal prompts from staff.

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

- People were well treated and supported by staff.
- People typically described staff as "caring" and "friendly". For example, one relative told us, "They [staff] are angels to my [family member]. All are carers were really friendly", while another relative remarked, "Staff are always so nice to my [family member] and never rush her."
- The provider knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. For example, the agency ensured only female staff provided personal care to people who had specifically requested this in accordance with their cultural and religious beliefs. One member of staff told us, "We have some clients whose religious beliefs dictates they only have female carers who must not wear shoes in their home, which we respect and make sure always happens."
- People's care plans contained detailed information about their spiritual and cultural needs and wishes.

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

- People were encouraged to make decisions about the care and support they received and had their choices respected.
- People told us they had regular opportunities to express their views and were encouraged to be active participants in helping to plan the package of home care they received. For example, people had the chance to make decisions about their care through regular telephone and home monitoring visit contact, which the registered manager routinely carried out.
- Staff also told us they supported people on a daily basis to make informed decisions about their care. For example, one member of staff said, "Every time I visit someone at home I always ask them what they would like to eat and drink, wear and do."

- People were consulted and agreed to the contents of their care plan. People had signed their care plan to show they agreed to it.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received personalised care that was tailored to meet their individual needs and wishes.
- People had up-to-date person-centred care plans. The plans included detailed information about people's personal and physical health care needs, their likes and dislikes, and daily routines including, the start and finish times of their calls and what tasks staff were expected to complete during their home visits.
- Any changes to people's needs and wishes were updated in a timely manner in their care plan. A member of staff told us, "When there are any changes in the needs and wishes of people I support the [registered] manager immediately updates their care plan to reflect these changes."
- People told us they could always discuss the care they or their relative received with the registered manager and their care givers.
- This was confirmed by staff who told us they actively encouraged people to make decisions about the personal care and support they received. For example, one member of staff said, "I show people the food options that are available to them in their own home, which enables them to make an informed decision about what they eat at mealtimes." A second member of staff informed us, "When helping people who need support washing and dressing, I always ask them if they would prefer to have a bath, shower or strip wash."

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.

- People's communication needs were identified, recorded and highlighted in their care plan.
- The provider was aware of their responsibility to meet the AIS. The registered manager told us they could provide people with information about the service in accessible formats as and when required. For example, the service users guide, and the provider's complaints procedure could be made available in a variety of different formats, including large print, audio and different language versions.

Improving care quality in response to complaints or concerns

- The provider managed complaints well.
- The agency had a written complaints process in place and this was made available to people using the service and their relatives or representatives.
- People told us they did not have any complaints about this agency, but they knew how to complain and felt confident their issues would be resolved if they did.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People spoke positively about the way this home care agency was managed. For example, a relative told us, "I think the agency is really well run and she [the registered manager] is good at what she does."
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People received consistently good-quality care from staff who had the right mix of knowledge and skills to perform their roles and responsibilities well.
- The registered manager/owner had a clear vision that she shared by staff. The registered manager told us they routinely used in-person and virtual meetings, training and various electronic communication systems to continually remind staff about the organisation's underlying core values and principles.
- The registered manager was aware of their responsibilities under the Duty of Candour. Under the Duty of Candour providers must be open and transparent and apologise if things go wrong with care and treatment.

Continuous learning and improving care

- The registered manager was keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the service people received was routinely monitored by the registered manager. For example, they routinely carried out home monitoring visits to observe staff working practices, including how staff interacted with the people they were supporting, their time keeping, and how well they manage records they were required to keep. A member of staff said, "We often have spot checks where the manager just turns up without notifying us so she can ask people we support how well we work with them."
- Audits and feedback from people were routinely analysed to identify issues and learn lessons.

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

- The registered manager promoted an open and inclusive culture which sought the views of people receiving a home care service, their relatives, and staff who provided the care.
- The provider used a range of methods to gather people's views about what the agency did well or might do better. For example, people had ongoing opportunities to share their views about the agency through

regular telephone contact and in-person home monitoring visits and were encouraged to complete satisfaction surveys. A relative told us, "The [registered] manager often phones us to find out how we're doing", while a second relative said, "The boss rings me every month to see if everything is ok, which is reassuring and a great comfort."

- The provider also valued and listened to the views of staff. Staff stayed in touch with the registered manager through regular telephone, social media and email contact. One member of staff told us, "The registered manager often mentions that I do not have to wait for my formal supervision or staff meetings to voice my opinion."

Working in partnership with others

- The provider worked in partnership with various community health and social care professionals and external agencies, including the relevant Local Authorities and Clinical Commissioning Groups.
- The registered manager told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff. This was confirmed by staff with one informing us, "We work very closely with GPs, district nurses and social workers, and frequently ask for their input to help us meet our clients' needs."