

Gold Healthcare Housing Support Service

Gold Healthcare Solutions
Pavilion 5
Fairways Business Park
Inverness
IV26AA

Telephone: 01463 216 300

Type of inspection:
Unannounced

Completed on:
3 June 2025

Service provided by:
G.O.L.D. Healthcare Solutions Limited

Service provider number:
SP2014012363

Service no:
CS2016348195

About the service

Gold Healthcare are registered to provide a combined housing support and care at home service in Inverness and the surrounding areas to people living in their own homes.

Support is provided to adults who have learning disabilities, mental health concerns or physical disabilities. The service provides support which can range from a few hours a week to 24 hours per day.

About the inspection

This was an unannounced inspection which took place between 27 May and 2 June, 2025. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- Spoke or spent time with five people using the service and five of their family members
- Spoke with 10 staff and management
- Observed staff practice
- Reviewed documents
- Received feedback visiting professionals

Key messages

- There were many positive reports about the service's support
- People's support in their homes and their community benefitted their wellbeing
- People's independence and abilities were promoted
- People were comfortable with and got on well with their staff members
- The service aimed to keep very good communication with people, families, staff and external professionals
- The service had strong leadership arrangements and management were focused on positive outcomes for people
- Some improvement could still be made for some people's care and support planning

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our staff team?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

The service had a number of important strengths which, taken together, clearly outweigh areas for improvement. The strengths had a positive impact on supporting positive outcomes for people. Improvements can still be made, though, to ensure experiences and wellbeing are consistently as positive as possible.

For the most part, people felt respected and that their views and wishes were always listened to and taken account of by the service. People made decisions about how they wished their day to be, what was important to them and how liked things to be and look in their home.

People's independence and abilities were recognised. Within their own homes, people would have certain preferences for how things were arranged and done. This was acknowledged and wishes were followed. People did what they could do for themselves and staff would support appropriately. People's homes were respected.

People were often busy in their local community during the week. The service always found out what a person liked to do, what they enjoyed or was purposeful for them. Following a person's wishes and interests was central to the service and people had activities and went to places they liked each week. If a person was unsure about what they wished to do, the service explored options with them and aimed to make sure they got the most out of their day and week.

People and families reported they had a good relationship with the service. They said they felt comfortable with their staff and if someone was not a good match for them, they, or their family member, could talk about that with a senior staff member and get a change if needed.

The service knew how a person liked to communicate and express their wishes. People had different communication needs and the service identified this and adapted their approach. When needed the service sought advice and discussed matters with key others, including speech and language therapists.

The service had positive relationships with partner agencies such as health and social work. Appropriate advice was gained if needed, for example, from a dietician if a person had specific dietary needs. The service worked in a very collaborative way for the benefit of each individual it supported. Overall, people's care and support plans contained helpful and detailed information about their needs, wishes and how best to provide support. They included guidance gained from relevant health and social care colleagues such as epilepsy nurses and psychologists. People experienced safe and beneficial care.

Overall, people got the right support with their health needs. However, there were some small improvements that could still be made in support with medications. Occasionally, recording on people's medication administration record (MAR sheet) was not as well completed as it could be and this could be confusing and possibly lead to a mistake. Also, when a person was supported to have one of their 'as required' medications (medication, for example, that's taken only sometimes, such as for a temporary pain) staff were not always completing how effective the medication was.

There was an example of insufficient information within a person's care and support information, and arrangements for the regular, six monthly, reviews were not always clear. We discussed this with the management as these processes should always be robust.

This is so that people can have confidence that regular checks for their care and support always take place. It is important that there are formal opportunities, review meetings, to express views and make changes when suitable.

In some of the more general record keeping and reporting there were occasional gaps or out of date documents. Again, this type of matter has potential to be misleading and lead to errors. The service agreed that monitoring checks to improve these matters will be useful.

How good is our staff team?

5 - Very Good

We evaluated this key question as very good. The service has major strengths and there were very few areas that it could improve in. While opportunities are taken to strive for excellence within a culture of continuous improvement, performance evaluated as very good does not require significant adjustment.

Staff were recruited appropriately. Suitable checks were undertaken and interviews took place to ensure people were supported by staff that have the right qualities for health and social care. The approach taken by Gold showed a strong commitment and recognition of the importance of the staff team for people. People can have confidence and trust in their staff.

New staff received thorough induction training and support to learn their role and responsibilities. This included working alongside more experienced staff so that they properly got to know the person they'd be supporting and for the person to get to know them. Regular staff had ongoing training to keep their knowledge and skills up to date. People were supported by able and motivated staff members.

Communication within the service, between staff members in the same team, and between staff and the management and office team was very good. There was a strong understanding that everyone had to be kept up to date and informed of any key matters about people's care and support. This helped make sure people were helped to keep safe and get the most benefit from their support.

Staff members were positive, motivated and enthusiastic about supporting people. They felt valued by the management team and that they were given the right information and guidance for supporting each person well. They reported that it was easy to talk to anyone in the office and felt that any concerns they brought up were given proper consideration. Their knowledge and insight into individuals was always asked for. People had staff and management that worked together very well to ensure the best outcomes for them. This supported positive health and wellbeing for people.

Staff were matched to people as much as possible. People usually had very stable staff teams and they had got to know each of their staff members well and were comfortable with them. Having consistent staff members ensured that staff knew all the important information about the person supported.

Family members reported favourably about staff. They found staff to have a warm and friendly manner. Communication, again, was reported as very good. People and families were reassured by staff's caring and professional communication.

There were many positive comments about staff. People and families, for example, said:

- 'Happy with staff.'
- 'Current staff very good.'
- 'They know his likes and dislikes.'

