

Golden Key Support Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Golden Key Support is a domiciliary care agency. The service provides personal care to older adults and children with additional needs. At the time of our inspection there were 13 people using the service. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

People received care from consistent care workers who arrived on time and met their needs. People told us that they were always able to contact the office for help and advice and were regularly contacted to ensure that they were happy with the service.

There were suitable systems in place to safeguard people from abuse. The provider assessed risks to people's health and safety and wellbeing, but sometimes risk management plans were not kept up to date as people's needs changed. The service sought advice and training from other professionals if they were concerned about a person's safety.

Medicines were safely managed by staff with the right skills to do so. There were effective systems for planning people's medicines support and checking they had received this as required. Sometimes medicines management plans were not clear about the exact levels of support that people required.

Care workers were recruited safely and the provider ensured that people had enough staff to safely meet their needs and to ensure that they were familiar with who was coming to support them.

The service ensured that care workers understood infection prevention and control and had access to the right equipment to protect people from COVID-19. The service had not been carrying out routine testing as required by government guidance, but since our visit this is no longer recommended for care workers.

Staff had the right training and skills to support people safely, and the registered manager carried out supervision and observations to check staff skills and understanding. People had the right support to eat and drink and the service understood people's health conditions and how this could affect their support.

The service monitored people's care through regular communication with people and their families and systems of spot checks and audits. Care workers described feeling well supported by their managers.

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.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was good (published 23 February 2021).

Why we inspected

We received concerns in relation to the planning and recording of care visits. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has not changed following this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Golden Key Support on our website at www.cqc.org.uk

Recommendations

We have made recommendations in relation to how the provider assesses people's capacity to make specific decisions. We will check if the provider has acted on any recommendations at our next comprehensive inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

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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 Health and Social Care Act 2008.

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 domiciliary care agency. It provides personal care to people living in their own homes. This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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 a member of staff would be available to support the inspection.

What we did before the inspection

We reviewed information we held about the service, including notifications of incidents the provider is required to tell us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 23 August and ended on 6 September 2022. We visited the location's office/service location on 23 August 2022.

We reviewed records of care and support for four people and records of recruitment, supervision and training for three staff members. We looked at records relating to the management of the service, including staff meetings, policies and procedures. We spoke with the registered manager, director and a care co-ordinator. We made telephone calls to four care workers, two people who used the service and ten family members of people who used the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection we have rated this key question requires improvement. 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.

Systems and processes to safeguard people from the risk from abuse

- People were safeguarded from the risk of abuse. People felt safe with their care workers. Comments from people included "Of course [my family member] feels safe and "[my family member is] safe, very safe with them."
- Care workers had the right skills to safeguard people from abuse. Staff received training in safeguarding adults and children and the registered manager assessed care workers' understanding of safeguarding adults. Staff we spoke with understood their responsibilities to report abuse and were confident approaching the registered manager to raise concerns.
- The service had suitable safeguarding policies and processes in place. The registered manager understood her responsibilities to take action under this policy to report suspected abuse.

Assessing risk, safety monitoring and management

- Improvements were needed to the providers risk assessment and management processes. The provider had suitable plans in place to identify and manage risks to people's wellbeing. This included assessing risks to people from falls, moving and handling needs and those related to skin integrity. There was information on people's health conditions and how to manage risks related to these.
- Risk management plans were not always updated when people's needs had changed. For example, a person's mobility needs had changed but the risk assessment no longer fully reflected the support the person required to move safely or changes to staffing hours which had been put in place. However, the provider had arranged for staff training with an occupational therapist to ensure staff knew how to support the person safely. Similarly, the provider had mitigation measures in place for a person at risk of pressure sores, but had not completed a full risk assessment of this.
- Care workers knew how to manage risks to people's wellbeing. Staff received training in key areas such as health and safety and moving and handling. People spoke of well-trained staff who understood risks. Comments from people and their families included "I've had a couple of falls on my own, if there's an issue they will sort it out for me and keep me safe" and "They are incredibly vigilant and will notice any break in the skin and they knew just what to do to remedy it."

Staffing and recruitment

- People received punctual support from the right number of staff. The provider had assessed how many staff were required to support people safely and ensured that this was in place. People and their families told us, "They are always here when they are supposed to be and don't arrive late", "We do not ever had an issue with timing" and "They arrive on time and stick to a strict schedule."
- We could not be assured that the times recorded on timesheets accurately reflected the time people

received support. This was because care workers usually recorded the scheduled time of the visit rather than when they had actually attended. This meant that it may be harder to detect problems in future. The provider was in the process of implementing an electronic care monitoring system to allow them to more accurately check when staff had arrived.

- Staff were recruited safely. The provider carried out checks in line with safer recruitment, including obtaining references, a full work history and evidence of staff identification and their right to work in the UK. Staff also had checked with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Care workers maintained an accurate record of medicines prompted and administered on a medicines administration recording (MAR) chart, which was checked regularly by a manager. A person told us "As far as medication is concerned, I don't have to worry."
- The provider assessed people's medicines needs. This included checking the support that people required with key tasks and who was responsible for carrying these out. Sometimes prompting and administering were used interchangeably in people's care plans, which meant plans did not fully describe people's support needs consistently.
- Staff had the right skills to manage medicines safely. Care workers received training in managing medicines and managers checked staff competency around medicines.

