

Goldfinch Care Agency Private Limited

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Inspection report

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Ratings

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

Summary of findings

Overall summary

This inspection took place on 25,26 and 28 June 2018 and was announced.

Goldfinch Care Agency is a small domiciliary care agency providing personal care, to adults in their own homes in the community. The service specialises in providing a 24 hour live in care staff and at the time of our inspection 19 people were using the service.

A registered manager was 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 protected from the risk of harm. Staff had been trained in safeguarding people and understood how to report any concerns of abuse. Risks to people's safety were assessed to ensure preventative action was taken to reduce the risk of harm to people.

People were supported with their medicines in a safe way. People's nutritional needs were met and they were supported with their health care needs when required. The service worked with other organisations to ensure that people received coordinated care and support.

People were protected by safe recruitment procedures to ensure staff were suitable to work in care services. There were enough staff to meet people's needs. Staff received training for their role and ongoing support and supervision to work effectively.

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. The provider, manager and staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA) and gained people's consent before they were supported.

People were involved all aspects of their care. People's care plans information available about people's preferences, daily routines and diverse cultural needs. Staff had a good understanding of people's needs and preferences and worked flexibly to ensure they were met.

People and their relatives were happy with staff who provided their personal care and had developed positive trusting relationships. People were treated with dignity and respect, and their rights to privacy were upheld.

People, relatives and staff were encouraged to provide feedback about the service and this was used to drive continuous improvement. People and relatives all spoke positively about the staff team and how the service was managed. The provider had a process in place which ensured people could raise any complaints

or concerns.

The registered manager and staff team were committed to following the vision and values of the service in providing good quality care. The registered manager was aware of their legal responsibilities and provided effective leadership and support to staff. Quality assurance systems were used to monitor and assess the quality of the service to drive continuous improvement. The provider worked in partnership with other agencies to meet people's needs.

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.

People were protected from abuse and avoidable harm. Risks associated with people's needs were assessed and managed safely. People were supported with their medicines safely.

Staff were recruited safely and there were enough staff to provide care and support to people. Staff were trained in safeguarding, and infection control procedures.

Accident and incidents were responded to appropriately and lessons were learnt to mitigate the risks of further incidents.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed and care plans developed to ensure they received the support they needed. People were supported to maintain their nutrition, health and well-being where required.

People received support from a staff team that had the necessary training, skills and knowledge. Systems were in place to provide staff with on-going support.

People made daily choices and decisions. Staff sought people's consent and understood people's rights. Capacity assessments were used to identify the level of support people needed to make decisions.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff that were caring, friendly and kind. People were supported to make decisions about how they wanted their care and support provided. People were treated with dignity and respect, and staff ensured their privacy was maintained.

People's views about the service were sought to review the service and drive improvements.

Is the service responsive?

The service was responsive.

People's needs were assessed. The care plans were person centred and provided staff with clear guidance on how people wanted their care and support to be delivered. Staff respected people's diverse cultural needs, wishes and views.

Systems were in place to respond to any complaints. People were confident that any concerns raised would be dealt with appropriately.

Good ●

Is the service well-led?

The service was well led.

The registered manager understood their role and responsibilities.

The registered manager provided good leadership and the staff team worked to provide high quality care.

Quality assurance system were used to continually monitor all aspects of the service.

Good ●

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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, 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 25, 26 and 28 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection started on 21 June and ended on 28 June 2018. It included making telephone calls to people using the service, relatives and staff. We visited the office location on 26 June 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection visit was carried out by one inspector and an assistant inspector.

We reviewed the information we held about the service. This included statutory notifications regarding important events which the provider must tell us about. We contacted commissioners and no information of concern was received about the provider.

During the inspection we spoke with two relatives and one person receiving care and support from the service. We spoke with seven members of care staff, the care co-ordinator and the registered manager.

We looked at care records in relation to three people using the service. We looked at four staff recruitment files and staff training records. We looked at records that showed how the provider managed and monitored the quality of service. These included quality audits, spot checks, complaints, compliments and a sample of the providers policies and procedures.

Is the service safe?

