

Gogomadu Care Limited

# Gogomadu Cares

## Inspection report

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11 December 2019

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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:

Gogomadu Cares is a domiciliary care agency who also provide supported living services to some people. It provides care to people living in their own homes.

Not everyone who used the service received personal care. The Care Quality Commission (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 the inspection the service was providing personal care to 23 people.

### People's experience of using this service:

People and relatives we spoke with told us they felt safe care was delivered by staff. Staff had a good understanding of safeguarding procedures and how to report abuse.

Medication was administered safely and records kept were accurate. Risk assessments were in place to manage risks within people's lives. These assessments were reviewed and kept up to date.

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 recruitment procedures ensured that appropriate pre-employment checks were carried out. People told us that staff arrived on time, and they received the consistent support they required, often from the same staff member they knew well.

Staff were trained to support people effectively, and staff were supervised and felt confident in their roles.

When required, people were supported by staff to prepare food. When required, people had support with healthcare arrangements.

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible.

Care was personalised to each individual, and people and their relatives had a good relationship with staff.

People and their family were involved in their own care planning as much as was possible. A complaints system was in place and was used effectively.

The registered manager was open and honest, and worked in partnership with outside agencies to improve people's support when required.

Audits took place which were effective at finding fault, and appropriate actions were taken. The service had a registered manager in place, and staff felt well supported by them.

Rating at last inspection:

The last rating for this service was good (published 1 July 2017)

Why we inspected:

This was a planned comprehensive inspection

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.  
Details are in our well-led findings below.

Good ●

# 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Gogomadu Cares provides personal care to people living in their own houses and flats and provides a service to older adults and younger adults who may have physical or learning disabilities.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run, and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available. The inspection started on 10 December 2019 by visiting the office location to review records, policies and procedures. We made telephone calls to people using the service and staff members on 11 December 2019.

#### What we did:

We looked at information received from the provider, such as statutory notifications about events the provider must notify us about. We also reviewed feedback from other professionals who work with the service. We took all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with five people using the service, two relatives of people using the service, three care staff, and the registered manager. We reviewed the care records for three people using the

service, and other records relating to the management oversight of the service. These included staff recruitment files, staff training and supervision records, policies and procedures, surveys and feedback from people who used the service and quality assurance audits.

# Is the service safe?

## Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that safe care was delivered by staff. One relative said, "Yes I feel very comfortable that [relative's name] is safely cared for."
- Staff received training on safeguarding that included the reporting procedures. This meant they knew how to identify abuse and take the necessary action to protect people from harm and abuse.

Assessing risk, safety monitoring and management

- People had personalised risk assessments to cover any risks present within their lives. This included assessments on their home environment, personal care, and the management of any behaviours which challenge.
- Staff received training on how to safely use hoists and moving and handling equipment. Relatives confirmed they had no concerns about the staff's capability to safely use the equipment.

Staffing and recruitment

- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.
- One person told us, "The staff are usually on time. If they are ever late, they will have phoned me first to let me know."
- There was no electronic logging system in place to monitor staff, however regular spot checks took place which showed that staff were on time.

Using medicines safely

- Where the service was responsible, medicine systems were organised, and people were receiving their medicines as prescribed. The provider was following safe protocols for the administration and recording of medicines.
- Staff were trained in the administration of medicines, and were confident in doing so.
- Medicines administration records (MAR) were checked regularly to ensure that any mistakes were picked up and acted upon.

Preventing and controlling infection

- Staff received training on infection control. The registered manager ensured personal protective equipment (PPE), such as disposable aprons and gloves were always available, and used by staff when supporting people with personal care.

## Learning lessons when things go wrong

- Staff knew how to report accidents and incidents, and did so when required. The registered manager reviewed all accident reports to identify any themes, or trends to reduce the risk of repeat accidents.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs assessments considered their physical and mental well-being, level of independence, preferences, social circumstances, communication needs and dietary requirements.
- The registered manager and staff used recognised good practice and guidance to ensure that people's care was provided appropriately.

Staff support: induction, training, skills and experience

- Staff were trained to carry out effective care to people. One staff member said, "I have had the specialist training for percutaneous endoscopic gastrostomy (PEG) feeding. It was carried out by a health professional, who shows how it works, specific to the person we work with." We saw that regular training took place to ensure staff knowledge stayed up to date and relevant to the people being cared for.
- Staff told us they felt well supervised in their roles. We saw regular supervision took place which included spot checks and competency checks to ensure standards were kept high.
- Staff received an induction training package when they started employment to cover basic training within care, and opportunity to shadow more experienced staff and get to know people.

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

- Where the provider took on the responsibility, staff supported people to eat and drink sufficient amounts. This included recording and monitoring the food and fluid intake for some people.
- Staff understood what people's likes and dislikes were, and any dietary requirements were recorded in people's care plans.

