



**Jersey Care
Commission**

INSPECTION REPORT

Golden Gate Care Services Limited

Home Care Service

**Suite 36/37
Wharf Street
St Helier
JE2 3NR**

2, 3 and 6 February 2023

THE JERSEY CARE COMMISSION

Under the Regulation of Care (Jersey) Law 2014, all providers of care homes, home care and adult day care services must be registered with the Jersey Care Commission ('the Commission').

This inspection was carried out in accordance with Regulation 32 of the Regulation of Care (Standards and Requirements) (Jersey) Regulations 2018 to monitor compliance with the Law and Regulations, to review and evaluate the effectiveness of the regulated activity and to encourage improvement.

ABOUT THE SERVICE

This is a report of the inspection of Golden Gate Care Services Limited. The service became registered with the Commission in May 2021 and has remained registered as a medium care provider¹ since that time. The service's offices are situated in central St Helier. According to the Statement of Purpose, the service aims to provide a quality service whereby service users feel safe.

At the time of the inspection, the service was providing varying levels of support to people in their own homes from between half an hour per week through to a 24 hour package of care.

Regulated Activity	Home care service
Conditions of Registration	<u>Mandatory</u> Type of care: personal care and personal support Category of care: Adult 60+, dementia care, physical disability/ sensory impairment/ end of life care Maximum number of care hours per week: 600 Age range of care receivers: 40 years and above

¹ 'A medium care provider means a provider that provides an aggregate amount of care to all its service users of more than 112 hours but not more than 600 hours in any week

	<u>Discretionary</u> Rita Pontes registered as manager of Golden Gate Care Services Limited must complete a Level 5 Diploma in Health and Social Care by 13 May 2024.
Dates of Inspection	2, 3 and 6 February 2023
Times of Inspection	9.30am – 11:10am, 1.00pm -3.30pm, 2.45pm – 5.00pm
Type of Inspection	Unannounced on 2 February Announced on 3 and 6 February
Number of areas for improvement	Four
Number of care receivers using the service on the day of the inspection	12

The Home Care Service is operated by Golden Gate Care Services Limited and the Registered Manager is Rita Pontes.

The discretionary condition on the service’s registration was discussed, and the Registered Manager provided an update as to her progress to date and was aware of the need for this to be completed within the specified timeframe.

Since the last inspection which was completed on 28 June 2022, the Commission received an application for an additional partner to be included on the service’s registration. This was approved by the Commission on 2 December 2022.

The Commission received contact from a family member in November 2022, regarding communication they had received from the service, and they were advised to raise their concerns directly with the Registered Manager. The Commission also contacted the service at that time highlighting some operational issues for their consideration.

SUMMARY OF INSPECTION FINDINGS

The following is a summary of what we found during this inspection. Further information about our findings is contained in the main body of this report.

The findings from this inspection show that there has been considerable progress made in meeting Standards since the last inspection. Care receivers and one health and social care professional spoke favourably of the care and support provided and described the service as being responsive and adaptable to specific needs. They described care staff as friendly and caring.

Improvements had been noted in the quality-of-care planning and care receivers confirmed that they felt fully involved in the planning of the care they receive. The ways in which they wish their support to be provided was clearly documented in their personal plans and evidenced care receivers' wishes and preferences.

Care receivers said that the Registered Manager was accessible and spends time with them and expressed a confidence that she would address any issues of concern if they had any. The quality of the service is monitored and there are plans to develop and enhance its oversight to influence ongoing development and improvement.

Newly appointed care workers complete an induction programme which includes shadow shifts, competency checks to ensure they can work unsupervised and training. The training records show that staff have access to a variety of learning opportunities although supervision processes and training need further attention.

The Registered Manager was open throughout the inspection and acknowledged the four improvement areas identified by the Regulation Officer. These are improvements required to address recruitment practices to evidence that all staff are recruited safely, and the Commission must be informed of all notifiable events including safeguarding concerns. Training in dementia and end of life care must be provided for staff and safeguarding practices must be strengthened.

