

# Goldcrest Healthcare Service Limited

# Goldcrest Healthcare Service (Midlands)

## Inspection report

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Date of inspection visit:  
30 January 2024

Date of publication:  
28 February 2024

## 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

Goldcrest Healthcare Service (Midlands) is a Domiciliary Care Service providing personal care to people living in their own homes. At the time of our inspection there were 63 people using the service. 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.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People received the support they needed to keep them safe and ensure their needs were met. Staff were safely recruited and were available to support at the times people needed them. 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's independence was promoted by staff who knew them well and encouraged them to achieve their goals and aspirations.

### Right Care

People were supported by staff who had the skills and knowledge required to meet their needs. Staff understood people's individual communication styles and worked alongside relatives and other professionals to ensure their knowledge of people's needs remained current. People told us staff were respectful when providing care and promoted their independence.

### Right Culture

There were systems in place to ensure effective governance and oversight of the care provided. Audits identified any areas where improvements were required. The registered manager was supportive of the staff team and shared learning with them to improve the quality of care. People, relatives, and staff had been asked for their feedback and this had been used to drive improvement across the service.

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

This service was registered with us on 3 February 2021 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about safeguarding. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

#### 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 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 ●

# Goldcrest Healthcare Service (Midlands)

## **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 conducted by 1 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 houses and flats. The service is also registered to provide supported living services but was not providing support to anyone in supported living at the time of the inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started

on 30 January 2024 and ended on 31 January 2024. We visited the location's office/service on 30 January 2024.

#### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 3 people and 2 relatives about their experience of the care provided. We spoke with 6 staff members. We also spoke with the registered manager and the area manager. We reviewed a range of records, these included 4 people's care records, medicines administration records, as well as governance and quality assurance records. We also looked at 3 staff recruitment files.

# 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 of 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 spoke positively about the staff who supported them and did not raise any concerns in relation to their care and support.
- Staff understood how to raise concerns for people's safety and wellbeing and there were reporting systems in place so they could escalate any issues. The provider had a system in place to manage safeguarding concerns, which they reported to the local authority and notified us, as required by law.

Assessing risk, safety monitoring and management

- People's risks were assessed and monitored to reduce the risk of avoidable harm. Care plans offered guidance to staff about how to support people safely and staff we spoke with were aware of people's risks.
- Where people's risks changed, for example due to changes in mobility, or skin integrity, staff reported this to the registered manager who ensured care plans were reviewed and updated.

Staffing and recruitment

- People told us they were supported by consistent staff who arrived at the agreed times. One person said, "They let me know if there is a change, like if someone is sick for example."
- The registered manager monitored call times to ensure people received care which met their assessed need. Staff we spoke with were confident there were enough staff to meet people's needs. They told us where 2 staff were required for support, for example to assist with a person's mobility, there were always 2 staff assigned to the call.
- Staff were safely recruited. The provider had carried out pre-employment checks, including DBS checks, to ensure staff were safe to work with people. Disclosure and Barring Service (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 as required. One person told us, "They [staff] come in the morning and the evening to support with medication and help with anything I need."
- People's care plans contained details of their medicines. Where people used 'as required' medicines, for example for pain relief, these were included in their care plans. Although we did not identify any concerns relating to the administration of these medicines, guidance for staff needed to be further developed to ensure consistency. The area manager told us the administration of these medicines would be reviewed following the inspection.
- There were systems in place to monitor the administration of medicines and any errors or missed doses

were acted upon without delay.

#### Preventing and controlling infection

- People were supported in line with infection control policies, which reduced the risk of cross infection. Staff wore Personal Protective Equipment (PPE) when supporting people with personal care.
- Where spot checks were completed by senior staff, a review of staff use of PPE was included. Any concerns identified were recorded, and action was taken to rectify any issues.

#### Learning lessons when things go wrong

- Systems were in place to ensure there was learning following events and incidents. Incidents were reviewed and any learning was shared with the staff team in group meetings.



# 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.

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

- People's needs had been assessed and information recorded so staff could provide care that met people's needs. Care plans contained information about people's needs, preferences and choices.
- People's religious, cultural and social needs were also recorded, and staff we spoke with were aware of how to respect people's diverse needs and support them to reduce social isolation.

Staff support: induction, training, skills and experience

- People spoke positively about the skills of the staff who supported them and told us they felt their needs were understood.
- Staff received training prior to supporting people and this training was regularly updated to ensure knowledge was current. New staff received an induction, which included working alongside skilled, experienced staff.
- Staff we spoke with told us they felt supported in their role and had regularly 1 to 1 and group meetings to discuss good practice and changes to people's care needs. One staff member commented, "Working in the field you care about people, if we get stuck, we contact the office. The office staff are always there for us, they are different to other companies. Any time you contact them, they are supportive."

