

Golden Services Care Limited

# Golden Services Care Limited

## Inspection report

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Date of inspection visit:  
16 May 2017

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

We inspected Golden Services Care Limited on 16 May 2017. Golden Services Care Limited is a domiciliary care agency which provides support to people who live in their own homes. At the time of our visit 45 people received personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were exceptionally complimentary about the care provided and told us staff were 'absolutely wonderful' and that they 'could not wish for better ones'. People were supported by regular staff that knew them well and used the information they had to enhance people's lives. People told us staff always treated them with dignity and respect. People benefitted from compassionate and caring staff that were enthusiastic about their roles and aimed to provide support in a kind and empathetic way.

The registered manager ensured staff were continually developed so this approach could be sustained. The registered manager went out of their way to ensure that the people and the staff were compatible which contributed to people being able to develop meaningful and caring relationships with staff.

People were supported to live their life in an independent way and told us they would not be able to manage without the commitment and kindness they had from the staff. Where people reached their end of life stage the staff worked with various professionals, such as hospice teams to ensure people received a holistic approach that ensured a pain free and dignified death.

People told us they were safe. Risks to people's well-being were assessed and recorded. Staff knew how to report any safeguarding concerns and they were confident the registered manager would take appropriate action when needed. Where people needed assistance with taking their medicine this was monitored and carried out safely.

People were supported by regular staff and complimented their reliability and punctuality. The registered manager ensured appropriate checks were carried out before staff started working with people to ensure they were suitable to work with vulnerable people.

People were supported by staff that had the right skills and knowledge to fulfil their roles effectively. Staff told us they were well supported by the management. The team worked closely with various local social and health care professionals. People were supported to meet their nutritional needs and maintain a various diet.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. People were

supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed prior to commencement of the service to ensure staff were able to meet people's needs. People's care plans gave details of support required and were updated when people's needs changed. People knew how to complain but they told us they never had to as any minor issues were addressed immediately. The registered manager ensured people's feedback was sought and they carried out regular quality review visits to enable people to provide their views about the service.

People, their relatives and external professionals told us they felt the service was well run. The registered manager promoted a positive, transparent and open culture. Staff told us they worked well as a team and felt valued. The registered manager had systems in place to ensure the service delivery was monitored and they ensured they acted on feedback from people where required.

## 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.

There were sufficient numbers of staff employed that ensured people experienced continuity of care.

Risks to people's well-being were assessed and recorded.

Staff received training on safeguarding adults from abuse and understood their responsibility to report any concerns.

People received their medicines as prescribed.

### Is the service effective?

Good 

The service was effective.

The manager and staff understood their responsibilities in respect of the Mental Capacity Act (MCA) 2005.

People were cared for by skilled staff that received training appropriate to their roles and were well supported.

People were encouraged to meet their nutritional needs and access health services where required.

### Is the service caring?

Outstanding 

The service was very caring.

People told us staff were 'absolutely wonderful' and that they 'could not wish for better ones'.

The registered manager and staff were enthusiastic and motivated to deliver kind and compassionate care. The registered manager ensured people were cared for by regular staff and were compatible.

People told us their privacy and dignity was always respected.

People benefitted from caring relationships with staff. People's individual needs were understood by staff and used to enhance

people's lives.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed prior to commencement of the service and people had care plans that outlined the level of support required.

People had opportunities to feedback their views about the service and the registered manager acted on it when needed.

People told us they never needed to complain as all minor issues were always addressed immediately.

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

**Good** ●

The service was well-led.

The registered manager led her team by example and promoted open and transparent atmosphere.

Staff were aware about whistleblowing policy and knew how to raise concerns.

The registered manager had systems in place to ensure the quality of the service was being monitored and strived for continuous improvement.

# Golden Services Care Limited

## **Detailed findings**

### Background to this inspection

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 look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 May 2017 and was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be in. This inspection was carried out by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). The provider had completed and submitted their PIR. This 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. We also looked at notifications we had received. Services tell us about important events relating to the care they provide using a notification. This enabled us to ensure we were addressing potential areas of concern. After the inspection we contacted the commissioners of the service and eight external professionals to obtain their views about the service.

