

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?

Good ●

Summary of findings

Overall summary

About the service

Gaudium is a domiciliary care service providing personal care to adults living in their own homes. The service provides support to people with disabilities and older people. At the time of the inspection, the provider supported 17 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Staff provided tailored care and support. People and their relatives were very happy with the service provided to them.

People received medicines as prescribed. We have made a recommendation to enhance procedures.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We have made a recommendation to enhance future practice.

People felt very safe with care staff. Staff had received suitable training, including how to safeguard people from abuse. Staff knew how to report accidents and incidents and the provider had a system in place to learn lessons when things went wrong.

People were protected from the risk of infection as people told us staff followed PPE guidance.

Staff felt supported and confirmed they received checks on their competencies to ensure appropriate support to meet people's care needs was delivered.

Where staff provided support with food and drinks, people and relatives said staff managed this well. Healthcare professionals told us the service worked well with them for the benefit of those they cared for.

People told us staff knew them well and were very kind and caring. People and their families were involved in their care planning and were helped to lead an independent a life as possible.

People knew how to complain. People and their relatives felt the service was well run and complimented the leadership team.

The provider had systems in place to monitor the quality of the service, including audits of procedures and feedback systems to help identify areas for potential improvement. There had been a recent cyber-attack of

the providers IT systems and the provider had taken appropriate action.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 December 2018). At this inspection the rating has remained good.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Gaudium

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave a short period notice of the inspection because we were completing a remote inspection and we also needed consent from people and relatives to allow us to contact them.

Inspection activity started on 12 April 2022 and ended on 3 May 2022.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority commissioning and safeguarding teams.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with four people and 10 relatives by telephone. We spoke with the registered manager who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the care manager and contacted every member of care staff to gather their feedback. The majority of care staff gave feedback.

We reviewed a range of records. This included care records for three people. We also reviewed medicine records for every person who received support. We looked at two staff files in relation to recruitment, support and some elements of training and induction.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines were managed safely. People and relatives told us they received medicines as required. One relative said, "They do her medicines okay and it's all recorded. Everything goes on the smartphone (providers electronic system) but I can download a copy of the record if I want."
- Medicines were monitored. An electronic system was used to record medicines administered and this was checked regularly for any issues arising, including any missed medicines.
- 'As required' medicine records needed some updated to ensure they all had valid protocols in place. The provider was in the process of fully reviewing all their medicine records. This also included signing up to an organisation who was going to provide ongoing updates and changes to their medicines policy.

We recommend the provider review their policies in line with best practice guidance.

Assessing risk, safety monitoring and management

- Staff had risk assessed people in an attempt to mitigate potential harm. A small number of records required updating to ensure all risks identified were clearly documented. The provider said they would address this immediately.
- Staff could identify potential risks to people and knew how to report this to enable the risk to be addressed.

Learning lessons when things go wrong

- Lessons were learned when things went wrong. The provider had suffered a recent cyber-attack and had lost some of their records, but no care records had been effected. This had been reported to the police and the relevant authorities. They had taken police advice and were in the process of further strengthening systems.
- A relative told us the service always informed them of incidents involving their relative. They said, "[Staff member] rang me the other day as she had found my mother had fallen and I went up and we got her into hospital."

Preventing and controlling infection

- People were protected from the risk of infection. Staff followed current government guidance regarding the COVID-19 pandemic.
- The provider had an infection control policy and procedure in place, and this was in the process of being updated.
- People and relatives said staff always wore PPE to protect them. One person said, "I do feel safe with

them...they wear their masks and gloves."

Systems and processes to safeguard people from the risk of abuse

- People said they felt very safe and were protected from harm or abuse. One relative said, "Oh, (relative) is absolutely safe with them."
- Staff understood their responsibilities to protect people from abuse and had been trained in safeguarding adults. One staff member said, "I would report any suspected abuse or unsafe living conditions."
- The provider understood their responsibility to report any concerns to the appropriate authorities, including the Care Quality Commission (CQC).

Staffing and recruitment

- There were enough staff to attend care calls to people. People told us staff were generally on time and stayed for the time required. No one reported any missed calls.
- Staff were safely recruited. Suitable pre-employment checks were carried out to ensure appointed staff were safe to work with vulnerable people. This included Disclosure and Barring Service (DBS) checks and receipt of written references. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us they had enough time to travel between calls, unless an unexpected event occurred. When this happened, staff phoned ahead to let people know.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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 MCA 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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People had choice and were asked for consent before being provided with care and support.
- The management team were aware of who had a lasting power of attorney in place and were aware if they were active. Where people lacked capacity, the management team consulted with healthcare professionals and relatives to make best interests' decisions. However, these were not always formally documented.

We recommend the provider follows best practice guidance in recording capacity assessments and best interests' decisions where required.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives told us their needs were assessed before they began to use the service to ensure the provider could meet them.
- Care provided was regularly reviewed with people and their relatives. One relative said, "They do a very interactive care plan. We did it originally but I can just email the team supervisor and say 'I think (relative) needs to have more of that or stop that,' and we discuss it and she makes the changes right away on the care plan."

