

GJU Services Limited

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Inspection report

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09 September 2022

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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

GJU Services Limited is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection there was one person using the service.

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

The registered manager provided safe care. Risks were assessed which highlighted the persons safety and wellbeing. Staff were aware of these and were provided with guidance, so they knew how to work safely.

There were safeguarding systems in place and staff had received training. Staff knew how to report any concerns they may have. There had been no incidents, accidents or untoward events, but a system was in place to review any should they occur.

There were sufficient numbers of staff. Robust recruitment processes were followed to ensure the suitability of staff. Feedback about staff was positive. Staff told us they enjoyed working at the service, received training relevant to their roles and felt supported by management.

The person's needs were assessed and regularly reviewed. Care plans included information needed to support them in accordance with their wishes and preferences.

Staff ensured the person was 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.

Where concerns or complaints were raised the registered manager was open to feedback and encouraged all to share their views on the service.

There were a range of checks and audits in place. The registered manager had developed a quality assurance system to ensure they had oversight of all aspects of the service. This was not fully embedded into practice due to the small size of the service at the time of our inspection. However, they were able to demonstrate how they planned to use the systems in place to ensure the quality of their service and to ensure the values of their service were upheld and demonstrated in all areas of practice.

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

Rating at last inspection

This service was registered with us on 11 November 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

GJU Services Limited

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 was completed 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.

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 able to support the inspection.

Inspection activity started on 05 August 2022 and ended on 09 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with one relative, and received their written feedback, about their experience of the care provided. We spoke with three members of staff including the registered manager, compliance manager and care manager.

We reviewed a range of records. This included one person's care plan and associated records. We looked at staff files in relation to recruitment and multiple records relating to staff training, supervision, and those relating to observations and monitoring staff practice. A variety of records relating to the management of the service, including audits, surveys and quality assurance records were also reviewed.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The register manager and staff provided support that was safe, this was confirmed by the relative.
- The registered manager was aware of their responsibility to report safeguarding concerns to the local authority, and CQC, and had a system in place to ensure any concerns were shared promptly. At the time of the inspection, no safeguarding concerns had been raised.
- Staff received safeguarding training and were clear about how to raise an alert or any concerns they may have. One member of staff told us, "I am aware of how to raise safeguarding concerns via the organisational policy and through the Hertfordshire council safeguarding procedures."

Assessing risk, safety monitoring and management

- As part of assessment and care planning, any risks to the persons health and welfare were identified and actions taken to mitigate the risk.
- Risk assessments were reviewed on a regular basis or whenever there was a change in need.
- Staff told us they felt safe working at the service. One member of staff told us, "I feel safe working in GJU Services. All risk assessments are communicated to staff through supervisions and staff meetings."

Staffing and recruitment

- The service had enough staff to meet the persons needs and to manage any changes. At time of the inspection the registered manager was directly providing care and had a small team of care staff who could provide any cover needed.
- The service had a robust recruitment process which included appropriate checks to help ensure staff were suitable to work in a care setting. Criminal record checks and references were sought before staff started working with people.

Using medicines safely

- Staff were trained to administer medicines safely.
- The registered manager had a system in place to carry out staff competency assessments and audits to help ensure medicines were managed safely.
- At the time of our inspection no one receiving a service required support with medicines.

Preventing and controlling infection

- Staff received training in infection control and had access to personal protective equipment such as disposable gloves and aprons. They told us they were clear on the actions they should take to promote good infection prevention and control.

- The registered manager ensured they remained up to date with current national guidance to ensure staff were working safely.

Learning lessons when things go wrong

- The registered manager had systems in place to help ensure learning from events, incidents or accidents that may occur.
- The registered manager told us that any learning from untoward events would be shared with staff during meetings, supervisions or via messages. No such events had occurred at the time of the inspection.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- Care needs, and preferences were assessed before the person started to receive support. This was to ensure the person's needs could be met and were incorporated into their care plans.
- Preferences were sought and recorded in detail. This included information about the persons preferred routines.
- The registered manager remained in regular contact with people, and their relatives, to ensure the planned care package was working well.

Staff support: induction, training, skills and experience

- Staff received training in areas relevant to their role. This included moving and handling, safeguarding people from abuse, health and safety and first aid. One member of staff told us, "I have all the required training and continue to have ongoing training and supervision as required."
- The registered manager had a system in place to ensure all staff received regular supervision and competency checks. This helped ensure staff were working in the required way and were provided with support in their roles. Staff told us they felt supported.
- New staff completed a full induction. The registered manager told us this included a period of shadowing experienced staff members to introduce them to people and provide opportunities to demonstrate how people wished their care to be delivered.

