

Gentle Hearts Care Ltd

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Inspection report

273 Hagley Road
Birmingham
West Midlands
B16 9NB

Tel: 01214558572
Website: www.gentleheartscare.co.uk






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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 20 June 2016 and was announced. At our last inspection in January 2015 we were concerned that people were not being supported in line with the Mental Capacity Act 2005 and we asked the provider to make improvements to ensure that staff worked in accordance with the Mental Capacity Act and receive relevant training. We saw that this action had been completed.

The service provided domiciliary care to 90 people in their own homes. There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission 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 and associated Regulations about how the service is run.

Staff we spoke with were knowledgeable about how to meet the care needs of the people they supported although records did not identify all the training staff had undertaken or when further training would be required. Recruitment processes ensured people were supported by staff who were suitable to meet their care needs.

The registered manager was aware of their legal responsibilities to notify the commission of specific events however they had not ensured their latest ratings were clearly displayed on their website. They had not established adequate quality monitor processes to identify if the service was meeting people's needs or how it could be improved. They did not always respond to concerns raised by other agencies. Audits had not always identified when errors in record keeping had occurred. Information was not reviewed for trends and to identify learning opportunities. You can see what action we have asked the provider to take at the back of the report.

Medicines were not managed safely. Medication records did not clearly indicate what medication people should be supported to take or when. Staff who were to support people to take their medication had not always indicated they had done so. You can see what action we have asked the provider to take at the back of the report.

Staff we spoke with knew how to recognise the signs of abuse. Care plans identified people's specific conditions and how staff were to support them to keep them well. When necessary the provider involved and worked with other professionals to meet people's care needs.

The registered manager sought people's views of the service. Senior staff conducted spot checks and observations of how staff supported people. We saw the providers response to complaints was not consistent or in line with good practice. You can see what action we have asked the provider to take at the back of the report.

People were generally supported by the same staff which had helped them to develop positive

relationships. Staff knew how people liked to be supported and told us how important it was for them to meet people's needs. People told us they were supported when necessary by staff to eat and drink enough to keep them well.

People we supported to decide how they wanted their care to be delivered. Senior staff would take part in best interest meetings when people were thought to lack mental capacity.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

People did not always receive their medication as prescribed.

Staff did not always have access to information about how to protect people from the risks associated with their specific conditions.

There were sufficient staff to meet people's care needs.

Is the service effective?

Good ●

The service was effective.

People's consent was obtained in line with the Mental Capacity Act 2005.

Care staff received regular training and knew how to meet people's specific care needs.

People were supported to access health care professionals when necessary to maintain their health.

Is the service caring?

Good ●

The service was caring.

People were supported to express their views of the service.

Staff were considerate and respectful of people's wishes and feelings.

The service promoted people's privacy and dignity.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Complaints were not always managed consistently or in line with good practice.

People were supported by staff who knew how they wanted to be supported.

The provider responded promptly to people's requests to change how their care was provided.

Is the service well-led?

The service was not consistently well led.

Systems in place to monitor the quality of the service were not robust and failed to identify when people were not supported in line with their care needs.

People expressed confidence in the management team and staff enjoyed working at the service.

Requires Improvement 

Gentle Hearts Care Limited

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 inspection took place on 20 June 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

We checked if the provider had sent us any notifications since our last visit. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We reviewed any additional information we held or had received about the service. We also spoke with a person who commissions packages of care from the service. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we spoke to the nominated individual for the service who was also the registered manager. We spoke with three care co-ordinators, three care staff and the service administrator. We looked at records including the care plans of six people and medication records of six people who used the service. We looked at five staff files and staff training and recruitment records to identify if staff had the necessary skills and knowledge to meet people's care needs. We looked at the provider's records for monitoring the quality of the service to see how they responded to issues raised. We also discussed how the service was responding to concerns raised by other agencies.

After our inspection we spoke to thirteen people who used the service and three people's relatives. We also reviewed additional information received from the provider.

Is the service safe?

Our findings

Although most people who used the service did not require assistance from the service to take their medication, those who did said they were happy with how they were supported. We noted however that the provider had not taken robust action to ensure people were supported to take medication safely.