INSPECTION PROCESS

This unannounced inspection was completed by two Regulation Officers and carried out over three visits to the service's offices. The first visit was carried out on 2 February and was unannounced, which meant that the service was not aware in advance of the inspection. The following visits were pre-arranged with the Registered Manager to ensure she would be available to participate in the inspection process.

The Home Care Standards were referenced throughout the inspection.²

This inspection focussed on the following lines of enquiry:

- **Management of the service**
- **Care and support**
- **Choice and safety**

Prior to our inspection visit, all of the information held by the Commission about this service was reviewed, including the previous inspection report and the service's Statement of Purpose.

The Regulation Officer sought the views of the people who use the service and spoke with the Registered Manager, the Director, the Human Resources (HR) Administrator and Team Leader. Part of the pre inspection planning included seeking the views of Adult Social Services to provide feedback about their experiences of the service. The Regulation Officer spoke with six care receivers and six care workers by telephone, having given their consent to be contacted.

² The Home Care Standards and all other Care Standards can be accessed on the Commission's website at <https://carecommission.ie/Standards/>

During the inspection, a range of records were examined. These included samples of care records and staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including the safeguarding policy, induction records, client contract agreements, care records and sample medication records were examined.

At the conclusion of the inspection, the Regulation Officers provided verbal feedback to the Registered Manager and the Director. A written summary setting out the areas for improvement was also provided by the Regulation Officer the day following the last inspection visit.

This report sets out our findings and includes areas of good practice identified during the inspection. Where areas for improvement have been identified, these are described in the report and an improvement plan is attached at the end of the report.

INSPECTION FINDINGS

At the last inspection, seven areas for improvement were identified and an improvement plan was submitted to the Commission by the Registered Provider setting out how these areas would be addressed. Following the inspection which was completed on 28 June 2022, a meeting was held between Commission staff and the Registered Manager to discuss the areas for improvement.

The improvement plan was discussed during this inspection, and it was positive to note that progress has been made in meeting Standards relevant to the areas for improvement which will be described in further detail within the report.

Management of the service

The Standards outline the Provider's responsibility to ensure that where people stay is right for them and safe. There will be a management structure in place, with an integrated organisational and governance framework, which is appropriate to the needs, size and complexity of the service.

Golden Gate is a small service where the owner is also the Registered Manager and who also forms part of the care team at times. Since the last inspection, the service acknowledged that they need to focus on addressing the areas for improvement, and as a result the Registered Manager confirmed that she had been selective with the number and type of care packages provided until she felt there was sufficient capacity within the service to do so. The service has remained stable and last year was providing care to 11 people and 12 during this inspection. Care receivers' packages of care varied from 30 minutes support per week through to 24-hour support.

Many of the areas for improvement identified on the last inspection related to the roles and responsibilities of the Registered Manager. It was evident from this inspection that the Registered Manager had made improvements to meet their managerial and regulatory duties, by investing in and appointing additional staff to allow the Manager time away from providing caring duties. On the first day of the inspection, the Registered Manager was unavailable as she was supporting care staff in the delivery of care. However, she facilitated the inspection process on the second and third visits.

Previously, the Registered Manager was the only person on call outside office hours over a 24 hour period. With the investment of additional staff, she described an intention to develop an on-call rota to share of hours responsibilities with other staff. This will be tested at the next inspection. In addition to the Registered Manager undertaking the Level 5 Diploma in Leadership, two additional members of staff have also registered to complete this qualification, which demonstrated that managerial support is being strengthened.

The area for improvement relating to the production of monthly quality reports has been met. A sample of reports were examined which showed that actions had been identified from reviews undertaken. The Registered Manager explained ways in which the quality assurance processes are to be further developed and described their plans to have an external health professional provide some additional scrutiny.

The need to implement a system of formal staff supervision was also an area for improvement made on the previous inspection. It was positive to note that this has been met as evidenced through discussions with the Registered Manager, care workers and from a review of a sample of records. Care workers told the Regulation Officer that they are provided with 1:1 supervision and said that they found it beneficial.

A sample supervision record was reviewed, and its content discussed with the Registered Manager and Team Leader. The records referred to a safeguarding practice issue that had been discussed with one staff member during their supervision session. However, the records lacked information about the finer discussion points as described by the Manager. The records were not explicit enough in recording the discussion held about their performance against the Standards to ensure clarity about their responsibilities.