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

- People's healthcare requirements were supported by staff who understood their needs. Care plans contained information about people's health conditions, and how staff should support them.
- The registered manager told us how people were often given support to attend appointments or go to hospital, when they did not have anyone else to take them. The registered manager said that staff were regularly using their own time to visit one person who was currently in hospital, to ensure they were getting the care they needed.

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 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.

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.

- Staff were aware of the principles of the MCA and ensured they sought people's consent before providing their care. People told us the staff respected their choices in making day to day decisions.

## 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 the last inspection this key question was rated as good. At this inspection this key question 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

- The registered manager and staff had built caring relationships with people and their families and treated people with warmth and compassion. One person said, "I can't grumble at all, the staff are very good to me." We saw some written compliments which said, 'Staff have built up a friendship with [name]. The staff member is very attentive to [name] and often goes above and beyond, staying longer than their allocated times.'
- A relative told us, "The staff have shown great flexibility with [name]. If [name] want the timing of a visit changed, they have always listened and tried to be as flexible as possible."
- Staff we spoke with said they respected and cared for the people using the service. One staff member told us, "I always care for the same person. [Name] really only likes me to care for him, so I do the calls. I make sure I am on time because I worry about him. I think of them like my own relative."

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

- The registered manager involved people and their relatives in all decisions about their care and support. We saw that meetings were held with people and their relatives when their wishes or needs changed.
- Care plans we looked at were regularly updated and were completed alongside people and their families, taking in to consideration their personal wishes.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful of their privacy and dignity. One person said, "[Staff name] Is lovely, always respectful."
- People's information was stored securely within the office, and all staff were aware of keeping people's personal information secure.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question 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

- Care was personalised and staff understood people's individual care needs and requirements. A person told us, "It's very person centred care, I basically always have the same carer, and have had them for a long time. I know them well and they know me well."
- Some people were supported to take part in activities and access the community. For example, one person was supported to go swimming several times a week. They were also supported out to lunch, bowling, and the cinema.
- We saw how staff, including the registered manager, had a good knowledge of people's individual needs and preferences. The registered manager shared an example of when a person's dog had escaped their home. The dog was found several miles away in kennels. The registered manager told us they knew how important the dog was to the person, so took them to retrieve the dog in their own time.
- We saw several examples of care planning where people were being encouraged to do as much as they could for themselves. The registered manager told us that each person got the support they required, but staff would always focus on the areas that people could still manage themselves, and promote this independence.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was aware of the requirement to provide people with accessible information, but had not been required to do so for any of the people receiving support or their families.
- One person was supported by objects of reference. Their care plan detailed what objects should be shown to them to communicate different things.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place, and people we spoke with knew about it. We saw that any complaints that had been made were sufficiently recorded, and responded to promptly.
- People we spoke with told us they had not made any complaints, but any minor concerns they had were dealt with immediately by staff, who they were happy and comfortable to talk to.

End of life care and support

- At the time of inspection, no end of life care was being delivered. The registered manager was aware of

what was required to support people who may need to receive end of life care.

# 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 the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People and relatives all felt the service was good, well run, and achieved good outcomes for them. One person told us, "I see the registered manager regularly, they are very friendly and helpful." A relative said, "I am in constant contact with the management team. They provide very good care to [name] and are well organised and approachable."
- A staff member told us, "The managers have gone out of their way to make sure we [staff] are ok. It's much better than the company I used to work for, you feel appreciated and listened to." Another staff member said, "It's a small 'hands on' company. The managers both carry out care calls themselves and know people really well."

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 fully aware of the requirements under the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. They kept in close contact with people using the service and their relatives and was proactive in meeting people's changing needs.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted upon.

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

- Regular audits were carried out to ensure quality remained high and any mistakes were picked up on. For example, we saw MAR audits which had picked up on missing information, and the action was taken to improve.
- All the staff we spoke with said they were clear about their roles and responsibilities, and felt they got the support they required from the management.
- The rating from the previous inspection was displayed within the office as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and staff were engaged with by the management. A staff member said, "I'm on a team that is really good to work for. The management is excellent and we can feedback and be listened to." All the people we

spoke with said they had regular contact with the registered manager.

- We saw a written compliment which said, 'If I had any issues to discuss, the managers were easy to talk to, wanted to help in whatever way they could, and we soon bonded a partnership between us which helped to make [name's] care run smoothly.'

Continuous learning and improving care

- User feedback surveys were sent out to people and their relatives to check on the overall quality of the service provided. Actions were taken to make improvements to people's service, as required.

Working in partnership with others

- The management team and staff worked closely with outside agencies including specialist health and social care professionals to ensure people's health needs were met. This included making referrals to the appropriate professionals when people's needs changed.