

Gogomadu Care Limited

Gogomadu Cares

Inspection report

Unit 3, The Shield Office centre
Station Road
Burton Latimer
Northamptonshire
NN15 5JP

Tel: 07928667381

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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

'Gogomadu' is a small family run domiciliary care agency. The service provided support and care for adults with diverse needs such as, for example, physical or mental health needs, so that they are able to continue living at home in their community. There were three people using this service when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 safe. The needs of the people using the service were safely met. Assessments were in place and appropriately acted upon to reduce and manage the risks to people's health and welfare. People were protected from the risks associated with the recruitment of staff by robust recruitment systems and the provision of appropriate training to all new recruits. There were sufficient numbers of staff available to meet people's needs.

People's care plans reflected their needs and care to be provided. Staff were caring, friendly, and responsive to people's changing needs. They were able to demonstrate that they understood what was required of them to provide people with the care they needed to remain living independently in their local community.

People were treated with dignity and their right to make choices about how they preferred their care to be provided was respected. People's rights were protected. People knew how to raise concerns and complaints and the provider had appropriate policies and procedures in place to manage such eventualities.

People benefitted from a service that was appropriately managed so that they received their service in a timely and reliable way. There were appropriate procedures in place to support people manage their own medicines as part of an agreed care plan. There were also systems in place to assess and monitor the quality of the service. People's views about the quality of their service were sought and acted upon.

People were cared for by staff that had access to the support, supervision, and training they needed to work effectively in their roles. There was good leadership with regard to the management of the service.

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 benefitted from receiving care from staff that were mindful of their responsibilities to safeguard them from harm.

People were protected from unsafe care. Staff knew and acted upon risk associated with providing the level of care that was needed for people.

People received care from competent staff that had the appropriate training and experience.

Is the service effective?

Good ●

The service was effective.

People were provided with the care they needed and this was regularly reviewed to ensure their needs continued to be met.

People received a reliable service. There were contingency arrangements were in place to ensure the continuity of the service when staff were sick or on holiday.

Staff demonstrated their understanding of how people's capacity to make decisions had to be taken into account and acted upon.

□

Is the service caring?

Good ●

The service was caring.

People benefitted from receiving care from staff that respected their individuality.

People's dignity was assured when they received care and their privacy was respected.

People received their service from staff that were conscientious, compassionate, and committed to providing good standards of care. □

Is the service responsive?

Good 

The service was responsive.

People's care plans were person centred to reflect their individuality and their care needs.

People's care needs had been assessed prior to an agreed service being provided. Their needs were regularly reviewed with them so that the agreed service continued to meet their needs and expectations.

People were assured that appropriate and timely action would be taken if they had to complain about the service.

Is the service well-led?

Good 

The service was well-led.

People benefitted from receiving a service that was well organised on a daily basis as well as long term.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

The registered manager was readily approachable and promoted a culture of openness and transparency within the service.

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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 announced inspection was carried out by an inspector and took place on 25 and 26 May 2017. The provider of the domiciliary care service was given 24hrs notice of the inspection. We do this because in some community based domiciliary care agencies the registered manager is often out of the office supporting staff or, in some smaller agencies, providing care. We needed to be sure that someone would be in the service location office when we inspected.

Before our inspection, we reviewed information we held about the provider such as, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who monitor the care of people provided with domiciliary support to check if they had information about the quality of the service.

During this inspection we visited the provider's office located in Burton Latimer. We met and spoke with the registered manager and development manager of this family run service. Both persons worked 'hands on' providing care and were also directors of the company. We also looked at the care records for the three people that used the service. We looked at records related to the quality monitoring of the service and the day-to-day management of the service. With their prior agreement we visited two of the three people using the service at home and met and spoke with a relative of one of the service users.

Is the service safe?

Our findings

People's assessed needs were safely met. A range of risks were assessed to keep people safe. One person said, "It helps me feel safe knowing I can count on them (staff) arriving when they say they will."

People's care plans had been reviewed on a regular basis to ensure that pertinent risk assessments were updated regularly. People's care plan contained a comprehensive assessment of their needs, including details of any associated risks to their safety that their assessment had highlighted. The plans also provided staff with the guidance and information they needed to provide people with safe care.

People were protected from harm arising from poor practice or ill treatment. There were clear safeguarding policies and procedures in place for staff to follow in practice if they were concerned about people's safety. There were policies and procedures in place to safely support people manage their own medicines when this was an agreed part of their care plan.

Staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's Safeguarding Adults' team. They understood the risk factors and what they needed to do to raise their concerns if they suspected or witnessed ill treatment or poor practice.

People were safeguarded by staff recruitment policies and procedures against the risk of being cared for by unsuitable staff. Recruitment procedures were satisfactorily completed before staff received induction training prior to taking up their duties.

Is the service effective?

Our findings

People received a service from staff that had the appropriate knowledge they needed to do their job and work with people with a diverse range of needs. They received individualised care and support in their own home from staff that had acquired the experiential skills as well as the training they needed to care for people in a person centred way.

People received appropriate and timely care from staff that knew what was expected of them. Staff had a good understanding of people's holistic needs and the care they needed to enable them to continue living independently in their own home. There were appropriate procedures and records in place to support people whose assessed needs included managing their own medicines.

People were encouraged to make decisions about how they preferred to receive the care they needed. Care plans contained assessments of people's capacity to make decisions for themselves and consent to their care. Staff were mindful of and acted upon people's daily routines and preferences when they provided them with care.

Staff had received training and the guidance they needed to support people that may lack capacity to make some decisions whilst being supported to live in their own home in the community. 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.

Staff had access to the support, supervision, training and on-going professional development that they required to work effectively in their roles. There was a process of induction training in place for all new staff to complete before taking up their duties. This included, for example, practical moving and handling skills, safeguarding procedures, and record keeping.

Is the service caring?

Our findings

People's dignity and right to privacy was protected by staff. Staff were mindful that they were working in people's home by invitation and they were respectful of that. One person said, "They (staff) really do treat me well. I like the way they do their job. They cheer me up." Another person said, "They (staff) are always good humoured and friendly."

People were treated as individuals that have feelings, especially with regard to having anxieties about needing practical help in their own home or support to help them manage their daily lives. Staff were kind, compassionate, and respectful towards people.

People said that the staff were familiar with their routines and preferences for the way they liked to have their care provided. People received care from staff that were mindful of the sensitive nature of their work. Staff were mindful of maintaining confidentiality and policies and procedures reflected this with, for example, care records being securely stored in the agency office and information being shared on a 'need to know' basis only and with people's consent.

People received a package of information about their service and what to expect from staff. This information was provided verbally and in writing. It included appropriate office contact numbers for people to telephone if they had any queries. One person said, "I know they (registered manager) is just a phone call away if I need to get in touch with them. I can rely on that." There was also information available to people on accessing community based advocacy services should this be necessary.

Is the service responsive?

Our findings

People were encouraged to make choices about how they preferred to receive their care. There was information in people's care plans about what they wanted to do for themselves and the support they needed to be able to put this into practice. Choices were promoted because staff engaged with the people they supported at home. They asked people how they liked things done. One person said, "They (staff) don't just make assumptions; they ask me."

People's care plans contained information about how people communicated as well as their ability to make decisions about their care and support.

People received the flexible care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period when the passage of time introduced additional care needs. Where practicable scheduled support visits were organised to fit in with people's daily routines. Where it was not feasible to accommodate people's time related preferences they were offered alternative timings. One person said, "They (staff) really do their best to be as flexible as they can be."

People knew how to complain and who they could contact if they were unhappy with their service. There were timescales in place for complaints to be dealt with. There was a complaints procedure in place and there was evidence that the registered manager had fully co-operated with the Local Authority appropriately and in a timely way to deal with a complaint.

Is the service well-led?

Our findings

People were assured of receiving a domiciliary care service that was competently managed on a daily and longer term basis. A registered manager was in post when we inspected that had the knowledge and experience to motivate staff to do a good job.

People's care records accurately reflected their needs and the service that had been agreed with the person. Care plans had been reviewed as necessary to include pertinent details related to changing needs. Care records that were kept in people's homes accurately reflected the daily care they had received. Records relating to staff recruitment and training were appropriately maintained. They reflected the training staff had already received and training that was planned for the future. Records were securely stored in the agency office to ensure confidentiality of information. Policies and procedures to guide staff were in place and had been regularly reviewed and updated when required.

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Staff were provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager. These audits included analysing satisfaction surveys and collating feedback from individuals to use as guidelines for improving the service where necessary.

The registered manager was readily approachable and sought to promote a culture of openness within the developing staff team.