

Gaudium Ltd

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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

This announced comprehensive inspection took place on 10 March 2016. The provider was given 24 hours' notice of the visit because the location provides support and personal care to people living in their own homes and we needed to ensure there were people in the office to assist with our inspection.

Gaudium Ltd (Gaudium) is registered with the Care Quality Commission (CQC) to provide care and support to people living in their own homes in the Eden area of Cumbria. Care is provided to older people living with dementia and other complex needs, adults with a physical disability and younger adults. The provider also operates day care facilities but these are not regulated by CQC.

This service was registered in August 2015 and this inspection was the first since registration. At the time of our visit Gaudium provided care and support to seven people in their own homes.

Gaudium had two registered managers in post on the day of our inspection visit. The registered provider and the care services manager have both been registered by CQC to manage this service.

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.

People were receiving safe care and support from this service. They were protected from the risk of harm or abuse by staff who were trained to keep them safe.

People were included in all decisions about their care and their rights were respected. The service followed the requirements of the Mental capacity Act 2005 Code of practice. This helped to protect the rights of people who may not be able to make important decisions for themselves.

The provider had robust staff recruitment procedures in place. This ensured only suitable people were employed by Gaudium to support people with a variety of needs.

There were sufficient staff employed to ensure people's assessed needs were met.

Staff were well trained and treated people with kindness and consideration ensuring their privacy and dignity were respected. Staff had formed close relationships with the people they supported.

Staff were supported by the registered managers through staff supervision.

There was an appropriate internal quality audit system in place to monitor the provision of care and support provided.

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.

People were protected from the risk of harm or abuse.

There were suitable recruitment procedures in place to ensure only suitable people were employed to work in this service.

There were sufficient staff on duty at all times to provide support to people.

Is the service effective?

Good 

The service was effective.

People were included in all decisions about their care and their rights were respected

People were supported by staff who were trained to care for people with complex and varied needs.

Is the service caring?

Good 

The service was caring.

The staff team had developed individual, caring relationships with the people they supported.

Staff interacted with people in a positive way and support was focussed on the individual and on providing the care they wanted.

People's dignity and privacy was respected at all times.

Is the service responsive?

Good 

The service was responsive to peoples needs.

People were included in planning and agreeing to the support they received.

The registered provider had a procedure for receiving and

handling complaints about the service.

Is the service well-led?

Good ●

- The service was well led.
- The registered managers had clear ideas about what this service should provide.
- The staff felt well supported by the management team in the service.
- There was an appropriate system in place for monitoring the provision of care and support.

Gaudium Ltd

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 unannounced inspection took place on 10 March 2016. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office to assist with our inspection.

This inspection was carried out by one adult social care inspector.

At the time of our inspection Gaudium provided personal care and support to seven people in their own homes.

We checked our records but could find no trace of a Provider Information Return (PIR) being sent to the registered manager for completion. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to our visit we reviewed the information we had about this service. We also spoke to the quality monitoring officer from Carlisle adult social care department about this agency during one of the regular meetings we hold with the social services department. They had no concerns about the service. In addition to this we contacted the Commissioners, who dealt with health care funding, and they had not received any complaints about this service.

On the day of our visit we spoke to two care practitioners, the two registered managers and the personal assistant who was responsible of the administration of the service. Following our visit we spoke on the telephone to four people who used this service or their relatives, if this was appropriate. We also contacted another two members of the staff team by telephone to ask for their comments about how this service was run.

Is the service safe?

Our findings

We spoke to people who used the service and also to relatives and asked them if they felt safe when receiving support from the staff who worked at this service. Everyone we spoke to gave very positive comments with regards to the support they received. One relative told us, "I have no worries about [relative] when he is receiving care. We have a small team and I know he is safe at all times. He is relaxed when the girls are with him". One of the people who received care from Gaudium said, "I was with another agency previously so was very nervous about changing but the staff put me at my ease. I feel perfectly safe when they are with me".

The care records we looked at showed that risks to people's safety had been identified and actions taken to manage any hazards. The care staff we spoke to told us they knew how to keep people safe because there was guidance in individual care records. We saw that the risk assessments were reviewed as the support people needed changed.