We undertook phone calls to seven people who used the service and spoke with four relatives. In addition we spoke with four care workers, the registered manager and the area manager. We looked at six people's care records and four staff files that included their recruitment, supervision and training records. We also viewed a range of records that related to management of the service.

# Is the service safe?

## Our findings

People told us they felt safe when the staff supported them. One person told us, "I feel very safe". Another person said, "I feel very safe with the staff". One relative told us, "Yes, certainly, [person] is safe".

Provider had their safeguarding policy and procedure in place and staff knew what to do if they had any safeguarding concerns. Staff told us they would report any concerns to the senior team and were confident management would take appropriate action. One member of staff said, "We've got all information in staff handbook, I never had to report any major issues". Another member of staff said, "I am aware of procedure, I raised concerns previously where I felt a person was not looked after properly by their relatives".

The registered manager followed safe recruitment process when employing new staff. Staff had completed an application form outlining their employment history and previous experience. Satisfactory references, identification and a Disclosure and Barring Service (DBS) check had been undertaken. This allowed the registered managers to make safer recruitment decisions.

There were sufficient staff to keep people safe. There were no missed calls reported from anyone we spoke with. People complimented staff and said they were punctual and they saw the same staff. Comments included, "I see two main carers", "They're bang on time" and "Overall they're on time". The registered manager told us they ensured staff had sufficient travel time and they were allocated to work in designated geographical areas that supported this. Staff told us they had regular working pattern and they saw the same people. One staff member said, "I've got regular rota, I get my rotas for the week ahead on Friday".

Where people needed support with taking their medicines, they received their medicines as prescribed. People's care plans detailed the support people required with the administration of medicines including creams. People's files also reflected any information about allergies or intolerances to medicines. Staff received training in relation to assisting people with taking their medicines. We viewed samples of Medication Administration Forms (MAR) and we saw these were fully completed. When required, staff received additional training that required them being signed off by a health professional. For example, how to safely administer blood thinning medication.

Risks to people's well-being were identified and recorded. For example, one person required two members of staff and a hoist to be safely transferred. This person's care plan contained detailed instruction on how to assist the person safely that included the size of the sling the person was assessed for. When people used any equipment it was all listed on a form alongside the numbers to ring in case a failure. Additionally people's files contained risk assessment of people's environment that covered various aspects of safety such as having a smoke alarm in the property.

The registered manager had a system to record accidents and incidents. We viewed the accidents log and noted no accidents occurred to people in the last year. Blank copies of accident form were kept in people's files, in people's homes.

## Is the service effective?

### Our findings

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. We checked if the provider worked in line with these principles. The registered manager and staff had a good understanding of MCA and people's rights were protected.

People's feedback confirmed their decisions were respected. One person told us, "Yes, I do have my rights, they listen to my decisions". Staff told us how they ensured they applied the MCA in their work. One member of staff told us, "It is freedom of choice for people". Another staff member said, "(We) remember people can make own decisions, if people want to make unsafe decisions, we'd make sure it's safe". One external professional commented, "In my experience I would say that the staff do have an understanding of mental capacity, and have approached us in the past where there have been concerns regarding the capacity of an individual, if they had noted any changes".

People told us staff knew what they were doing and were well trained. Comments included, "Girls are fully qualified" and "They're very good".

Staff received one to one supervision in line with provider's policy. One to one meeting is an opportunity to discuss any ongoing issues or training requirement with their line manager. Where required staff also received client specific training and competency sign off. For example, how to apply pressure relieving stockings. Any new staff underwent an induction process followed by shadowing an experienced staff member who acted as a mentor. One member of staff told us, "When I started I shadowed, I could do that for as long as I wanted".