Our findings

The systems processes and practices safeguarded people from abuse. People told us they felt safe with the care provided and staff who supported them. One person said, "I feel quite satisfied, I have the same staff, we have a trusting relationship." A relative said, "I know [Name of person] is very safe with the staff that provide their care, I have no hesitation at all." People and relatives told us they were introduced to the care staff before the package of care started, and we saw that pen profiles were provided to people telling them about the background and qualifications of staff, before they started working with people. At the start of the care package people were provided with information on how to report any concerns they may have.

The staff understood their responsibilities in relation to keeping people safe, and could describe what they would do if they suspected or witnessed any form of abuse. The registered manager knew how to report any safeguarding concerns and worked with the local safeguarding authorities in completing investigations when needed.

Risks to people's safety was assessed and closely monitored. We saw risk assessments identified any specific risk to people's health and well-being and how to minimise the risks to an acceptable level. The assessments covered risks, such as, falls, moving and handling, malnutrition and pressure area care. Records showed the assessments were regularly reviewed and when people's needs changed people's care and support was altered to accommodate the changes. The staff confirmed they knew how to report and record any accidents and we saw that accident forms were completed and serious incidents had been notified to the Care Quality Commission as required by law.

The staff recruitment processes protected people from being cared for by unsuitable staff. We saw that the staff files contained evidence that the necessary employment checks had been completed before they commenced work at the service. For example, Disclosure and Barring Service (DBS) checks, employment history and references to show that staff were suitable to work with people requiring care and support.

Sufficient numbers of suitable staff were available to support people to stay safe and meet their needs. A relative said, "[name of person] has the same staff team, they know her routines and are absolutely brilliant, they work very well with the respite carers from another care agency, that come in daily." Staff confirmed they felt the staffing resources were good, one member of staff said, "We work remotely but work very well as a team, we cover each other for sickness and holidays, it works really well."

Where the provider took on the responsibility, people received support with their medicines. The care plans identified the level of support people required to manage their medicines safely. A relative said, "The staff manage [Name of person's] medicines, they seem very competent, we have never had any problems." Staff confirmed they received medicines training and observations were completed to ensure they followed the correct medicines administration procedures. They could tell us the reporting procedure they would follow if a medication error was made, to ensure medical advice was received. One member of staff said, "If there was an error, I would report it to my line manager, phone 111 and get advice, or 999 if needed, and record the error in the paperwork." The registered manager told us that medicines audits were carried out regularly,

during which the medicines administration records (MAR) were checked for completeness. The medicines records viewed at the inspection confirmed that staff documented when people were supported with their medicines in a safe way.

People told us that staff protected them from the risk of infection. A relative said, "[Name of staff] keeps everything clean and tidy, they always follow the procedures to reduce the risk of cross infection, washing their hands, and wearing protective aprons and gloves when doing personal care." The staff told us they received training on infection control procedures and the training and observation of competency records also confirmed this.

Is the service effective?

Our findings

The care, treatment and support people received promoted a good quality of life. We saw that people and their representatives had been involved in the assessment process prior to taking up the service. The assessments provided sufficient information for bespoke care plans to be devised, taking into consideration people's needs and choices. People told us they could choose which staff to provide their care, through having a 'pen profile' telling them about the member of staff, their experience, temperament, hobbies and interests.

Systems were in place to make sure staff had the skills, knowledge and experience to deliver effective care and support to people using the service. Staff told us they had received induction training that covered areas such as, moving and handling, food hygiene and nutrition, first aid and infection control. One member of staff said, "The induction training covered moving and handling, how to use the equipment with each client." The staff also told us they received specific training to meet the needs of the people they provided care and support, for example, dementia care. People told us that staff understood their needs and had the knowledge and skills to support them. One relative said, "The staff seem extremely competent in what they do for [Name of person], it is very reassuring." Records confirmed that staff had completed a range of training related to health and safety, person centred care, nutrition and training on different health conditions. The training was based around current legislation and best practice guidance.

Systems were in place to ensure staff received effective support and supervision. All staff spoken with said they felt supported by the registered manager, that they kept in regular contact with them and they were available out of hours. One member of staff spoke of a time when the person they were providing care for took ill, and they had contacted the office late at night and was given advice and reassurance. The staff said that a mobile app was used to keep in touch with the office and that weekly reports were sent via email. Records seen during the inspection showed that face to face and telephone meetings took place with staff, to check whether any further support was needed.

