



Inspection Report on

Gofalus LTD

**Flat 1 Prospect Place
Crymych
SA41 3QQ**

Mae'r adroddiad hwn hefyd ar gael yn Gymraeg

This report is also available in Welsh

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Description of the service

Gofalus Ltd is a domiciliary support service that provides care and support to adults in the Crymych area within Pembrokeshire County. The registered office is in the heart of Crymych village. The responsible individual (RI) is Malcolm Jones who is also the manager of the service and registered with Social Care Wales. He is visible within the structure of the agency and is actively involved in the day-to-day running of the business.

Summary of our findings

1. Overall assessment

People receive a good bi-lingual service from Gofalus. They are supported by a consistent team of well-trained care staff who are committed to making a difference to people's lives. The management team promotes a culture of openness, flexibility and integrity at all levels and upholds good communication across the service.

2. Improvements

This was the first inspection following its re-registration under the Regulation and Inspection of Social Care (Wales) Act (RISCA) 2016. Improvements made at the service will be considered at the next inspection.

3. Requirements and recommendations

Section five of this report sets out our recommendations to improve the service, these include:

- To ensure reviews are recorded in files in correspondence to the timescales detailed in the Statement of purpose (SoP) and to evidence the inclusion of individuals in them.
- To implement an audit tool for medication monitoring.
- To utilise the quality review template to ensure all aspects of quality monitoring are audited effectively.

1. Well-being

Our findings

People have a voice and contribute to the decisions that affect their lives. From the onset of contact with Gofalus, the needs of people and how they could assist individuals to meet these needs was prioritised. Comprehensive assessments were carried out with individuals to understand what was important to them and to ensure compatibility of the service with their requirements. People were asked for their preferred timings of calls and these were provided as near to this as possible. People were informed of the information that was available to them and we noted that this information was available in Welsh and English. Personal plans were written to coincide with the wishes of people discussed at the assessment. Communication lines between the service and those using it remained very fluid and people were frequently asked how things were going. Family members/ advocates were also kept informed where relevant. People expressed that they were treated with dignity and respect at all times when the care workers were with them. People's rights and entitlements are actively promoted within the service.

People receive a service from consistent staff who know them well. Care workers in the service were supported and trained in their roles, which enabled them to deliver care of a high standard to people. The management team valued the care workers and this was evident from their feedback. People were complimentary of the consistency of care workers and the regularity of the service in general. Care workers had good relationships with those they provided a service to and as a result were able to recognise any health issues or safeguarding concerns and seek medical or appropriate intervention quickly. Care workers spoken too enjoyed working for the company and were very complimentary of the management structure and support available. People spoken to were aware of the complaints procedure of the service, however had never had a reason to follow it, as issues were always dealt with promptly and satisfactorily one said "*I only have to pick up the phone and X will sort it out for me straight away*". People feel safe and receive the right care at the right time.

Gofalus provides a bilingual service. From our arrival at the office we noted that office staff members were speaking Welsh, the phone was answered in Welsh and documentation available for people such as the statement of purpose and service user guide were all available in Welsh. The manager told us that all bar one office staff members were fluent Welsh speakers and 90% of community care workers were also fluent in the language. Initial contact, assessment and all aspects of the care provision was available in Welsh to people. We spoke to two people who received the service and both confirmed that they receive their care needs in Welsh. People can receive the service in the language of their need.

2. Care and Support

Our findings

People receive care that is tailored to their needs. We looked at two care files and saw that initial assessments were carried out with individuals and family members when appropriate. Personal plans were discussed, agreed and signed by individuals prior to commencement of the service. During the assessment the individuals supported were given a service user guide in Welsh or English as per their preference and the company complaints procedure was also discussed. People visited confirmed this, one said *“I would never have gone anywhere else for my care as the manager and all the carers at Gofalus grew up in the village and we know them all”*. We saw that senior carers attended to calls and updated risk assessments and personal plans as and when they needed. However, they were not always completed quarterly as detailed in the legislation and were not signed by the individuals. People’s files held in the office were easy to navigate. People spoken to were highly complementary of the service and the staff that supported them. They told us *“there all very nice, every single one of them, they are very kind and sympathetic”*, another said *“they are marvellous, they keep me in the loop with everything and they bring me chips on a Friday”*. People are able to express their views and opinions and have a proactive role in their care provision.