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

- Some people received support with meals and drinks. Where relevant, care plans contained details of people's dietary needs and preferences, for example, where people required a vegan diet.
- Risks posed by eating and drinking, for example, swallowing difficulties, had been considered and staff followed guidance about how to support people safely. Where staff had noticed people were not eating and drinking enough to maintain their health, the registered manager had raised this with social care professionals and requested additional time to support the person with their dietary intake.

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

- People received support to manage their health needs. Details of people's health needs were recorded in their care plans and staff we spoke with understood the risks associated with people's health, for example, people living with diabetes.
- Relatives spoke positively about the support their family member's received. One relative told us, "The carers keep an eye on [name of person's] legs swelling, they know what to look for". I can't fault them; they are polite and courteous."
- Staff told us, and records reflected, they worked in partnership with external healthcare professionals to

support people's health and wellbeing. These included occupational therapists and community nursing teams.

#### 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.

- Staff had received training in MCA and shared examples with us of how they sought consent from people before providing care.

# 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.

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

- People told us they were happy with the staff who supported them. One person said, "The carers are lovely." Relatives shared similar views, with one relative commenting, "I think the staff are really nice, [person] is really happy with them."
- Staff spoke with kindness about the people they supported and were able to describe people's personalities and what was important to them. They shared examples with us of how they supported people to maintain important cultural traditions and attend family events.

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

- People and relatives told us staff asked if there was anything else they could help with after providing care and support. One person told us, "They [staff] help with anything I need."
- Staff shared examples with us of how they supported people to make choices, including which clothes they wore and what they liked to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- Care plans contained guidance for staff about how to promote people's independence and treat them with dignity. This included prompting people to try and walk around to maintain their mobility and support with people's social isolation.
- Staff demonstrated a good understanding of the importance of supporting people in a dignified way and were respectful in the way they described people's individual needs. They shared examples with us of how they encouragement people to do as much as they could for themselves so people could maintain their independence.

# 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 ensure people have choice and control and to meet their needs and preferences

- People's care was planned around their individual needs. Where staff noticed any changes, or people requested changes, care plans were reviewed and updated to ensure people received the care they required.
- The registered manager was responsive to people's changing needs and involved healthcare professionals when people needed specialist advice and support. For example, where people's mobility declined, the registered manager requested support from occupational therapists to explore whether specialist equipment could benefit the person and support their independence.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plan and staff could describe how they supported people to express their wishes and needs.
- A relative told us staff were mindful of their family member's communication needs and style and had previously contacted them to confirm they had understood the person's requests.

Improving care quality in response to complaints or concerns

- People told us they were confident to speak with staff or contact the registered manager if they were unhappy with aspects of their care.
- There was a system in place to ensure complaints were recorded and responded to in a timely way, this was overseen by the registered manager. We reviewed records of complaints and found appropriate action had been taken and any lessons learned were shared with the staff team. Follow up calls were also made to complainants in the weeks following their complaint, to check if they were satisfied with the outcome and ensure there were no further issues.

End of life care and support

- At the time of the inspection the service was not supporting anyone who required end of life care. However, staff had experience in supporting people and the end of their lives and had previously worked alongside specialist healthcare professionals to ensure people were supported with dignity.

# 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.

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

- People and relatives spoke positively about the service in general. People described being 'happy' with the service and described staff as courteous.
- Relatives we spoke with suggested it would be helpful for them to be able to remotely view their family member's care records, where appropriate. The registered and area managers accepted this feedback and advised they would look in to whether this could be made available.
- Staff were positive about the culture of the service and told us the caring culture was promoted by the registered manager. One staff member said, "I would recommend this service to anyone needing care in their own home. The way they treat me and other staff, we are well treated; we know others will be well treated."

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 registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- Where things had gone wrong, the registered manager had spoken with people and their relatives and explained what action they had taken to improve the quality of care people received.

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

- The registered manager understood their regulatory responsibilities and was clear about their role in leading the service. They understood the need to maintain oversight of the delivery of care and provided daily support to the staff team. They were supported by the area manager who acted on behalf of the provider.
- There were systems in place to monitor the quality of care delivered, and to identify any areas where improvements needed to be made. Audits were completed regularly and any shortfalls identified were recorded and a plan developed to address any issues.
- Regular spot checks were carried out to ensure staff were providing a safe service that met people's needs. Staff told us these checks benefited them as they received feedback about any positives, or improvements they could make.

- The registered manager had notified us of events, as required by law.

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

- People, relatives, and staff had been asked for their feedback about their experience of the service.
- We reviewed responses recently gathered from people and found the registered manager had identified themes and trends from the information people had provided. For example, where people had expressed concerns about staff skills, the registered manager had arranged for additional training and also met with staff to check their competence.
- Staff feedback was also reviewed to ensure any suggestions could be acted upon and gaps in the care provided addressed.

Working in partnership with others

- The registered manager worked alongside other external agencies to ensure people's needs were met. This included social workers, occupational therapists and community nursing teams.