Staff support: induction, training, skills and experience

- Staff were trained and experienced. People and their relatives said the staff team were skilled and knowledgeable. One relative said, "They all seem very well trained."
- Staff told us they had received mandatory training from the provider and more specialist training when required. Specialist training had included catheter care and tailored moving and handling training.
- We were not able to check all training and induction records as a cyber-attack on the providers IT system

had impacted on this. However, the provider had a recovery plan in place to address this.

- Staff felt supported. One staff member said, "I am so lucky to be working for a great team. They (management) are there for all staff when needed."

Supporting people to eat and drink enough to maintain a balanced diet

- People received good support with food and drinks to meet their dietary requirement. One person said, "They do my meals. I can't manage now...they ask me what I want and put it in the microwave or make it if I need a snack, so very nice of them."
- People with special dietary needs were supported. For example, one person was supported with drink thickeners to support them swallowing.
- People's individual preferences were recorded in care records, including for example, how many sugars in drinks or if someone preferred a particular food at for lunch.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain healthy lives, including help with attending GP or hospital appointments. One relative said, "(Staff member) rang me this morning and said she had taken a water sample down to the doctors; so, they are very good like that."
- Staff worked with healthcare professionals to enhance people's lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were complimentary about the staff team and said they were very kind and caring towards them. One person said, "They are very kind and very caring to me...they are all really nice. I don't know what I would do without them. I look forward to seeing them...we have a chat and a laugh. It does make you feel better."
- Staff supported each other to enhance the care provided to people. Staff said they worked well as a team.
- Bonds had been formed between people and their relatives and the staff team involved in the care provided. One relative said, "They are very kind to my (relative) and to me, they started out as carers but now they come as friends."
- People's individual needs were met by a dedicated staff team. One relative said, "(Relative) can be difficult, but they do manage her behaviour really well...so kind and patient."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives said they could express their opinions and were fully involved with any decisions regarding their individual care or support needs. One relative said, "We update the care plan all the time really. I talk to [manager] and it's done straight away."
- People were asked the gender of staff they would prefer to provide them with care, and this was agreed.

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated with the utmost dignity. One staff member said, "[Person] now allow me to bathe her and allows me to wash and dry her hair."
- People's privacy was respected. People told us staff were respectful and thoughtful. One relative said, "[Staff] behave with good common sense."
- Independence was promoted. One staff member told us, "I assist to make nutritional meals teaching cooking skills."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives told us care was tailored around their individual needs. One relative said, "It is very responsive. I talk to (staff name) all the time. She organizes everything, and if we need to change anything or alter a prescription, I can just ring or text her...even on her days off. God love her; and she deals with everything immediately."
- Staff knew people well and people and their relatives confirmed this.
- Care plans were personalised to include individualised details of how people wanted to be cared for and supported. Some lacked detail, but after feedback the provider was going to address this.
- People were supported to maintain relationships, particularly through the recent COVID-19 pandemic. One relative said, "I'll use companionship as an example. They don't just do it, they found out what [relative] likes and what she would like to do and where she would like to go...then they do those things."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care records.
- Staff knew how to communicate with people in a way they could understand.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain, but nobody we spoke with had any concerns to disclose. One relative said, "I would know how to complain but I haven't needed to. I feel I can ring the manager anytime and speak to him about things."

End of life care and support

- There was nobody receiving end of life care, but staff would have the ability to deal with anyone at this stage of their life if the need arose.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles. During feedback it was clear that staff wanted to provide people with the best possible care and support. "I like hearing when I'm at clients houses what staff have done in previous calls and how the clients love having all of us come, and they look forward to some company."
- The management team completed audits and checks to monitor and improve the quality of the service provided. Some improvements were required, such as, more details where some risks had been identified, and some updates in medicines records. This had either been addressed or was in the process of being addressed.
- The management team were very keen to make improvements and had started to address the gaps found during our inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received person centred care from staff who wanted the best for the people they cared for. One relative said, "We text and phone. [Staff member] has bent over backwards to accommodate us. They let us know if there is anything amiss...I can only say they have been excellent."
- Staff said the management team were supportive and the team worked well to provide a quality service.
- People and relatives said that the management team were good and would recommend the service to others.
- The registered manager and care manager were passionate about the service they provided.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibility regarding the duty of candour, which included the need to apologise when something went wrong.
- The provider had notified the CQC of incidents or accidents including safeguarding concerns, which they are legally responsible to do.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People were asked to provide feedback. Feedback was requested in several ways, including via telephone monitoring and questionnaires.

- Systems were in place to check the quality of service provided, including spot checks and audits of systems and processes.
- Staff felt listened to and were confident to raise issues to bring about change. Staff meetings took place, although one staff member felt more meetings would be beneficial.

Working in partnership with others

- Healthcare professionals told us the provider and staff team worked with them to enhance people's care and provide a joined-up approach. One healthcare professional said, "I have quite a lot of direct contact with the management who seem up to date with clients."