Staff we spoke with said they were confident to support people to take their medications in line with their care plans but we saw they had not always clearly recorded when they had supported a person to take their medication. We found several gaps in information which meant it was not possible for staff to identify if a person had taken their medication appropriately. This put people at risk of receiving additional medication they were not prescribed. Guidance for staff was conflicting and did not clearly state what medication people were to receive and when. For example, guidance stated one person was to take four different medications in the morning but there were five medications listed as necessary. Staff had signed to indicate that the person had taken four types of medication but had not identified which ones. When people were prescribed medication on a temporary basis, staff had not always recorded when they had helped people to take these. For example when a person was prescribed eye drops staff had not always recorded if these had been administered into the correct eye. Medication audits sampled had not always identified these errors. Poor medication recording and a lack of clear guidance when people were to take their medication meant it was not possible to identify if people had received their medication as prescribed. This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with said they felt the service kept them safe. One person told us that staff were, "Very genuine and you feel safe." Another person said, "They lock up my home when they leave and I am tucked up until they arrive in the morning, that's what makes me feel safe."

Staff we spoke with were aware of how to protect people from the risk of harm. Three members of staff told us the external agencies they could contact if they had any concerns about a person's safety. Staff told us and records showed that they had received training in how to recognise and keep people safe from the risk of abuse and we saw this information was displayed in the office for visiting staff.

The provider had taken action to protect people from the risk of harm although further action was still required. The registered manager monitored accidents and incidents for trends and how people could be protected from them happening again. The care-coordinator assessed people's needs when they initially joined the service and conducted regular reviews. This ensured they had identified and were checking they were meeting any risks associated with people's conditions. Staff we spoke with were knowledgeable about the risks associated with people's specific health conditions and could describe the actions they would take to support people and protect them from harm. One member of staff told us how they supported a person who was at risk of falling and other staff were able to advise how they supported people who had diabetes. We noted however that this level of detail and guidance was not recorded in some peoples' care plans and the missing information had not been identified by the registered manager. The review of records had failed to ensure that should different staff attend they would be able to provide consistent safe care and support. Whilst people told us that they were often supported by consistent care staff this was not always happening.

There were enough staff to keep people safe and meet their needs. People confirmed that they were always supported by the number of staff identified as necessary in their care plans. One person told us, "[I have the] same lady, total continuity." Other comments included: "[Carers are] Reliable and regular;" "Staff are reliable." People told us staff had enough time to support them in line with their care needs. The relative of one person told us, "They even make time to take him for a little walk on his walker." A person who commissioned packages of care from the service said they had been concerned with the provider's ability to provide calls at times they were required and was monitoring the services' performance. The registered manager confirmed that several care staff had left the service a few months prior to the inspection and he had decided not to take on providing care to more people until staffing levels had been improved. We looked at records of staff rotas for three weeks prior to the inspection and noted that staff were often identified to support different people at the same time and there was insufficient travel time allocated between calls. Care co-ordinators and staff told us that staffing levels had improved recently which enabled people to be supported by regular staff. The staff said that they felt they had enough time to attend calls on time and the care co-ordinators felt staffing levels had improved. We saw that people had been approached to identify if they were receiving their calls when they wanted and care records had been updated to inform staff of people's preferences.

The registered manager had devised detailed processes for ensuring appropriate checks were undertaken before people were employed by the service. All staff had presented evidence that they had been subjected to a criminal record check when they joined the service. Staff spoken with told us they had not been allowed to start supporting people until this check had been completed. We saw that the registered manager took action to protect people when checks showed that there was a risk that staff may not be suitable to support people who used the service. We noted in two staff records however that further information was not sought when their referees had failed to provide all the information requested by the registered manager.

Is the service effective?

Our findings

The registered manager had taken action after our last inspection to support people in line with the MCA. The registered manager and staff we spoke with had received the appropriate training and were knowledgeable of the requirements of the Mental Capacity Act 2005.

The 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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

All the people we spoke with said that staff would seek their consent to provide care. A care coordinator told us, "We do not involve another person in someone's care unless we have their permission or they have proof of power of attorney." Records showed that when a person was thought to lack mental capacity the provider had been involved in best interest decision meetings with appropriate parties in order to ensure people received care which would respect their wishes as much as possible. People were regularly asked for their views of the service and we saw that when necessary action was taken to ensure people were supported in line with their expressed wishes. We saw evidence that the provider had taken action when a member of staff had not supported a person in accordance with the MCA.

All the people we spoke with said they were happy with the care they received. People told us that the service met their needs and supported their wellbeing. Comments included: "It's made such a big difference, all of the family are very happy;" "It allows me and my sister to spend quality time with Dad;" "They get me out of bed, help me to bath and walk, they are very very good," and, "They look after me so well."