People receive support that maintains their health as much as possible. It was evident that continuity of care workers and consistency of call provision was the focus of care coordinators when mapping out rotas. The care coordinator explained the importance of people having regular care workers who knew them well as they were able to recognise if there were any deterioration in the health of supported individuals. We saw on recordings that contact was made to district nurses, tissue viability nurses or GP’s on individuals’ behalf when they were not well or showing symptoms of deterioration in health. Staff spoken to had a good knowledge of the individuals they supported and how to respond if there were any changes in their health or welfare. A relative told us *“they are wonderful, particularly when X wasn’t well, they were very proactive in reacting and got help right away”*. The manager told us that all care staff were trained in the prompting of medication and competency checks were seen on file to confirm this. It was also confirmed by the manager that medications in the community were set up in pre dosed boxes which were easier for staff to follow and discrepancies easy to spot. Senior carers carried out checks on medication in people’s homes, and fed back any issues to the manager on call. The manager also explained that they were in the process of initiating a medication auditing tool to further safeguard from any discrepancies and highlight any areas needed for staff training. Medication charts viewed were completed accurately and appropriately, therefore: people receive the right care at the right time.

There are clear systems in place to safeguard vulnerable people receiving care and support from the service. We saw thorough risk assessments were carried out as part of the initial

assessment process, which interlinked with the assessments on file made by other professionals and the local authority. These assessments accurately reflected the risks to the individuals and to staff delivering the service. In files maintained at people's own homes we saw, that there were signing sheets for staff to sign to confirm that care plans and risk assessments had been read and understood. We saw that all staff had completed safeguarding training and those spoken to demonstrated a good knowledge of the safeguarding process. We saw that staff had received training in manual handling and that manual handling personal plans were available in care files. People were keen to say how good the communication was with the service and said "*they ring me if they are going to be late so I don't start worrying, but they have never missed my call*". The manager told us that they had invested in a four wheel drive vehicle to ensure people still received their care calls in adverse weather conditions. People are safe and risks to their health and well-being minimised as much as possible.

3. Leadership and Management

Our findings

People can be assured that procedures are in place to ensure safe, robust and timely recruitment of staff. We looked at two staff files and both had the required documentation and background checks in place for recruitment. Disclosure and Barring Service (DBS) checks were up to date and easy to see in files, which were consistent and easy to read. We saw the training records for care workers and saw that all had completed the mandatory training modules listed in the service's statement of purpose, these included: Medication, safeguarding, First Aid and manual handling. Staff working contracts were seen on file and we saw that staff had contracted hours and travelling time was paid. The manager confirmed that all new staff completed the in-house induction training and carried out shadowing duties with competent carers in the community, until they felt confident. We spoke to a recently employed care worker who felt very supported in their new role, they said *"I've never know a company like it, it's like big family, there is a mutual respect straight off"* and *"if you call they answer straight away, you don't feel alone or left worrying"*. They felt that the induction training was good and very thorough and appreciated the amount of time given to shadow colleagues. We saw that supervision had been carried out quarterly and staff were receiving annual appraisals. People receive a service where staff are valued, supported and adequately trained to carry out their roles.

