

Gaudium Ltd

# Gaudium

## 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?	Requires Improvement ●

# Summary of findings

## Overall summary

The inspection took place on 31 October 2018 and was announced because we needed to be sure someone would be available at the offices.

Assured Care (Gaudium Ltd) is a domiciliary care service. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. Not everyone using the service receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating.

At the time of our inspection the service was providing domiciliary support to 11 people.

The service operates from offices close to Penrith town centre.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

The service had a registered manager. 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.

We have made a recommendation about the management of complaints and compliments.

We have made a recommendation about the implementation of the Accessible Information Standard.

We have made a recommendation about the provider's policies and procedures.

Systems were in place to help make sure people were safe and protected from the risks of harm or abuse.

Medicines were managed in a safe way. There were some gaps in the management of creams and ointments. The provider started to address these matters straight away.

People using the service had been included in the decisions and planning process of their care and support needs.

People were supported to have maximum choice and control of their lives and staff supported the in the

least restrictive way possible; the policies and systems in the service supported this practice.

There were sufficient numbers of skilled and trained staff working at the service.

People who used the service told us that the staff and management at the service were caring, kind and respectful.

People could comment or raise issues about the service in several ways including formally via a complaints process.

Information at the service was not available in various formats. However, it met the communication needs of the current people who used the service. The provider started to consider these matters straight away.

There was a quality assurance system in place at the service and the provider was open to feedback, taking action where aspects of the service required improving.

There were no breaches of the regulations. The service was meeting all of the relevant fundamental standards.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Requires Improvement ●

The service has deteriorated to Requires Improvement.

# Gaudium

## **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 was a comprehensive inspection which took place on 31 October 2018. We carried out telephone interviews with people using the service on 8 and 12 November 2018.

The inspection was announced. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service. We needed to be sure that someone would be available at the service.

We visited the office location to see the registered manager, office staff and to review care records, staff records, policies and procedures.

The inspection team consisted of one adult social care inspector.

Prior to our inspection visit we reviewed the information we held about the service, for example notifications. A notification is information about important events which the service is required to send us by law.

We asked commissioners and health and social care professionals about their views and experience of the service. We received comments from four of the people we contacted.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

As part of the inspection we spoke with one person who used the service and the relatives of two other

people who used the service, via telephone calls. We spoke with five members of staff employed at the service including the registered manager and the office manager.

We looked at the personnel records for three members of staff and reviewed the support plans of three people who used the service. We also looked at a sample of the policies, procedures and records relating to the operation of the service.

We asked the registered manager to provide us with copies of policies and procedures, the business plan and information relating to the management and support of staff at the service. The registered manager sent us the information we asked for.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of good. At this inspection, we found the service continued to be safe.

People we spoke with told us they did not have any concerns about the service. One person told us, "The staff are very competent. I have never felt unsafe with them." A relative said, "My relative has limited communication but the staff know them and their routines very well. My relative is safe with these staff."

There were systems and processes in place to help ensure people were protected from the risks of harm or abuse. Records showed that staff received training to help them identify, understand and report concerns about abuse or people's safety. Staff confirmed they had received this type of training. They were able to explain the safeguarding processes and they told us that the management team would listen and take concerns seriously.

There were risk assessments in place to help staff support people safely. The copies stored in the care records at the office, contained limited information. We showed these to some of the staff we spoke with. They told us that there were more detailed risk assessments kept in the homes of the people who used the service. The people we spoke with confirmed that they had detailed risk assessments at their home.

The office manager explained that each person had a bespoke and specific risk assessment in place. They said that the lack of detailed risk assessments in the office copies of care plans was an oversight and that this would be dealt with straight away. However, they also explained that staff had access to the most up to date information via the electronic systems in place.

There were a sufficient number of staff employed at the service to help make sure the service was provided as planned. There was a small staff team, which helped to ensure consistent and personal support was provided. People using the service told us they had the same staff visiting them. One person said, "We don't have many different staff coming in. It's much better, we get continuous care from staff that know us well." Another person told us, "I have three regular ladies visit me. They know my needs very well."

People were supported with their medicines where this formed part of their support plan. Staff had received training and had their practice checked to help make sure people were supported safely with their medicines. There were some gaps in the care records regarding the administration of creams, ointments and lotions. It was not always clear about where or how often the creams should be applied. We spoke to the registered manager about this at the time of the inspection. They addressed this matter straight away, adding body maps to care records so that staff had a visual reference of where to apply creams, ointments and lotions.

The provider had a robust staff recruitment system in place. Checks, including criminal records and employment histories, had been carried out. The recruitment systems in place helped to make sure people who used the service were protected from inappropriate workers.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

Records showed that people had been included in all decisions about their care. People's rights and choices were respected. People told us that they had been consulted about their care and support needs before the service had started. One person told us, "The staff are very understanding of my needs." Another person said, "The staff work well together. They know what I want and they know the routines. It works very well."

The service used Smartphone technology. This provided staff with up to date (live) information about any changes in people's needs, personal safety warnings or medical information. The system also provided them with the technology to submit reports and updates to the office staff, in a timely manner.

The service worked with other health and social care professionals. One health care professional commented, "I am not aware of any occasions when staff have contacted us inappropriately or not done as advised. Both the management team and care staff would seek support from us." A social worker told us, "I have never had any issues or concerns with this service."

Staff told us that they were provided with training to help them carry out their role safely and they told us that a new training package was being developed. Staff records helped to confirm that staff received training. People using the service described staff as "skilled", "knowledgeable" and "competent". One person said, "I am very impressed with the skills of the staff that come here. I have every confidence in them." Another person told us, "The staff have the right level of skill. When new staff come, they always send a trained member of staff with them. They know what they are doing."

