



**Jersey Care
Commission**

Summary Report

Golden Gate Care Services Limited

Home Care Service

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

2, 3 and 6 February 2023

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.

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>

	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.
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Area for Improvement 4 Ref: Standard To be completed by: 3 months from the date of inspection (6 May 2023).	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.
	Response of Registered Provider: 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.

The full report can be accessed from [here](#).