Staff also reported that they enjoyed working for Gold. Some comments were:

- 'Gold is, overall, an excellent employer.'
- 'Each team is carefully picked.'

Often, the support guidance written for staff to follow was of a high standard. It explained a person's support and needs in a clear and detailed way. This helped staff to know what to do. For example, what to say or to understand when someone was experiencing a difficulty during their day. Staff had insight into what might make a person frustrated or why their routine was important to them. People were supported to keep safe and maintain good wellbeing and health.

The leadership was strong in this service. Management were open and constructive in their approach with staff members. Staff felt management were very approachable and good at listening. Staff members felt appreciated and that management looked out for them and their best interests. All this helped staff to be confident in their role, work well as a team and keep their focus on the needs and wishes of people supported.

The management team worked closely together. They had opportunities each week to discuss complex matters in detail with each other. They reflected on what was working well for people's support and where, possibly, changes should be made. Management were open to different ideas and approaches. This meant people and staff benefitted from management's experience and attention.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure that people's medication administration system adheres to good practice guidance, the Provider should ensure that;

- a) where medication is prescribed 'as required,' staff should evaluate and document the effectiveness of the medicine on the medication administration record, to ensure it is meeting people's health and care needs;
- b) ensure that topical medication records are accurately recorded to include a body map which identifies the location of different topical medications; and
- c) use an appropriate pain assessment tool to obtain a clear picture of a person's pain and develop a pain management plan.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'Any treatment or intervention that I experience is safe and effective.' (HSCS 1.24)

This area for improvement was made on 1 December 2022.

Action taken since then

This was met.

Overall, we found, with the odd exception, that the service was robust in recording of medication supporting for people. The guidance for staff was clear and this helped make sure people always got right the support with their 'as required' medication or for topical medications like creams and ointments. There was detailed information for when people may be experiencing pain, including for people who were not always clearly able to say they were in pain and where the pain was. For people's medication support there was still some small improvements that could be made, for example, staff making sure all information is always recorded clearly. The service's quality assurance process was suitably focused so that any improvement needed will be identified.

Previous area for improvement 2

To ensure management and leadership actions positively impacts on the care and support people receive, the Provider should as a minimum, ensure people and their family/guardians are included in decisions about significant changes to a service being provided.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state: 'If I am unable to make my own decisions at any time, the views of those who know my wishes, such as my carer, independent advocate, formal or informal representative, are sought and taken into account' (HSCS 2.12) and 'if a decision is taken against my wishes, I am supported to understand why' (HSCS 2.13).

This area for improvement was made on 1 December 2022.

Action taken since then

This was met.

We saw the service always strove to discuss significant matters and any changes with people or their representative. The service understood the importance of being included in decision about their own care and support for people. Very occasionally, we noted where there were different agencies involved in a person's support or a matter was very complicated, a different partner agency may undertake the communication. We discussed this with the manager at Gold as this could lead to confusion for people.

Previous area for improvement 3

To ensure people's human rights are central to the support and care provided, the Provider should ensure, as a minimum that;

- a) where any restrictive practices are place, particularly where they are used to keep people safe, these are kept to a minimum;
- b) multidisciplinary team (MDT) risk assessment is undertaken to inform decision making and appropriate advice is sought where required to ensure there are sufficient powers available;
- c) there is evidence of discussion with family guardians/gaurdians; and
- d) people's support plans contain the most up to date information and evidence of the legal arrangements for safeguarding people, who lack capacity to make some or all decisions for themselves.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My human rights are protected and promoted and I experience no discrimination (HSCS 1.2) and 'If my independence, control and choice are restricted, this complies with relevant legislation and any restrictions are justified, kept to a minimum and carried out sensitively' (HSCS 1.3).

This area for improvement was made on 1 December 2022.

Action taken since then

This was met. The service was very collaborative with partner agencies. Decisions were taken via consultation and in accordance with risk assessments undertaken and recognition of any legal considerations. Overall, the service made sure people, or their representative, such as a welfare guardian, were centrally involved in any important decision making discussions that involved a restrictive practice. People's care and support plans and documents were up to date and this helped to ensure their rights were protected.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our staff team?	5 - Very Good
3.3 Staffing arrangements are right and staff work well together	5 - Very Good

To find out more

This inspection report is published by the Care Inspectorate. You can download this report and others from our website.

Care services in Scotland cannot operate unless they are registered with the Care Inspectorate. We inspect, award grades and help services to improve. We also investigate complaints about care services and can take action when things aren't good enough.

Please get in touch with us if you would like more information or have any concerns about a care service.

You can also read more about our work online at www.careinspectorate.com

Contact us

Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY

enquiries@careinspectorate.com

0345 600 9527

Find us on Facebook

Twitter: @careinspect

Other languages and formats

This report is available in other languages and formats on request.

Tha am foillseachadh seo ri fhaighinn ann an cruthannan is cànan eile ma nithear iartras.

অনুরোধসাপেক্ষে এই প্রকাশনাটি অন্য ফরম্যাট এবং অন্যান্য ভাষায় পাওয়া যায়।

یہ اشاعت درخواست کرنے پر دیگر شکلوں اور دیگر زبانوں میں فراہم کی جاسکتی ہے۔

ਬੇਨਤੀ 'ਤੇ ਇਹ ਪ੍ਰਕਾਸ਼ਨ ਹੋਰ ਰੂਪਾਂ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵਿਚ ਉਪਲਬਧ ਹੈ।

هذه الوثيقة متوفرة بلغات ونماذج أخرى عند الطلب

本出版品有其他格式和其他語言備索。

Na życzenie niniejsza publikacja dostępna jest także w innych formatach oraz językach.