Staff also received regular supervision and support from their line managers, including face to face meetings and observations of their practices. This helped managers to identify staff training needs and to check that staff worked safely and in line with the expectations of the service.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. At the time of our inspection there was no one using this service that needed to be deprived of their liberty.

The MCA provides a legal framework for making particular 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The service provided support with meal preparation, eating and drinking, where this had been identified as a need in people's care and support plans.



# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of good. At this inspection, we found the service continued to be caring.

The people we spoke with were very satisfied with the care and support they received from Assured Care. They all told us that they had been involved with the development of their care plans. One person said, "We are absolutely satisfied with this service. They (the staff) are brilliant. They are all very kind and respectful and do everything we expect them to do." Another person told us, "The service is excellent. I have three regular carers and they are all very mindful of my privacy and dignity. The manager checks to make sure I'm happy with the service and any changes that are made are always done with my agreement." The third person we contacted said, "When the care staff arrive I know I can walk away and take a break. I know my relative will be well cared for. They (staff) know what to do, they are kind and respectful, taking great care to maintain my relative's dignity."

One of the health care professionals we contacted said, "This service provides care for two of our most complex patients. The service has maintained these packages well and do not hesitate to seek support or communicate with us promptly to try to ensure they meet the patients' needs appropriately."

The staff we spoke with knew the people they supported very well. They spoke about them with great respect and were mindful of the importance of maintaining people's privacy, dignity and independence.

We saw from the care records that we reviewed that people had been involved in the decision making process and development of their support plans. There was limited information about people's past lives, interests etc in the care plans we reviewed. One member of staff that we spoke to suggested that the introduction of pen pictures and a photo of the person would also be beneficial. We spoke about this with the registered manager during the inspection. They later sent us some information to show that they were considering adding 'life stories' to people's care records, where appropriate.

We found that people were encouraged to comment about their satisfaction with the service. The provider used satisfaction surveys that people had completed and made comments on. People also told us that they had direct meetings with the provider or one of the seniors or office managers at the service. One person said, "They will come out from the office and discuss things with us, especially if I need anything extra."

The registered manager told us that there was an advocacy service, available via the local authority, if people needed this.

# Is the service responsive?

## Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of good. At this inspection, we found the service continued to be responsive.

Documents were available in one written format which suited the needs of the current service users. However, before we finished the inspection, the provider had started to look at producing information in various formats.

We discussed the Accessible Information Standard (AIS) with the provider as further work was needed. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand.

We recommend that the service seek advice and guidance from a reputable source, about communication needs and the implementation of the Accessible Information Standard.

People had received an assessment of their care and support needs prior to using the service. Care plans were based on the assessments and had been frequently updated so that people's changing needs could be met.

One person told us, "We have a care plan at our home. I know what is in it because I was asked about the support we need. All the information was discussed with us and we agree with the plan. The staff do what is expected of them." Another person said, "I have a copy of the care plan and risk assessments. I was asked what I wanted. If I need anything extra someone from the agency will come out and see us." A third person added, "I have a full care plan which I helped to develop. The staff look at it each day and write in it."

People were able to raise issues with the service in a number of ways including formally via a complaints process. However, none of the people we spoke with had ever had to complain about the service. They were confident that should they need to complain, the provider would listen and take their concerns seriously.

Complaints and compliments had been recorded and there was evidence to demonstrate complaints were taken seriously. However, the complaints records did not provide a clear trail to help demonstrate appropriate actions had been taken, nor did they detail the outcomes of any investigations.

We recommend that the service seek advice and guidance from a reputable source, about the management of and learning from complaints

Staff had received training to help the support people who were coming to the end of their life. One of the health care professionals told us, "The service is providing end of life care to one of our patients. There have been no problems with this care package."

The service also provides support to people who wish to get out into the community for social and leisure

activities.

# Is the service well-led?

## Our findings

At the last comprehensive inspection, we found the service was well-led and awarded a rating of good. At this inspection, we found the service continued to be well-led. There were areas that required some minor improvements and we have made some recommendations about the Accessible Information Standard, complaints, policies and procedures.

There was a registered manager at the service and they attended the office during our inspection. 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.

The service had policies and procedures in place to help make sure staff and the service, operated in a safe way. We reviewed a sample of the policies and found that they referred to out of date CQC guidance and regulations. However, most of the other information in the policies was relevant and helped to keep people safe.

We recommend that the service reviews their policies and procedures, updating them to reflect the current regulations and best practice guidance.

The service was open to feedback and immediate action was taken where aspects of the service required improving. During and after our inspection visit the registered manager provided updates of the actions they had already started to take.

There was a quality assurance system in use. Regular audits took place. Staff and management meetings were used effectively to pass on information and receive feedback about the service.

One of the health care professionals commented, "When I have communicated with the service about patients there is always a prompt response. I would say that we have a good relationship with their management team. They always give feedback when requested. I am not aware of any occasions when staff have contacted us inappropriately or not done as advised."

Staff were well supported by the organisation, the registered manager and by other line managers. One member of staff told us, "The registered manager is very good. They go out and meet all the clients and sometimes carry out the care support themselves." Another staff member said, "All the staff and management team have a good relationship. It's so friendly here just like a big happy family."

The service had clear and realistic aims and values. The service described itself as a "small and friendly care company focusing on providing a high standard of care." The people we spoke to during the inspection, confirmed that they knew who the management team were and referred to them by name during our conversations. They told us that they were consulted about their needs and about the quality of the service.

Everyone we spoke with were confident that the management team listened and took appropriate actions when needed.