The service has a clear quality assurance process. We saw the annual quality of care review report, which detailed the responses from surveys completed by individuals using the service, we noted that these surveys were in an easy read and bilingual format. The responses of these surveys was consolidated on the report, which then identified areas of improvement and action plans of how to address these. The content of the quality of care review report lacked details in certain areas: we recommended that the RI/ Manager used the template available on the CIW website to devise the next report to ensure all required elements were included. We observed a staff meeting in the office, which was to discuss possible availability for new work with the senior carers and were told that these meetings took place every six weeks. The manager told us that staff meetings took place as and when needed and as many staff as possible would attend whilst maintaining the continuity of care in the community. However there had not been one recently due to staff shortages. We saw a range of policies and procedures which had been reviewed and updated annually. We saw that the statement of purpose was a true reflection of the service delivered. People receive quality care from a service, which sets high standards for itself, is committed to quality assurance and constant improvement.

The service maximises the resources available to provide a consistent service. We spoke to the manager who told us that the staff turnover at the service had been poor over the last year due to; eight members of staff leaving and only four new members of staff joining the team. The manager explained that due to this they had been limited to the amount of work they could take on and they would not take work if they did not have the capacity to do the

work well. Senior carers worked in the community and in the office and carried out the on call duties, as a result of this the senior carers were on hand to cover calls if needed for sick and holiday cover. Senior carers spoken to were very happy in their work, one said “*support from colleagues is second to none.*” And another said “*on call is never really that bad as we know the people we support ourselves and can do what is needed*”. The manager said that they covered calls themselves for continuity of care if needed and was always on hand to advise and assist the person on call. People benefit from an efficient service where best use is made of resources.

4. Environment

Our findings

The quality of environment is not a theme which is applicable to a domiciliary care agency. However, the agency operated from first floor offices with adequate facilities for staff. Rooms were clean and well equipped, with adequate space for record keeping. People can be assured that confidentiality is maintained with personal information stored in files, which were kept, in locked filing cabinets within the office and no personal information was displayed. Risk assessments took place in peoples own homes prior to care staff providing a service to ensure a safe working environment for the care staff, there was a small number of parking spaces available to the rear of the building. In conclusion the premises are suitable for purpose.

5. Improvements required and recommended following this inspection

1. Areas of non-compliance from previous inspections

none

2. Recommendations for improvement

- To ensure reviews are recorded in files every three months as detailed on the SOP and evidence the inclusion of individuals in these reviews.
- To implement the audit tool for medication monitoring.
- To utilise the quality review template to ensure all aspect of quality monitoring are audited effectively.

6. How we undertook this inspection

This was a full inspection undertaken as part of our inspection programme. We made an announced visit to the office premises on 3 October 2019 from 9:45 a.m. to 1:30 p.m. Community visits to speak with people using the service took place between 1:30pm and 2:30pm and a second visit to the office took place between 2.30pm and 3.30pm.

The following regulations were considered as part of this inspection:

- The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017

The following methods were used:

- We considered the RISCA (The Regulation and Inspection of Social Care (Wales) Act 2016) re registration report, Statement of Purpose and Quality Care Review prior to the inspection.
- We spoke to the responsible individual/ manager who were present during the inspection.
- We viewed the office.
- We looked at a range of records including two people's care records and medication administration records (MAR).
- We looked at two care files and two staff files; supervision and appraisal records and training records.
- We looked at policies and procedures including the safeguarding and whistleblowing policies and service user guide.
- We visited and spoke to two people receiving the service, one relatives, one professional and four staff members.
- We gave feedback to the responsible individual/ manager on the day of the inspection.

We are committed to promoting and upholding the rights of people who use care and support services. In undertaking this inspection, we actively sought to uphold people's legal human rights.

Further information about what we do can be found on our website: www.careinspectorate.wales

About the service

Type of care provided	Domiciliary Support Service
Service Provider	Gofalus LTD
Responsible individual	Malcolm Jones
Date of previous Care Inspectorate Wales inspection	This is the First inspection under the RISCA regulations.
Dates of this Inspection visit(s)	03/10/2019
Operating Language of the service	Both
Does this service provide the Welsh Language active offer?	Yes
Additional Information: The provider is a bilingual service, delivering the care and required paperwork in Welsh.	

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