

Gogomadu Care Limited

# Gogomadu Cares

## Inspection report

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Date of inspection visit:  
14 December 2022  
16 December 2022

Date of publication:  
10 January 2023

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Gogomadu Cares is a domiciliary care service providing personal to people in their own homes. 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. At the time of our inspection there were 11 people receiving personal care from the service.

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

People were cared for safely by a consistent care team who understood risk management. Risk assessments were in place and updated as required. Medicines were safely administered by staff who were trained to do so.

Staff had enough personal protective equipment, and people told us it was always used. Staff were trained in infection control procedures and understood risks in this area. Staff were recruited safely in to the service and were suitable to be working in care. People told us staff arrived on time to provide their care.

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.

Staff and management were clear about their roles, and people we spoke with felt the service was well run and managed. Staff felt well supported, and audits and checks were in place to ensure issues were addressed promptly.

The management understood information sharing requirements, and worked alongside other professionals as required to ensure a good quality within the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good published 24 December 2019.

### Why we inspected

The inspection was prompted in part due to concerns received about staff timeliness and failures to carry out required tasks. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained Good.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Gogomadu Cares on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Gogomadu Cares

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service also provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. At the time of this inspection, nobody living in a supported living setting was receiving the regulated activity of personal care.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 14 December 2022 and ended on 16 December 2022. We visited the location's office on 14 December 2022 and made calls to people and staff on 16 December 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people, and 4 relatives of people who used the service for their feedback. We also spoke with 3 care staff members, the registered manager, the care manager, and the office manager. We reviewed multiple documents including care plans, risk assessments, care call logs, audits, and staff recruitment files.

# 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. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with all felt comfortable and safely supported by staff. One person said, "I am perfectly safe. Everything is how I want it, I have no concerns." A relative of a person using the service said, "[Name] is in safe hands with the staff. I wouldn't want to change them."
- Systems were in place to ensure that safeguarding concerns were reported on, and staff knew how to recognise the signs of abuse, and what to do. One staff member said, "All concerns are reported to my line manager or above if needed, the council."

Assessing risk, safety monitoring and management

- Where risk was present in people's lives, assessments had been carried out to document them and guide staff in how to work safely with people. This included assessments on skin care, medicine administration, mobility and the environment. We saw that risks were reviewed regularly and updated to reflect any changes.
- Staff told us they had access to care plans and risk assessments and understood what to do. One staff member said, "There are folders in people's houses we can refer to, and there are clear instructions on what to do on the electronic system."
- We saw evidence of the service identifying risks in people's lives, and making referrals to other healthcare professionals to ensure they got the support they required to manage the risk as best possible.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. However, some further detail was required within some people's files, to ensure it was clearly documented how a person's capacity had been assessed. The registered manager told us they would make the required changes immediately. At the time of inspection, nobody being supported lacked capacity in any area.

Staffing and recruitment

- Staffing levels were sufficient to meet people's needs promptly. People told us staff arrived on time. One person said, "Yes they are on time. If the weather is bad or they get held up on occasion they might be delayed, but mostly it's fine."
- An electronic call monitoring system was in place, which evidenced staff timings with care calls. We saw evidence staff were arriving on time, however, it was not clear how the system would alert management staff promptly, should a staff member miss a care call, and therefore allow management to take action. The office manager explained the system in use was relatively new, and they would enquire about how alerts would be made. We saw that care timings were regularly checked and audited by management.
- Staff were recruited using safe recruitment procedures. This included employment references, ID checks, and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Systems and processes were in place to support people safely, where required, with their medicines.
- An electronic system was in place to manage medicine administration. Medicine administration records [MAR] we looked at were completed accurately, and were regularly checked to ensure any mistakes were found and acted upon.

#### Preventing and controlling infection

- Systems and processes were in place to protect people from the risk of cross infection.
- Staff had received training in infection control, and told us they had enough personal protective equipment [PPE] to work safely with people. People we spoke with confirmed staff worked safely in this area.

#### Learning lessons when things go wrong

- When any accidents or incidents occurred, they were recorded accurately and actions were created and followed up on. Staff knew how to report any incidents, and all information in this area was reviewed and checked by management, to ensure lessons could be learnt.



# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff all feedback positively about the service, and felt that it was well run, and achieved positive outcomes for people. One relative told us, "This is the third care company we have had, and it is by far the best one. They are very efficient. I have access to the online care notes which is very useful to see what's going on." Another person said, "I feel very fortunate to have them, everything I ask for, I get."
- People felt involved in their care and able to feedback when they needed to. One relative of a person said, "I have received a questionnaire, and I have all the contact details of the office, so feeding back any information is not an issue. We do feel listened to and involved in what goes on."
- Care plans documented people's personality, background, and lifestyle choices, and fully considered their equality characteristics.

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 registered manager was aware of the duty of candour, and that if mistakes were made, they had a duty to be open and honest and take any necessary action.
- The registered manager understood information sharing requirements and knew that when concerns were identified, notifications should be sent to the CQC as required by law.

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

- Managers and staff were clear about their roles and knew what was expected of them. Staff all felt well supported in their roles. One staff member said, "The training is good, I felt well prepared for the role of carer. If I need any support I can ask for it." Another staff member said, "The managers are compassionate people who try hard, and communicate well. I am happy with my job."
- The management team were knowledgeable about the skills of their staff team and the people they were supporting. They were clear about their own roles in managing the service in a way that met people's needs safely, consistently and effectively.

Continuous learning and improving care

- Audits and checks were in place across the service to ensure any issues or mistakes could be found and

rectified. This included regular checks on call timings, staff spot checks and competency checks. We saw action was taken when required, for example, speaking with individual staff members around punctuality to drive improvement.

#### Working in partnership with others

- The management team were open and honest during our inspection, and receptive to our feedback. We saw the service worked cooperatively with the local authority when required to look in to safeguarding incidents, and with other health and social care professionals whenever input was needed towards people's care and support.