

Goldsmith Personnel Limited

# Goldsmith Personnel Limited (West London)

## Inspection report

Unit 4  
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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

This inspection started on 7 April 2016 and we gave the provider two days' notice that we would be visiting their head office.

This was the first inspection since registering with the Care Quality Commission in December 2014.

Goldsmith Personnel Limited (West London) is a domiciliary care agency that provides personal care to people living at home. It provides care and support to adults of all ages, but most of the people using the service at the time of our inspection were older people.

During our inspection the agency provided care and support to 23 people living in the London Borough of Brent and Ealing, care was provided by 16 care workers.

The registered manager had recently left the agency; we met with the acting manager on the day of our inspection. A registered manager is a person who has registered with the Care Quality Commission [CQC] 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 and associated Regulations about how the service is run.

People told us they were well treated by the staff and felt safe and trusted them.

Staff could clearly explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to mitigate and minimise risks.

People told us that staff usually came at the time they were supposed to or they would phone to say they were running a bit late and confirmed that if two staff were required they would come at the same time.

The service was following robust recruitment procedures to make sure that only suitable staff were employed at the agency.

Staff we spoke with had a good knowledge of the medicines that people they visited were taking. People told us they were satisfied with the way their medicines were managed.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

People told us they were happy with the support they received with eating and drinking and staff were aware of people's dietary requirements and preferences.

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by office staff.

People and their relatives told us that the management and staff were quick to respond to any changes in their needs and care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service had a number of quality monitoring systems including yearly surveys for people using the service, their relatives and other stakeholders. People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve service delivery.

## 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. People told us they felt safe with and trusted the staff that supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person ways to reduce these risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Good 

### Is the service effective?

The service was effective. People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment.

Good 

### Is the service caring?

The service was caring. People told us the staff treated them with compassion and kindness.

Staff understood that people's diversity was important and needed to be upheld and valued.

Staff demonstrated a good understanding of peoples' likes and dislikes and their life history.

Good 

### Is the service responsive?

The service was responsive. People told us that the management and staff listened to them and acted on their suggestions and wishes. They told us they were happy to raise any concerns they had with any of the staff and management of the agency.

Good 

### Is the service well-led?

Good 

The service was well-led. However the service is required to have a registered manager and there was no registered manager at the time of this inspection.

People we spoke with confirmed that they were asked about the quality of the service and had made comments about this. They felt the service took their views into account in order to improve.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

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# Goldsmith Personnel Limited (West London)

## **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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection started on 7 April 2016 and we gave the provider two days' notice that we would be visiting their head office. We did this, because the location provides a domiciliary care service and we needed to be sure that someone would be available.

After our visit to the office we talked to people using the service and their relatives over the phone. These telephone interviews were undertaken by 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. We contacted eleven people who used the service, but were only able to talk to five people to provide us with their views about the agency.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

We spoke with three staff as well as the acting manager.

We looked at five people's care plans and other documents relating to their care including risk assessments and medicines records.

We looked at other records held by the agency including staff meeting minutes as well as health and safety documents and quality audits and surveys.

## Is the service safe?

### Our findings

We asked people who used the service if they were provided with care that was safe. People who used the service told us "I had to complain to the CQC about a previous agency, so I was wary of putting my trust in someone else, but here, I feel safe, happy and I trust my carers totally". Another comment made was "My carer can anticipate my needs and knows when I am not feeling myself."

Care workers spoken with told us that they had received safeguarding adults training and records viewed confirmed this. Staff were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. Staff told us that they would contact the office if they noticed any bruising or if people made allegations of potential abuse. Since registering with the Care Quality Commission in December 2014 one safeguarding concern was raised by the local authority. The provider followed the correct procedure and investigated the concern. The concern was substantiated and the provider responded appropriately by following their disciplinary procedure. The provider had a detailed safeguarding adult's procedure, which also referred to the London multi-agency policy and procedures to safeguard adults. Staff spoken with told us that they were made aware of this procedure during their annual safeguarding adults training.