People's needs were assessed prior to them using the service, and they received support from regular staff that had the right skills to provide their care and support. We saw the assessments documented people's personal preferences, their social, cultural and spiritual beliefs, as well as their physical and emotional needs. The information was used in matching staff to the person, a relative said, "[Name of staff] is perfectly matched, they are so in tune with [Name of person] and us as a family, they fit in so well, they are just like one of the family."

People received support to eat and drink enough to maintain a balanced diet and stay healthy. We saw that people's dietary needs were assessed and any allergies, food intolerances were recorded within their care plans. We also saw that information was available to guide staff on meeting the needs of people with swallowing difficulties that were on soft diets and required their drinks thickened to prevent choking and aspiration. The staff we spoke with were very knowledgeable of the food and drink likes and dislikes, of the people they supported. A member of staff spoke of how they worked in partnership with another care agency to ensure the person had their meals and drinks provided. They said, "Everything is documented, we

have call sheets for the other agency to fill out, when I am not there, so I know what [Name of person] has had to eat and drink." This was also confirmed in the records seen at the time of inspection, which evidenced that staff monitored people's food and drink intake to ensure they received a varied and nutritious diet.

People were supported to live healthier lives and were supported to maintain good health by attending regular health check and medical appointments. A relative said, "The staff always let me know how [Name of relative] is and if [they] are unwell. The staff always support with attending hospital appointments." The care records confirmed that staff supported people to access the support of healthcare professionals, such as the GP, district nurse, speech and language therapist, occupational therapist, physiotherapist, specialist consultants, dental and ophthalmic services, and advice from the healthcare professionals was followed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make some 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. Applications to deprive a person of their liberty in their own home must be made to the Court of Protection.

We checked whether the service was working with the MCA principles. No applications had been made to the Court of Protection. Assessments of needs took account of people's capacity and their consent had been sought about the care to be provided. The registered manager and staff team understood their responsibility around MCA. Staff told us they sought people's consent, offered choices and respected people's decisions.

Is the service caring?

Our findings

People were treated with kindness, respect and compassion, and had developed positive relationships with staff. One relative said, "Thank god I was introduced to Goldfinch, the staff are absolutely brilliant, they know [Name of person] so well, they are very kind and caring and always go the extra mile." Another relative said, "There is full respect on both sides, we lead a quiet life and like the peace and quiet and [Name of staff] respects that."

People and relatives told us they were involved in making decisions about their care. A relative said, "I work closely with the staff and am involved in any decisions that are made." The registered manager had a good understanding when people may need additional independent support from an advocate, but at the time of the inspection all people were supported by family members. An advocate acts to speak up on behalf of a person, who may need support to make their views and wishes known.

Staff understood the importance of promoting equality and diversity, respecting people's religious beliefs and their personal preferences and choices. One member of staff spoke of how they supported a person to continue to practice their religion. They said, "[Name of person] usually attends church, but due to poor health they have not found it so easy to access the church recently. In the meantime, I support [Name of person] to pray at home, I give her time and respect her space."

The staff knew people's individual preferences and interests, which showed they understood people well. We saw that people's care plans included background information about the person, their wishes and preferences and how they preferred their support provided by staff. This helped staff to ensure they provided person centred care that supported and respected people's individual needs. One member of staff said, "We watch a lot of Rugby together, when [Name of person] family comes to visit we play cards together." Another member of staff said, "A huge plus with Goldfinch Care is they are a small business and they know their clients and carers well, we can always talk to the managers."

People were treated with dignity and their privacy respected by staff who provided personal care. A relative said, "They [staff] always draw the curtains and speak to [Name of person] in a way that is respectful, they are tactful of preserving dignity." The staff also gave examples of how they promoted and respected people's dignity and privacy, such as calling people by their preferred name, and ensuring personal care was always carried out in private.

People's care records were stored securely within the agency office. Staff understood how to keep people's information confidential and only shared on a need to know basis.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Relatives told us they were fully involved in the assessments carried out prior to taking up the service, they also confirmed they were fully informed when people's needs changed. One relative said, "[Name of person] is in hospital and there is a possibility that their mobility will have changed. I know that [registered manager] will come out to reassess their needs before they return home." Records showed that people had their needs assessed with the person and family member where appropriate acting on their behalf and they were involved in the development of the care plans.