Staff told us and records confirmed staff received training relevant to their roles. This included: safeguarding adults, manual handling, health and safety, dementia, food hygiene, nutrition and infection control. Staff complimented the training they received and told us the training received enabled them to carry out their roles effectively. Comments included, "Training was good, it would prepare me well for this role even if I had no previous experience in care" and "It's great, we're constantly updating training, if people have special needs we don't take them before we're signed off by a nurse, the manager won't let us start (delivering service) before we're trained". One external professional commented, "I feel that the staff do know that the people they are supporting, and have had correct training in a number of areas. They also endeavour to receive training for any other tasks prior to accepting a new package of care".

People's nutritional needs and preferences were outlined in people's care plans. For example, one person's care plan read: "Prepare a ready meal and a drink". People told us when staff assisted them with their meals they were able to choose what they wanted to eat. One person said, "They cook me meal about 5pm, I have one of the ready meals and something sweet". Staff knew people's nutritional needs and ensured people were supported to make healthy food choices. For example, one staff member told us about a person who could be forgetful. They said, "This person would have the same lunch for five days in the row, I'd ensure the

person is reminded what they had the day before (so they can make an informed choice)".

People were supported to access health services when required. Staff worked with a number of local and health professionals such as Social Workers and Occupational Therapists. We received very positive feedback from all professionals who responded to us. One professional commented, "I believe that they do support people to access the correct healthcare as they have advised current patients to contact the District Nurse or GP if required".

## Is the service caring?

### Our findings

People were exceptionally complimentary about staff and their caring nature. People's feedback was described in outstanding terms. Comments included, "Girls are absolutely wonderful", "I find them brilliant. Always very friendly, efficient, they're better than good, better than any service I had before" and "I could not wish for better ones!"

People's relatives and health professionals were also full of praise. One relative told us, "They're very concerned about [person]. They look after her the best they can!" One external professional commented, "I feel that the service they provide is definitely person centred. Each patient is treated as an individual and any concerns or changes that we need to be made aware of are flagged up in a professional manner". Another professional commented, "I believe they provide a compassionate service which is person centred".

The registered manager promoted strong and visible person centred culture and they went out of their way to ensure people and their staff were a good match. The registered manager told us, "We need to be client specific, (we achieve this) by getting to know people, getting to know staff and pairing them up so they're a good match and they grow together". Feedback received from people confirmed that was the case and people complimented the continuity of staff that worked with them. One person said, "99% of the time I see the same carer!" Another person told us, "They sent me someone we did not click and I had a word with the manager and they sorted it out for me". This meant people's views were at the centre of the service delivery and the team ensured they empathised with people's views.

Staff also told us how the fact they worked with the same people impacted positively on building meaningful relationships with people. One staff member said, "I get to see regular clients, build that rapport with people, no pressure to take more on". Another staff member said, "We all seem to be get along pretty well, clients are happy with us, if a person doesn't get along with a carer the manager will change them". This meant people's satisfaction and feelings were key to the service delivery.

This also contributed to staff getting to know people really well and them having an in-depth understanding of people's needs. Staff used this knowledge to ensure people's needs were met. For example, one person's care plan reflected the person was unable to communicate verbally and they used 'actions and body language' to communicate. Staff we spoke with told us how they used tailored approach to ensure effective communication with the person. One staff member said, "Once you've been for a couple of visits you learn what [person] is trying to say, [person] is full of life, because of the stable staffing we provide - we were able to build that trust". We spoke with the person's relative who told us, "[Person] makes her feelings felt, staff respect this, they're very good like that – action speaks louder than words! It was difficult at first, credit to them, very kind generous carers!"

People told us staff understood what was important to them and they respected people's wishes. One person said, "It's important to me to be in church on Sunday at certain time and they will come early on Sunday". The area manager told us, "One of our new service users recently moved to the area, we supported them to stay in touch with her home town as she's got a strong bond with it". This meant staff supported

people to promote and meet their cultural and social needs.