At the time of our inspection Gaudium employed a total of 10 care practitioners who worked for the service when required. We asked people and their relatives if they thought there were sufficient staff to meet all the individual needs of the people the service supported. People told us they thought there were enough staff and that they had a small team care practitioners who provided their support. They said to us, "The same team of carers means we get a safe and consistent service". We looked at staff rosters for the two weeks previous to the inspection and also for the week following our visit. that showed that the service employed sufficient staff to meet all the assessed needs of the people they supported.

We saw that recruitment procedures were in place and were being followed in practice to help ensure staff were suitable for their roles. This process included making sure that new staff had all the required employment background checks, security checks with the Disclosure and Barring Service and references taken up.

We looked at the recruitment records for four staff members. We saw that thorough checks had been carried out to ensure that new staff were suitable to work in people's homes. People could be confident that the staff who visited their homes had been recruited using safe procedures.

The registered managers we spoke to were confident that staff would report any concerns they had about possible abuse to people who used the service. All staff had completed training in how to keep people safe from the risk of harm or abuse and the provider had a whistle blowing policy in place.

When we spoke to staff they said, "I would certainly report anything I thought wasn't quite right and I am confident I would be listened to. I know the manager would do something about it".

Although staff had completed training in safe handling of medicines the provider, who was also one of the two registered managers, told us he had arranged for more medicines training to be provided by an external training provider to further enhance the skills of the staff.

Is the service effective?

Our findings

People and their relatives told us they thought the staff had the skills to care for those who were supported by Gaudium. One person said, "I haven't used the service for very long and I am much happier with this agency than I was with the one I previously used. The staff really know what they are doing They really employ good staff".

The staff we spoke to told us they were able to access a good range of training although currently much of it was on line E learning. One of the registered managers was a trainer for moving and handling and this ensured all staff were kept up to date with this discipline. We were given a copy of the training plan which showed that other training had been completed in safe handling of medicines, food hygiene and the Mental Capacity Act. Other training such as equality and diversity, health and safety, communication and infection control had been completed as part of the care certificate qualification. The provider told us that in future he would be arranging more 'face to face' staff training courses through an external provider and reducing the amount of E learning.

Both registered managers demonstrated a good knowledge and understanding of the Mental Capacity Act 2005 (MCA). 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 care staff we spoke to showed they understood people's right to maintain control over their lives and to make decisions about their support. They confirmed that they had completed training in the MCA that had helped them to understand the importance of giving people time to make their own decisions about their care and support.

We saw that people who used the service were included in planning and agreeing to the care they received. Everyone we spoke to said that the care staff asked what support they wanted and respected the decisions they made about their care. We saw, in the care plans, that people had expressed their views about how their care was to be delivered. Each care plan contained a daily record showing 'tasks for the day' that had been written by the person concerned. The registered manager confirmed that these details were given to each of the care practitioners before they started to work with people.

Staff told us that they would contact a GP in an emergency if the person they were supporting asked them to. They would always contact either of the two managers to confirm they had taken done this so the records could be updated.

Staff we spoke to told us that there were two people who needed encouragement to maintain a healthy diet and they assisted these people to eat regular and nutritious meals.

Is the service caring?

Our findings

People told us they found the care practitioners kind and caring. One person said, "I am a very nervous person and have recently changed to Gaudium. I was a bit afraid but the staff are lovely and so kind".

Relatives said, "I cannot fault the staff team that come in to our home. We have a small but very caring team that my relative really likes". Another relative said, "I have just changed to this agency and what a difference in the staff. I think it is because the agency is small that it can provide a very personal and caring service. I only hope it doesn't grow too big". Another person said, "My relative is so much happier now. They know the girls and although verbal communication is limited the girls know just how to talk to him. He is much more at ease when they are assisting him than he was before".

The staff we spoke to said how important it was to protect people's privacy and dignity. One of them said, "It is not easy accepting people to your home to give personal care but we always try to put people at their ease and make sure they feel comfortable with us". One family member said, "They always ensure my [relative] is relaxed and treat him with dignity. They make sure I am alright too".

Both registered managers were knowledgeable about advocacy services and confirmed that the agency had two professionally qualified people who had volunteered to work with the management team. Although, currently, there was no one supported by Gaudium that required an advocate either of the two professional people would be able to give advice about accessing appropriate support for people if this was necessary. An advocate is a person who is independent of the service who can support people to make decisions about their lives or to raise concerns about their support.