Another example supervision record was thorough and detailed and demonstrated the care worker's progress made during their induction period. The record evidenced that their strengths and qualities were recognised and showed that they were offered a role based on their abilities. This was an example of good practice.

The service's safeguarding policy states that safeguarding supervision is provided quarterly throughout the year. However, there was no evidence that this had happened. The need to strengthen safeguarding practices in line with the policy is an area for improvement.

Appraisals are being planned for some staff and some have been completed for other staff.

The area for improvement relating to the implementation of an induction programme has been met and the programme content was found to be more comprehensive than before. A sample folder was examined, and it contains a staff handbook with code of practice for support workers. The Registered Manager maintains a hands-on role in supporting new care staff and this was confirmed by staff also. Care staff consistently described having had opportunities to meet care receivers and were provided with information relating to their care requirements prior to being part of their care team.

The Registered Manager ensures that care staff are competent to work alone and records this in their induction folder. Completed induction folders were not available for review in the service's offices at the time of inspection as they were retained by the care worker. The importance of retaining such records for reference was highlighted to the Registered Manager during the inspection.

Care staff involved in administering medication had been assessed as competent to carry out this role by the Registered Manager. The assessment framework was reviewed and found to be comprehensive and detailed. However, the Standards relating to the administration of medicines require care workers to complete an accredited vocational medication module. This was discussed with the Registered Manager who acknowledged that this would be put in place for staff who undertake medication duties. This will be reviewed at the next inspection.

Probationary records were reviewed, and it was clear that the Registered Manager had met with care workers whilst on their probation. The records, however lacked detail of dates, discussions, actions and outcomes relating to the worker's progress.

The Registered Manager provided an example whereby the service had taken action in order to protect the welfare of care receivers. Whilst the service had taken the correct course of action, the records relating to the internal disciplinary process that had been followed lacked specific detail. This was acknowledged by the Registered Manager, who agreed to address this.

The service has been largely compliant in submitting notification of incident records. However, the service had failed to inform the Commission of a safeguarding concern that was brought to their attention in January 2023. This was discussed at length during the safeguarding process that followed and during the inspection and the Registered Manager recognised and accepted this oversight. The need to reliably inform the Commission of notifiable events is an area for improvement.

A sample written agreement was examined which detailed the terms and conditions, schedule of fees and arrangements for ending the agreement. The information within the agreement was reflective of the requirements of Standard 1.3.

Progress had been made with the previous area for improvement relating to the training needs analysis which resulted in the development of a training matrix. This was discussed with the management team who advised that some further work was underway to ensure sufficient training is provided for the staff team. They described that more face-to-face training is to be sourced wherever possible.

The service's registration categories include dementia and end of life care, it was noted that staff do not receive any specialist training within these two areas. This is an area for improvement.

The majority of care workers have a Level 2 vocational qualification in health and social care and three staff have development plans in place to start a Level 2 or Level 3 qualification. Care staff that were spoken with as part of the inspection described feeling confident in their roles and competent to carry out their duties. Similar feedback was given by care receivers in respect of how they perceived the competency of their care workers.

Six care workers were spoken with, and the Regulation Officer formed the opinion that they were genuinely motivated to provide a quality service and placed a high value on treating care receivers as individuals. The morale amongst the team appeared high and they commented favourably on knowing care receivers well and the consistency in providing support.

Care and support

<p>The Standards outline that people in receipt of care and support should experience compassion, dignity and respect. Care receivers, where appropriate should be involved in all decisions relating to their care and support in a way that respects their rights, individuality and beliefs.</p>

The Registered Manager remains very much 'hands on' in terms of maintaining oversight of care packages and will be part of the staff team by providing care and support at times. Feedback from care receivers was complimentary about this arrangement and they spoke highly of the Registered Manager's visits to them. One care receiver described that their health care needs were complex, and the Manager had been instrumental in introducing new care staff to provide support. This was something that the care receiver described as caring as it allowed them to retain confidence that their care needs would continue to be provided for to the same standard, despite a change in the staff team.