The registered manager continually strived to develop the approach of their staff to ensure high quality person centred approach was maintained. Their caring nature was also directed towards the staff. They told us, "(The number of days of) shadowing is tailored to an individual staff. Everyone is different and everyone's understanding is different. You lose staff if they're not supported correctly".

The service recently took on three new people with complex needs and the registered manager told us they started personally working with them to ensure themselves the care package allocated was meeting people's needs. They told us, "Some people had three of four different care providers since Christmas. I want to show them it doesn't need to be like that". One of the people's relatives told us, "I'd like a whole world to know how it is to run a good agency. [Person's] Social Worker said to me if there were more agencies like Golden Services their job would be easier!"

People told us how staff supported them in being as independent as possible. Comments from people included, "They put soap on flannel so I can wash my face", "They helped me more when I came out from hospital, then I was able to take over again. I reached the point where I felt I was able to do personal care so they observed couple of times and once they were confident I was safe to do it they stopped that level of assistance" and "I am still active but they allow me to be well looked after". Staff had an in depth appreciation of the importance to keep people as independent as possible. People told us staff supported them in doing so. One staff member said, "Just because you're there it doesn't mean they (people) should not be doing things they're still able to do". Another staff member said, "One person just had hip replacement done, we try to encourage this person to go to bathroom and start doing more for themselves so [person] can be more independent. I'd rather people do things rather than us (staff) do it 'because it's quicker". This meant people were actively encouraged to remain as independent as possible so they could live their life as they wanted.

All people without exception told us staff conducted themselves in a way that was respectful towards people and their dignity was promoted. One person said, "They keep bedroom door closed, yes they do respect my privacy and dignity". Another person said, "They're good on dignity and privacy". Staff told us how they ensured people received care in a dignified way. One staff member said, "One person always showers wearing underwear, I ensure they got all the need (flannel, soap) and I go out (of bathroom) to give them privacy to wash themselves".

People and their relatives valued the caring relationships they were able to develop with the staff and the peace of mind the support they had provided them with. One person said, "I would not be able to manage on my own in my house". Another person said, "I wouldn't have a bath without someone helping me". One relative of one person told us, "Hospital (staff) said I'd never be able to cope with [person] at home. Finding them (Golden Services) was the best thing we ever did". Another relative said, "I am grateful for their help, it's taken the weight off my shoulders, I don't have to worry about like getting [person] up and getting their hair done". This meant people and their relatives received support that met their needs, reducing stress on themselves and their relatives.

People benefitted from highly motivated team, the staff were inspired to provide compassionate support. One staff member said, "I think we're a caring team. It's nice to work locally and as a part of a small team, we work well together". Another staff member said, "I love my job, I've always wanted to do that. I feel like I've made a difference when I go home at night. We can go out and have a conversation (with people), make them smile - you can't put a price on laughter".

Where people reached their end of life care the registered manager and the team ensured people's experience was comfortable and pain free. The team worked with other professionals to ensure people's files contained information about people's end of life wishes such as Treatment Escalation Plan (TEP) that reflected people's wishes and resuscitation status. The area manager told us, "We've got a number of staff who prefer delivering end of life care as they find it really rewarding". One professional commented, "I have found the manager of this service to be very approachable and ready to think out of the box for our end of life patients. They are also not afraid to work with families where the anxieties may be high and the carer will be expected to care for the patient but also meet the emotional needs of the relatives.

## Is the service responsive?

### Our findings

The registered manager ensured people's needs were assessed prior to commencement of the service. People's care plans outlined the level of assistance required and reflected people's preferences, choices and aims. For example, one person's care plan said their aim was 'to remain home with my dogs'. People's care plans were reviewed on regular basis and updated when their needs changed. Staff said the care plans gave them sufficient information about people. One staff member said, "Care plans gave me background and information about what people like". Another staff member told us, "I think our care plans give sufficient information about people's needs".

People told us staff met their needs and they received appropriate support. Comments included, "You only need to ask and they will do it", "They know exactly what needs doing" and "They're very good, they listen to me". One external professional said, "I believe that the staff do have a good understanding of diversity and do respect each patient as an individual".