During our inspection visit we discussed the care that may be required to support people who needed 'end of life' care. One of the registered managers told us she had completed the 'six steps' training package and although this had not been used yet she would be cascading some of the training down to the care practitioners. This training course helps staff to develop an awareness and knowledge of how best to support people who are nearing the end of their life.

Is the service responsive?

Our findings

We saw, from people's care plans, that following referrals from the local authority's adult social care team or Cumbria Commissioning Group a full assessment of needs was completed by the registered manager that had delegated responsibility for care. This assessment formed the basis of the care plan and covered every aspect of the care required to maintain people's health and wellbeing.

During our visit to the agency we spent looking at four of the seven care plans. These were kept in paper form and also kept on the computer system. Six of the people supported by Gaudium had their records held on the computer system whilst one person had requested they had a paper copy instead.

The provider explained how the system worked and told us people and their relatives were happy, in the main, not to have paperwork in their own homes. Records could be accessed by the people supported by the agency and also their relatives if this was appropriate. Everyone had their own password to log on to the system and only read the documentation pertaining to themselves. This system was discussed with people before the package of care started when people were given the choice of having paper copies or not.

The care plans we read were up to date and gave staff clear directions about what support was to be delivered and how. We saw that the support plans were reviewed if people's needs changed to ensure they contained accurate and up to date information.

From our discussions with care staff we found that they knew the people they supported very well and the care they required.

The registered manager responsible for the delivery of care reviewed the care plans every six months unless there was a change to the assessed needs or the requested routines.

We found that Gaudium was responsive when it came to responding to changes in the assessed needs or to the timetable agreed when the service started. We were told by one person, "They have changed the time for me and given me an extra 30 minutes to cover time before my family come in to assist me. There was no problem with this it was so simple to arrange".

Prior to our inspection CQC had received an anonymous complaint about the way this service operated. When we discussed this with the provider they were aware that this complaint might be made. We looked into the complaint and checked the documentation and could find no evidence to substantiate the claims made.

Everyone who used this service was given information following the initial request for support. Included in this information were details of how to make a complaint and the time allowed for the response of the provider. No one we spoke to during our visit and the contacts we made after had found the need to raise any complaint or concern. They said, "Communication is very good and if I have anything to say I just contact the office".

Is the service well-led?

Our findings

We found that Gaudium had two experienced managers who were both registered with CQC. One of them was also the registered provider.

People who used this service, their relatives and staff we spoke to during and after our visit thought Gaudium was a well run service. Relatives said, "I can speak to either of the managers if I need to. They run a very good service which is open and person centred. I expect that is because it is not huge like some others".

Both registered managers also provided personal care and support as part of the team and saw this as a means of monitoring the quality of the care provided. They told us it gave them opportunities to speak face to face with people the service supported and also their family members.

The staff we spoke to said they always felt well supported. One of the care practitioners said, "I haven't been here very long but it is so much better than my last job. The manager doubles up with us and gives extra support that way and she is always at the end of the phone seven days a week".

The registered manager with responsibility of care also monitored the quality of service through 'on the job supervision' which also gave her the opportunity to speak to people being supported to check that they have no complaints or concerns. These checks formed part of the supervision process and were recorded in the staff personnel files.

Systems were in place to monitor the quality of care provided both formally and informally. Questionnaires had been sent out to people who used the service in October of last year. We looked at some of the replies received and saw they were very complimentary. Comments included, "Carers are excellent at anticipating what I want", "We have been very happy with the carers" and "All the staff are kind, thoughtful and caring".

In January 2016 the personal assistant who was responsible for the administration of the service had completed a full internal audit of the way the service was run and gave us a copy to read. It covered the way the service was run and the care and support provided. This was the first full audit since the service started and it showed there were some areas that could be improved in order to enhance the care and support already provided. Examples of this were ensuring all the assessments and care plans are signed by the person or their representative, ensuring all the food diaries in use are always up to date and staff meetings to be held more regularly with information being available to all staff. Plans were already in place to act on the areas highlighted in the report.

The registered provider told us that the service worked well with external agencies such as health and social care commissioners to ensure any transition between services caused as little inconvenience as possible to people.