We saw that there were appropriate systems in place to minimise the risk of financial abuse and care workers were able to confirm this procedure and told us "I would record money given by my client to do some shopping and will always get a receipt to show that I spent the money appropriately." Records we viewed showed that all financial transactions were signed by the person who used the service and the staff member.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included the assessment of environmental risks and risks to the person's health and welfare. For example, we saw in all the five care plan folders we assessed Moving and Handling assessments, nutritional assessments and behaviour risk assessments. We saw information on how to support a person safely when using a hoist and staff as well as records confirmed that staff had received manual handling training.

Staff told us that they were aware of how to report and record accidents and incidents. We saw in the accident and incident folder that no records had been made since our last inspection. We spoke with the registered manager about this and were told that there had been no accidents or incidents. Care workers spoken with confirmed this. We also saw that the provider had a form available to record critical incidents; the acting manager told us that these were incidences which may have an impact on the provision of the service and required immediate resolution.

There were sufficient numbers of staff available to keep people safe. The acting manager told us that staffing numbers were regularly assessed and were dependent on the number and the needs of people who used the service. Care workers told us that rotas provided sufficient travel time between visits, which ensured that staff arrived on time and stayed the agreed time with people who used the service. One of the relatives told us "Usually our carer arrives on time, but if she is late which can happen she had called us and let us know."

There were suitable recruitment procedures and required checks undertaken before staff began to work for the agency. Care workers told us and records confirmed that before being offered work they had a panel led interview which assessed their suitability to work. In addition to this, they told us that they had to provide suitable references and documents to undertake a criminal record check and check their suitability to work with vulnerable adults. The acting manager told us that usually two references were obtained, however if staff were unable to provide a reference from their previous employer a third reference was requested. We saw in all records viewed that appropriate references were obtained. Staffing records showed us that the majority of staff had previous experience of caring for people and were provided with a five days induction training course to ensure they had the necessary skills.

Care workers confirmed that they had received medicines administration training and records viewed confirmed this. None of the people spoken with raised any concerns about the administration of medicines. We saw in people's care records that the administration of medicines was documented and people who required help with their medicines had a separate risk assessment in place to ensure the safe administration and handling of medicines. We saw a robust policy on the administration of medicines.



## Is the service effective?

### Our findings

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities. One person told us, "The carers are good to work with as they know the schedule as per my care plan. I do not tell them to do extra but they sit with me and talk nicely and politely." A relative commented, "The carer is trained and spends the full time and is timely and regular. This makes my mother very happy."

Staff were positive about the support they received in relation to supervision and training. Staff told us that the amount of training they received had improved the way they supported people. Staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff told us about recent training they had undertaken including safeguarding adults, food hygiene, moving and handling, mental capacity, infection control and the management of medicines. Staff told us that they would discuss learning from any training course at meetings, organised by the agency, and any training needs were discussed in their supervision.

We saw from the training matrix that staff were provided with refresher training when required. Staff confirmed they received regular supervision and the frequency of supervisions was appropriate. Spot checks and observed competencies were also part of the staff supervision system. Staff were positive about the spot checks undertaken by the field supervisors. A staff member told us, "The spot checks are good as you are reassured you are doing the right thing."

Staff were positive about their induction and we saw records of these inductions which included health and safety information as well as the organisation's philosophy of care.

Staff understood the principles of the Mental Capacity Act (2005) and told us they would always presume a person could make their own decisions about their care and treatment. They told us that if the person could not make certain decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

People told us that staff always asked for their permission before carrying out any required tasks for them. A relative told us, "They are good and well trained. They ask permission before doing anything and explain."

People told us that the staff did not do anything they did not want them to do. Staff told us it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans.

There was information incorporated into people's care plans so that the food they received was to their preference. Where appropriate and when this was part of a person's care package, details of their dietary needs and eating and drinking needs assessments were recorded in their care plan and indicated food likes and dislikes and if they needed any support with eating and drinking.

We also saw nutritional risk assessments had been completed where needed to make sure that staff supported people safely. People told us they were happy with the support they received with eating and drinking. One person commented that the staff "knows about our dietary requirements".