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

- Staff supported the person to maintain their health and well-being and to access relevant services, where required.
- Staff all knew what to do if the person became unwell or needed additional support.
- Care plans highlighted people's health history, conditions or past illnesses they had experienced which could affect their well-being.

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.

- Consent was sought and recorded before staff support the person. This was recorded within the person's care plan in relation to receiving care and the sharing of information.
- There was a system in place to ensure people had mental capacity assessments completed when needed.
- Staff received training in the Mental Capacity Act.

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.

This is the first inspection of this newly registered service. This key question has been rated good. 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

- Staff provided care that was kind and compassionate. A relative told us, "[Name of person] has always presented happiness and laughter during their (staff's) presence."
- All staff spoke about the person in a respectful way. Staff understood the need to understand the persons diverse needs, including religion, culture and language, were assessed and included in their care plan appropriately.
- The registered manager had a system in place to complete observations and seek feedback from people to ensure staff delivered care in a kind and compassionate manner.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- Care plans recorded that the person and their relatives were involved in the decision-making process about the care and support they would receive.
- There was regular communication between the management team, staff and people where all were encouraged to express their views. Any information gathered was used to develop individual care plans, where appropriate, and how the service delivered care.
- Care plans included detailed information about how to promote privacy and dignity, tailored to the person's individual needs and preferences.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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

- The person and their relatives were happy with the care they received and felt they were supported in their chosen way. One relative told us, "GJU staff have been meeting the needs of [Name of person] in a professional manner."
- Care plans were detailed and gave information to staff so they could support the person safely and appropriately.
- Care plans also recorded the person's decisions, the tasks they required support with and preferred daily routines. They also highlighted areas where staff could encourage them to be independent.

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.

- The registered manager was aware of the accessible information standard and communication needs were assessed and recorded in the care plans, with any adaptations or equipment needed recorded.
- Information could be made available in a different format, if this was required.

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

- Staff supported the person with their interests and social activities.
- We saw that records were maintained of how the person was supported by staff to carry out tasks and complete activities they enjoyed.

Improving care quality in response to complaints or concerns

- The registered manager had a system in place to record and monitor complaints. This was to ensure they could identify any action required or if there were reoccurring issues. However, no complaints had been received.

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- The registered manager was open, honest and positive. The vision and values of the service were clearly set out and reflected in their working practices.
- Feedback about the approach of the service from the person, relatives and staff was positive.
- Staff told us the service had an inclusive, person-centred approach and they enjoyed working for them. One staff member told us, "The management team at GJU services are inclusive and always ask for the views of staff."

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

- The registered manager understood their responsibilities in relation to the duty of candour. Staff told us they were encouraged to speak up if there were any issues and the registered manager welcomed their feedback. One member of staff told us, "During the staff meetings, staff are welcomed to give their views on ways to improve the services."
- There was a system of audits across all key areas of the service. Not all were being fully used at the time of the inspection due to the small size of the service. However, there was a clear system in place to address any shortfalls found. This included the information being added onto an action plan and used to give an overview of performance and any areas that may need improvements.
- The registered manager understood the requirement to report certain incidents, such as serious injuries, to the CQC, and had systems in place to do so should they arise

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

- Feedback was sought through visits by the registered manager. There were plans in place for when the service provided care to more people which included quality assurance calls and surveys. The registered manager told us this feedback would be collated on a regular basis so that performance of the service could be evaluated, and any action needed in response to findings could be taken.
- Staff feedback was sought through team meetings and supervisions. Staff were positive about the service and the management team.

Continuous learning and improving care

- The service had a culture of learning, improvement and development.
- The management team were looking for ways to further develop the service and were holding regular strategy meetings. They had membership to the local care provider's association and attended the training on offer and had updates sent to them.

Working in partnership with others

- The service only supported one person at the time of our inspection. Therefore, had not had the need to work with other agencies. The person and their relative managed their own contact with other professionals.
- The registered manager was prompt in their response to our requests for information. They were organised and shared evidence with ease. The systems in place and approach of the management team demonstrated they would be well equipped to work with other agencies and professionals when needed.