Staff had the skills and knowledge to ensure people were supported in line with their care needs and best practice. The relative of person who used the service told us, "They know how to encourage him to take an interest," and, "He doesn't like to have the curtains open and loses track of day or night. The carer comes in bright and cheerful and simply opens them whilst talking to him." A member of staff told us, "I have worked for the company in the past and the training I got when I came back was much better. But it was good before." Staff we spoke with were knowledgeable about how to meet the needs of the people they supported. They told us they had regular training and updates when people's conditions changed which was provided at supervision and staff meetings. The care co coordinators undertook lead roles in specific issues which could affect people's care so they could provide guidance and advice to other staff about people's specific needs.

A care co-ordinator explained the provider's induction process for new staff which included an introduction to the people who used the service and observations of the new staff, to ensure they demonstrated the skills

needed to meet each person's care needs. All the staff we spoke with confirmed that their induction had prepared them to fulfil their roles and responsibilities and we noted the training was in line with current best practice. The care coordinators conducted observations and supervisions with established care staff in order to ensure they remained competent to support people in line with their care plans.

Most people who used the service were supported by relatives or friends to make their own meals and drinks. Those who required support from staff said they were happy with the support they received. One person's relative said, "I can sort out the medication and the food whilst the carer gets him up and washes him." Another person told us, "The carer knows exactly what to do. If the carer asks my father if he is hungry and he says no, the carer will still start to prepare the meal. When my father smells it cooking he starts to feel hungry and then he will eat it." Although staff were knowledgeable about people's nutritional requirements, care plans did not contain detailed information about people's conditions which could be affected by their diet.

People told us and records showed that they had access to health care professionals when necessary to maintain their health. We saw evidence that staff regularly contact doctors, therapists and social workers on people's behalf or when they felt they were becoming unwell or required their care needs reviewed. The relative of one person told us, "The doctor came this morning and I couldn't understand him, the carer is calling back today and going to ring the chemist for me and find out what it is all about. They will also pick up my prescription."

Is the service caring?

Our findings

All the people we spoke with said that staff were caring and were happy to be supported by the service. Comments included: "Staff are very, very genuine." "They are really friendly and they set me up for the day." Another person said, "I have one absolutely brilliant carer I brighten up as soon as she arrives." People told us that staff were considerate and respectful of their wishes and feelings. One person told us, "They treat me and my husband with care, respect and dignity."

People who used the service told us they were supported by regular staff and this had enabled them to develop positive relationships with them. A person who used the service told us, "I always have the same carer we have become friends." People said they were support by staff that showed them kindness and gave us several examples such as staff bringing them meals, spending extra time with them and helping with ad-hoc chores such as shopping and laundry. The relative of one person told us, "When my father was in hospital they rang to find out how he was." Staff we spoke with could explain people's specific needs and how they liked to be supported. A member of staff told us how they supported a person to wear makeup and clothes they knew they liked. Another member of staff told us how they assisted a person so they did not feel rushed or become anxious.

The provider had a process to support people to be involved in developing their care plans and expressing how they wanted their care to be delivered. Records showed that people were often consulted about their care and how they wanted to be supported. There was evidence that people regularly met with senior staff to ensure they were happy with their proposed care plans. People felt involved in how their care was provided. One person told us, "If the regular carer isn't coming they let me know who is coming." Another person said they were made welcome when they contacted the office adding, "The phone is always answered by a person [rather than a recorded message]."

The service promoted people's privacy and dignity. Staff were knowledgeable about how to uphold people's right to privacy and told us that they would knocked the door and introduced themselves before entering a person's home and a person's relative confirmed this. We saw the provider had a dignity and respect policy and staff confirmed this was explained when they started working at the service and discussed at regular meetings.

Is the service responsive?

Our findings

The provider did not operate an effective complaints system. We looked at how the registered manager had responded to a person who used the service claiming that an incident involving a member of staff had resulted in them becoming very upset and put them at risk of harm and incurring a financial cost. We saw evidence that the complainant had made several requests to discuss the incident with the registered manager. The registered manager told us that they had not investigated or responded because they had concluded the incident had not occurred.