The service did not take the primary responsibility for ensuring that people's healthcare needs were addressed. However, the service required that any changes to people's condition observed by staff when caring for someone these were reported to the office. Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific training and guidance to staff about how to support people to manage these conditions.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

## Is the service caring?

### Our findings

People told us they liked the staff that supported them and that they were treated with warmth and kindness. One person told us, "Carers are very social and give me a bath, speak nicely, prepare lunch and maintain my dignity all the time."

A relative commented, "One of the carers is outstanding, as she is kind and compassionate with the care and does not treat my dad as if he is a commodity."

Other people we spoke with told us the staff were, "kind", "polite" and "friendly". People told us that staff listened to them respected their choices and decisions. A relative told us, "They know us very well and they know mother's preferences and needs." Another relative commented, "They do listen."

People confirmed that they were involved as much as they wanted to be in the planning of their care and support. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

The service provides also service for people from different cultural backgrounds. For example, people from Asian background. This was reflected in the staff team who were able to speak a number of languages such as Hindi and Gujarati. Staff were also aware of people's cultural backgrounds and religious observance. A relative told us, "They remove their shoes before coming in, they know our preferences. The carer reads our religious scriptures to mum."

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes and dislikes and their life history.

Staff were able to give us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

One relative told us, "They are on time, cook for mum, respect and maintain her dignity when they give her personal care." Another relative commented, "The carer is compassionate, caring and explains when giving care."

## Is the service responsive?

### Our findings

People and their relatives told us that the management and staff were quick to respond to any changes in their needs. A relative we spoke with told us, "Mother's needs were assessed last month and the hours of care have increased."

We saw from people's care records and by talking with staff that if any changes to people's health were noted by staff, they would phone the office and report these changes and concerns.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences.

We checked the care plans for five people. These contained a pre-admission document which showed people had been assessed before they decided to use the agency. Relatives confirmed that someone from the agency had visited them to carry out an assessment of their relative's needs. These assessments had ensured that the agency only supported people whose care needs could be met.

The care plans included a detailed account of all aspects of people's care, including personal and medical history, likes and dislikes, recent care and treatment and the involvement of family members.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. When we asked people who they would raise any complaints with, they told us they could speak to any of the staff or management. One person told us, "I have no complaints. I have a phone number so I know who to call." A relative we spoke with commented, "We are very happy with the service. We know how to complain we would phone the office. We have the number." Another relative said, "There were problems before with the office, now there have been a lot of improvements."

The complaints record showed that any concerns or complaints were responded to appropriately and each entry included the outcome of any investigation.

## Is the service well-led?

### Our findings

People who used the service spoke highly of the acting manager, comments included "She always listens to my concerns and addresses them speedily" and "The manager and everybody at the office always believes in what I have to say and I never feel guilty calling them." Another comment made by a relative "This agency is very well managed, they contact us regularly and ask us about the care provided and listen to any suggestions I make. I really feel I matter." Care workers told us that office staff and the acting manager were easy to access and were always very supportive when they had any problems or issues to resolve. The previous registered manager left in December 2015 a new manager had been appointed, she advised us that she was currently in the process of registering with the CQC.

Care workers told us that the acting manager was very supportive. Support and advice was provided via text messages, phone calls, staff meetings and face to face one to one supervisions. Care workers told us "There is a good support network available for staff. We can always contact the office and speak to the manager for help and advice."

The acting manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. This was done through regular phone calls, spot checks and annual quality surveys. People who used the service told us that the acting manager visited unannounced to check on staff and talk to them about the treatment and care provided. One person said "I like the spot checks; it reassures me that they look out for me." We saw in records that during regular unannounced spot checks the acting manager viewed care plans, daily care records, medicines records, financial records, care workers wearing ID badges and observed care workers care practices. The spot checks were carried out the majority of the time four times per calendar year.

We spoke with the acting manager and care workers about the key challenges and risks facing people using the service. We were given consistent, detailed information by all care workers on the risks facing individuals. The acting manager gave us more detailed information relating to future improvement planning, particularly in relation to staffing numbers. We were told that the intention was to employ more care staff to allow the organisation to grow in size and provide care to more people. They were also looking into providing end of life training to staff as they plan to provide end of life care to people and wanted to have key members of staff with more specific skills to improve the service delivery.