The area for improvement made on the previous inspection in respect of initial assessments and care planning processes has been met. This was evidenced through discussions with the Registered Manager and review of a sample of four care receivers' records. It was evident that vast improvements had been made to the content of care plans since the previous inspection which was good to note. The Registered Manager explained that a more comprehensive, accessible electronic care planning system is being considered.

Overall, the plans were personalised to the individual, varied in accordance with care receivers' preferences and abilities and reflected their language. Care plans reflected accurately care receivers' needs and provided sufficient information to guide staff to provide appropriate support. It was clear that care receivers were involved in the care planning process, and they confirmed to the Regulation Officer that they felt that the care they received was in accordance with their preferences. Some people commented that staff were responsive and flexible in providing additional support as and when they were able to.

One medication administration record (MAR) was examined which had been fully completed to evidence staff administration. The Registered Manager explained the procedures in place regarding promoting the safe storage and administration of medicines in care receivers' homes.

Care receivers provided valuable feedback to the Regulation Officer as part of the inspection process which, in the main, was very positive in nature. The following comments were made:

"I feel very well supported, they're always at the end of the phone. I feel very confident with the plan, and I know exactly what's going on and I'm happy with that. If I want anything different, I just have to ask. With Golden Gate I have peace of mind and I'm sleeping much better"

"It's fine and I've got no problems with them. I get the same girl all the time, I've instigated a few changes and they've supported me with that. They're very accommodating and I have a good rapport with my carer, she always makes a cup of tea before she leaves and puts the bin out"

"It's A1, I couldn't ask for better carers. They go out of their way to help me and did more than was expected of them to help me cope"

"They're very good and they all do a good job"

"They're absolutely wonderful and if all services were like this then everybody would be really well looked after. Nothing is too much trouble and I'm really lucky to have them. They always get to me at the correct times. There's a nice understanding between us and I could ask for anything I want"

"For me it's really stable as I have the same carer most days and it never varies unless there's sickness or holidays. It's really good for me and she's always within a minute of time and knows exactly what to do and what I like"

Two care receivers told the Regulation Officer that their care workers often arrived later than their scheduled visit times which was communicated to the Registered Manager for further consideration. One social care professional commented that their client had expressed satisfaction with the service provided and had found Golden Gate to be “flexible in their approach and very responsive to my calls for assistance”. It was evident that the service liaised with relevant health and social care professionals about care receivers’ needs and made referrals when their conditions changed.

The Registered Manager described to the Regulation Officer that she felt the service had improved since the last inspection and one of the strengths was the reliability and consistency of the staff team in providing care to people.

Choice and safety

<p>The Standards outline the Provider’s responsibility to ensure that people will feel safe and are kept safe. People will be supported, enabled and empowered to be as independent and autonomous as practicable. People’s rights will be supported and protected.</p>

The safe recruitment of staff is an important element of contributing to the overall safety and quality of service provision. A sample of personnel files for staff that had been employed since the last inspection were examined. This showed that their application forms for employment were not consistently completed to evidence full working histories. There were some irregularities with the names of referees provided on application forms and the relationship to the employee was not made clear. One staff member did not have an enhanced criminal records check available, and one reference provided only.

This was discussed with the Registered Manager who agreed to review, audit and follow up on any outstanding information that had been missing in accordance with the service’s safe recruitment policy. The Registered Manager provided an assurance that any new members of staff would be subject to a thorough and comprehensive recruitment process and reflect the service’s policy. This is a repeated area for improvement made in this respect and will be kept under review by the Commission.

This unannounced inspection was triggered by a safeguarding concern that had been brought to the Commission's attention. The Regulation Officer participated in a safeguarding meeting the week prior to the inspection, and this was therefore an area of focus during this inspection. Whilst the service was quick to respond to the concerns raised, the appropriate agencies had not been notified, before the service started to investigate. This evidenced that the procedures within the safeguarding policy which was aligned with local safeguarding arrangements had not been followed. This is an area for improvement and the Registered Manager recognised that, on reflection, there were some errors made on the part of the service. The service has since appointed a designated safeguarding lead who will support the Registered Manager in responding to and reporting safeguarding matters.