Records showed the people's care plans reflected their physical, mental, emotional and social needs, including their personal history, individual preferences, interests and aspirations, and they were understood by staff. Staff confirmed the care plans were sent to them ahead of providing people's care, so they had time to familiarise themselves with the individual needs of the person. They also confirmed that people's changing needs were communicated well to them, one member of staff said, "When you take over from another staff member they inform you of what is going on and what is changed."

The care plans included information about people's communication needs and what type of support people needed to communicate effectively. For example, people with hearing and sight loss, people with limited speech and people with dementia that needed staff to give time and space to communicate with them. In discussions with the staff it was evident they knew how each person they cared for communicated their needs. This demonstrated the provider was complying with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People and their relatives told us they felt they had regular opportunities to feedback their views about the care they received. Records seen within people's care plans confirmed that face to face and telephone meetings took place with people using the service and their relatives.

People and their relatives were confident concerns and complaints would be listened to, taken seriously and addressed. One person said, "I wouldn't complain as such but would tell [my relative] who would speak with [registered manager]." A relative said, "I have the details of who to contact if I felt I needed to make a complaint, but I cannot see myself ever having to use it. [Name of registered manager] is very approachable, she keeps in regular contact and always checking that everything is okay." Another relative said, "I could not be more satisfied, Goldfinch Care has a very good reputation." This was also confirmed by other relatives spoken with. Staff told us that should any complaints be raised directly with them they would immediately bring them to the attention of the registered manager. One member of staff said, "The approach to their clients is person centred, the clients know if there is something wrong, they can always speak to the agency." We saw that a formal complaint process and a system was in place to manage and respond to complaints. Records showed the provider had not received any complaints since it was registered.

Systems were in place to support people at the end of their lives. Records within people's care plans showed they had the opportunity to express their wishes and decisions made about their end of life care. We saw a

compliment had been made to the agency which read, "I am extremely grateful for the care provided by [Names of two staff] and others. They made my sister as comfortable as possible for the last year of her life, we got to know them all as friends." A member of staff told us they had worked alongside another care agency in providing end of life care. They said, "The family needed my support as well, through the last nights, I was with [name of person] and their daughter, until the end." The member of staff confirmed they felt supported by the agency in delivering end of life care, saying, "They [registered manager] kept in regular contact with me, always checking if I needed any further support."

Is the service well-led?

Our findings

The service had a registered manager. 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 2008 and associated Regulations about how the service is run.

The registered manager and the staff team understood their roles and responsibilities and put people at the heart of the service. Staff felt the registered manager provided good leadership and was committed to providing a quality service. One member of staff said, "You know the person you are going to be dealing with, working for a small agency and having that personal touch, is quite appreciated."

Records showed the registered manager was open and transparent in sharing information and communicating with relatives and relevant others. They had kept CQC informed of significant events and incidents as required to be notified by law.

People and their relatives all told us they had confidence in the registered manager and the service was managed well. One relative said, "I really cannot praise the agency enough, they are just brilliant, I would definitely recommend them." Another relative told us their partner was currently in hospital, but they had retained the member of staff, because they did not want to have to go to another agency. The relative said, "[Name of staff] fits in so well, the quality of the staff used by this agency is exceptional, they are all so skilled in what they do."

The provider engaged and involved people and relatives in all decision making. The views of people, relatives and staff influenced the development of the service. These included care reviews, and feedback from people using the service relatives and staff. We saw e-mails, cards and letters of thanks from people and relatives complimenting the care people received. The on-line reviews on the provider website were also complimentary about the care and support people received. For example, '[staff member] was perfect for mum, at the stage her illness was at, she was quietly cared for, without being too invasive or controlling for mum's independent nature.'

Staff told us they were well supported and spoke positively about the registered manager. One member of staff said, "The management is really very good, they value the carers, they are professional and the clients like them."

Quality assurance system were used to continually monitor all aspects of the service. These included spot checks and reviews of people's care plans. Records in relation to the day-to-day management of the service were regularly reviewed and updated.