People also told us they were able to request changes to their support and that the manager would do their best to accommodate this. One person said, "Whenever I need to change the time of my visit they would accommodate it". Another person told us, "I was with a different firm and they could not provide the service and that's why we changed the company".

People told us they never needed to make a complaint but they knew how to complain and information on how to complaint was included in their home copy of the care file. Comments from people included, "No complaints about them at all", "I haven't ever needed to raise any concerns or complaints, I am aware how to ring them to contact the office if required" and "I have no complaints. If I was not happy they'd sort it out. The manager is so keen to sort things out".

Provider had a complaints policy and a log that showed there was one complaint received in the last year. The service received numerous compliments and thank you cards. The Care Quality Commission (CQC) also received a written compliment letter from a relative of a person who used the service earlier this year.

The registered manager ensured people's feedback was sought and acted on. The registered manager told us they opted out from sending annual survey to all people and instead they carried out regular quality review visits. This allowed people to discuss areas such as staff attitude, punctuality and general satisfaction from the service in the leisure of their own home. The registered manager used this check to review the care documentation and observe the staff during care delivery. People's care files contained the records of the quality review visits and we saw the overall feedback received from people was very positive.

## Is the service well-led?

### Our findings

The service was run by an experienced registered manager who was also the founder of the service. The registered told us she had extensive experience of working for various care providers in the past. They told us, "I have a long history (of working) in care, I saw pitfalls of other companies (and learned from that). I want us to remain a smaller organisation to keep the personal touch and keep rapport with clients".

The registered manager promoted positive, transparent and open culture. They welcomed the inspection and they said to us, "You're here to do your job, to ensure we work properly and we're here to do it properly in a first place". The feedback received from staff and people's relatives also reflected the positive and open culture was promoted by the team. One relative said, "Always, always she (registered manager) acts immediately and she promotes total openness". One staff member said, "Seeing people being referred to us from failing companies reinforces our work ethics. If something is worrying someone we know they can pick up a phone and ring us, it's much nicer. I'd hate to know there is an older person worrying".

Staff were complimentary about the management and told us they felt the service was run well. One member of staff said, "She's a good boss, few and far in between". Another staff member said, "I feel lucky, you hear about how other companies treat staff, I feel valued by the management. Office staff also work hand on". External professionals were equally complimentary about the service. One external professional said, "The manager and all of the staff are very approachable whenever I have spoken to them. They are very efficient and deal with any issues promptly and effectively. They are always very fair, honest and equitable with the packages of care that we procure with them".

There was a clear staffing structure, the registered manager and the area manager were both responsible for a different geographical area and oversaw the service delivery provided by the team of staff local to that area. Staff we spoke with were aware of their roles and responsibilities.

There were regular staff meetings and staff told us they were able to approach the management whenever they needed. Staff meetings minutes reflected issues such as good practices, updates on new service users and training were discussed. The minutes also reflected staff views were sought and their views mattered. For example, staff came up with an idea how to improve the record keeping and the minutes read 'all agreed with this'.

The registered manager had systems in place to monitor the quality of service such as staff spot checks, quality review meetings with people who use the service, review of documentation, policies and procedures and regular senior staff meetings. The big part of quality monitoring was provided by both registered manager and area manager working hands on providing the service to people. This gave the opportunity to gather ongoing feedback from people and ensure any minor requests were addressed before they escalated to an issue. The registered manager told us, "If you're not out there, you're led by other people".

Provider had a whistle blowing policy in place and staff were aware how to escalate concerns. Staff were confident any concerns would be followed up by the management and also aware how to report externally. One member of staff said "I'd come to the register manager".

The registered managers worked closely with other external professionals including local health and social care professionals. The provider was awarded the Investors in People Silver accreditation. Investors in People award outlines the standard for people management, offering accreditation to organisations that adhere to the specified standard.