It was noted that on some occasions, the money or bank cards of care receivers had been handled by staff, for example during accompanied or unaccompanied shopping trips. The Regulation Officers noted that there was no policy in place relating to the handling of care receivers' monies and procedures for retaining receipts and other written records of transactions were lacking. This was discussed on the second inspection visit and it was positive to note that by the third visit, the service had developed a policy entitled 'handling cash or bank cards on behalf of clients'. The management team acknowledged that these additional safeguards would protect the financial interests of care receivers and described how this would be shared with the staff team.

A discussion with some staff members highlighted an inconsistent approach in that some reported that they did not always have photographic identification. The Regulation Officer informed the Registered Manager of this deficit.

All care receivers consistently said that they knew their care workers and felt reassured that they knew in advance who would be supporting them. The majority said that they had small numbers of care staff allocated to them and were fully aware of how to escalate concerns to the Registered Manager. They said that whilst they had no reason to raise issues, they expressed confidence that the Manager would address any concerns.

Samples of care records contained information outlining what matters and was important to care receivers, which demonstrated they were fully consulted and had control and choice over their care and support requirements. The records showed that care was delivered in accordance with their preferences and their views captured as part of the assessment process.

IMPROVEMENT PLAN

There were four areas for improvement identified during this inspection. The table below is the Registered Provider's response to the inspection findings.

<p>Area for Improvement 1</p> <p>Ref: Standard 3.6</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that all staff employed in the service are recruited safely. An audit of staff files should be undertaken, and any outstanding information should be retrospectively obtained.</p> <hr/> <p>Response of Registered Provider:</p> <p>The recently appointed and experienced Administrator has undertaken a review of all recruitment files. Any outstanding information not on file has been sourced where applicable or possible. If necessary, a risk assessment will be completed if outstanding information is not supplied. Recruitment procedures, policy and documentation have also been subject to further review and revised. This is to ensure all due diligence is completed and placed on file before any new employee engages with any care receiver to ensure safe recruitment.</p>
<p>Area for Improvement 2</p> <p>Ref: Standard 4.3</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that all notifiable events are submitted to the Commission within two working days of the event.</p> <hr/> <p>Response of Registered Provider:</p> <p>Review of operational procedures has been undertaken with revised systems introduced to support the monitoring and analysis of all notifications daily. Roles and responsibilities have been more clearly defined for who decides which of these notifications require onward formal and routine notification to the Commission.</p>
<p>Area for Improvement 3</p> <p>Ref: Standard 4.1</p> <p>To be completed by: with immediate effect</p>	<p>The Registered Provider must ensure that safeguarding practices are reflective of the service's safeguarding policy.</p> <hr/> <p>Response of Registered Provider:</p> <p>The service's internal safeguarding policy has been revised and altered to reflect a more achievable and realistic training goal. The recent appointment of an experienced Designated Safeguarding Lead promotes a more focussed oversight of any issues</p>

	<p>concerning safeguarding. Supervision templates have also been enhanced to ensure that this topic can be covered more routinely, in more depth if necessary, and consistently outside of any of the formal training agenda set out in the policy.</p>
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<p>Area for Improvement 4</p> <p>Ref: Standard</p> <p>To be completed by: 3 months from the date of inspection (6 May 2023).</p>	<p>The Registered Provider must ensure that all staff have access to appropriate training including dementia awareness and end of life care in line with the service's registration categories.</p> <p>Response of Registered Provider:</p> <p>Training has been a major area of consideration for review and its suitability has been a big focus. Changes have been made and are working well. Priority has been given to source external training from local experts in the field of end-of life care. Scheduling for this training has begun with training already booked for the coming months. Similarly sourcing an excellent quality of face-to-face training for dementia is also being prioritised currently. These training topics will also be addressed moving forward within the training log and annual review, and with reference to individual clients needs as they may arise.</p>
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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of the Care Commission during the course of this inspection. The findings contained within this report do not exempt the service from their responsibility for maintaining compliance with legislation, Standards and best practice.



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