Preventing and controlling infection

- Care workers used appropriate personal protective equipment to keep people safe from infection. Care workers told us they had access to masks and gloves as required and had up to date infection control training. Comments from people included "I was not concerned during the pandemic, things were pretty strict" and "They are careful to protect me from COVID and always wear a mask."
- The provider had not been following testing requirements for COVID-19. At the time of the inspection government guidance stated that care workers should carry out lateral flow tests twice weekly, however the provider was not aware of this requirement and had stopped routine testing of care staff. We signposted the provider towards the latest guidance relating to testing.
- On 24 August 2022 the UK Health Security Agency updated guidance on COVID-19 testing in adult social care to remove the requirement for routine testing of care staff. Therefore, we did not take any action against the provider relating to this.

Learning lessons when things go wrong

- There were suitable processes to learn lessons when things had gone wrong. The provider's policy required them to record incidents and identify the causes. Incident and accident policies were discussed with staff in team meetings. The provider discussed how they had made changes to communication with families following a complaint they had received.

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 our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider carried out suitable assessments of people's needs and choices. This included assessing across a range of daily living skills to identify the support people needed and recording key information about people's desired outcomes for their care. The provider recorded people's choices about their care, including preferences for how they received personal care and food.
- The provider used a range of tools for planning people's care which were in line with best practice. This included appropriate assessments of people's mobility and risks from moving and handling.

Staff support, training, skills and experience

- Staff had the right training and skills to perform their roles. The service identified mandatory training for all staff and ensured that staff attended training in the required timescales. Comments from staff included, "They trained me well and I quite often attend training" and "We have training, and the manager comes as well, and asks questions to check our understanding."
- Care workers received a suitable induction when they joined the service. This included attending mandatory training and new staff had the opportunity to shadow more experienced staff. Comments from people and their families included "They are pretty skilled and clued up, they're OK" and "They definitely know what they are doing and do it well."
- Managers ensured staff had the right skills through regular supervision and oversight. Staff received supervision every three months which managers used to check staff understanding and identify any additional training needs. Managers also carried out observations of staff as they carried out visits and checked their competency in key areas.

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

- People received the right support to eat and drink. Comments from people and their families included, "the support is great and they help [my family member] with eating and I am happy with them doing that", "they are very patient with feeding and so caring with it" and "They feed me rabbit food, but will make the occasional naughty curry if I ask nicely. They feed me well."
- The service assessed people's dietary needs. This included ensuring they understood people's allergies, the support people may need to eat and drink and people's cultural needs.
- Care workers did not consistently record the support people received with eating and drinking. Staff always recorded that they had provided support with meals, drinks or snacks. However, they did not always record what they had supported a person to eat or drink, which could make it harder to check if people had received a balanced diet which met their preferences. The provider told us they would review how they

recorded information about people's dietary support.

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

- The service understood people's health needs. This included obtaining a full medical history and understanding how people's health conditions affected their daily living skills. Comments from people and their families included, "They will be the first to notice if [my family member] is unwell and immediately act on it" and, "They will not hesitate to call the doctor or district nurse as and when necessary."
- The service worked with other agencies to ensure that care was effective. Where care was provided jointly with other agencies the provider ensured that responsibilities were understood. The service contacted other health teams such as occupational therapy when people's needs changed and arranged for care workers to receive training and guidance in the use of equipment from specialists.

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 MCA 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.

- The service was not fully working within the principles of the MCA. Wherever possible people had consented to their care, and where it wasn't clear whether people had the capacity to consent had carried out a mental capacity assessment. Where people could not consent, the provider worked with family members to provide care in people's best interests.
- Aspects of how the provider obtained consent did not fully reflect best practice. For example, in some cases the provider had carried out mental capacity assessments regarding children under the age of 16, even though the MCA only relates to adults. Sometimes mental capacity assessments were not clear on exactly what the specific decision being assessed was.

We recommend the provider take advice from a reputable source on ensuring they fully meet best practice regarding the MCA.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service engaged effectively with people and their families. This included making regular telephone calls to people and reviewing care plans. People told us they found the office responsive. Comments included "I can always get them on the phone if I need to", "We are on top of the care plan and keep it up to date together" and "They call to see how the carers are getting on about once a month."
- The provider worked to ensure that people had a good relationship with their care workers. This included ensuring that people received support from the same care workers, and ensuring that people were introduced to new workers ahead of schedule. This was reflected in comments from people and their families, who told us, "They let us know if a new carer is starting but they will always be introduced to us first and lead by a current carer" and "I have the same two carers who know me." The registered manager told us, "I like continuity of care."
- Care workers felt well supported by managers. Staff we spoke with told us they could always contact the office for advice and support. Comments included, "If there is anything I need they do listen" and "Even during COVID time I could always get anything." The registered manager arranged regular meetings for care workers and operated an instant messaging group to share important information. A care worker told us "When they do the meeting, they explain everything, all the rules and the regulations."

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; Continuous learning and improving care

- The registered manager understood their responsibility to be open and honest when something had gone wrong. We saw an example where a person had complained about poor communication and saw that the provider had been transparent about what had gone wrong and apologised. The registered manager told us, "If something happens you raise your hands and apologise, not put it under the carpet."
- The provider was implementing plans to update how the service was organised. This included making a transition to an electronic care planning and recording system. We saw examples of how the provider was preparing for this, including communicating with staff and ensuring that information being entered on the new system was correct.
- Service development was not always effectively planned. For example, an action plan had been put in place to address concerns raised by a local authority. However, this plan was broad in places, and lacked clear details on what exactly would be done with timescales and clear responsibilities. This meant that it

would be hard to determine whether the service was meeting it.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The registered manager operated effective systems to monitor quality performance. Records of care and medication sheets were audited regularly to ensure that people were receiving safe and responsive care. The registered manager contacted people at least monthly to check if they were satisfied with their service and carried out regular spot checks and observations of staff.
- The service worked effectively in partnership with others. This included working with local authorities to plan and arrange people's care and to obtain advice and support from specialist health teams.