Although the people we spoke with told us they felt concerns were sorted out quickly without the need to resort to a formal process there was no consistent approach to responding to comments and complaints. The registered manager had not reviewed the responses to a service user questionnaire they received five months earlier. Several responses had raised concerns about the service and there was no evidence they had received a response from the registered manager.

The complaints system was not effective to ensure complaints were responded to within a specific time scale or handled in a consistent manner. In one instance we saw that a complainant was told their concerns would not be investigated formally as they had not informed the service in writing. This had denied the person their right to access the provider's formal complaints system and would discriminate against people who were unable to write down their complaint. We noted that responses to complaints did not include details of the complainant's legal right to appeal to other organisations if they were dissatisfied with how their complaint was handled. Complaints were not handled in a consistent manner or in line with good practice. This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A care coordinator showed us how they made their own informal notes of people's concerns in their daily communications book and told us of the actions they had taken to deal with each one. There was no system to review these concerns or formal complaints for trends and identify how they could be prevented from happening to other people. Complaints were not handled in line with good practice.

People who used the service told us that the service met their care needs and would respond appropriately if their needs and views changed. A person who used the service said, "They are very quick to pull a carer out if it is not working." Another person told us, "If I have a problem I telephone the office they are very quick to respond."

People told us that the provider responded according to their care needs. We saw evidence that senior staff had reviewed people's care plans when their conditions changed and would involve other professionals when necessary. We saw that the service had responded promptly when people requested changes to their call times.

People we spoke with told us they received calls at times they requested. Records sampled showed that sometimes calls did not occur at the time identified as necessary in people's care plans and there was no

record if these changes had been agreed with the people being supported. A care co-ordinator told us, "Staff will sometimes agree with people when they want their calls, but they do not always tell us." A lack of accurate records meant it was not always possible to identify if the service had responded appropriately to people's care needs.

The registered manager did not respond effectively to concerns from other agencies. A person who commissioned care packages from the service told us they had raised concerns on several occasions with the registered manager that care staff were being planned to provide care to different people at the same time. From records sampled we saw that this issue remained outstanding. The registered manager told us they were responding to the commissioner's concerns including not taking on anymore care packages until their concerns were addressed. The provider had not taken effective action to prevent concerns we highlighted in our last report such as gaps in medication records and a lack of detailed risk assessments from reoccurring.

People told us and records confirmed that they were involved in reviewing their care plans and we saw that records were reviewed to reflect people's views. We noted that several carer records had not been regularly reviewed to ensure they contained up to date information. After our inspection the registered manager sent us details of how records would be reviewed. Staff we spoke with were aware of people's preferences and gave us examples of how they supported people in line with these wishes.

Is the service well-led?

Our findings

There were no systems in place to ensure audits and processes that would improve the quality of the service, such as record reviews and staff supervisions would be conducted regularly. The lack of a formal review process meant that there was a risk that reviews would not be undertaken or responded to in a timely manner.

Quality reviews undertaken were not always effective. Reviews of people's care plans had failed to identify that they did not contain detailed information for staff about how to protect people from the risks associated with specific conditions. Audits had failed to identify that medication records did not always specify when people were meant to take their medication or that staff had sometimes failed to state if they had supported people to take their medication as prescribed. There were no effective system to ensure recruitment checks were robust and identify when additional information was required from applicants and referees. The provider had not identified that records were not always updated when staff completed training. This meant that they could not easily check if people were being supported by staff who had the skills and knowledge required to meet their care needs. The complaints process was not scrutinised or identified when complaints were not being handled consistently in line with requirement of the regulations and good practice.

People told us they were encouraged to express their views about the service and felt involved in directing how their care was developed. People said they were happy to express their views about the service to the staff that supported them. We noted that the provider had conducted a survey to capture people's views about the quality of the service and senior staff regularly visited or called people in their own homes. However these had not been reviewed for trends since they were received several months ago. There was no system in place to review the surveys and ensure prompt improvements to the quality of the service. There was no robust system to ensure feedback was regularly reviewed to identify trends which could affect the quality of care people received. The registered manager did not have regard to information from other agencies in order to improve the quality of care people received. Although the local authority and Care Quality Commission had informed the registered manager several times about specific concerns with the service we found that some of these issues had not been resolved.

Processes in place for monitoring and improving the quality of the service were not effective. The provider did not have robust systems to audit, monitor and improve the quality of the service within a timely manner. They did not have regard to concerns raised by other agencies in order to improve the quality of care people received. The lack of effective oversight and governance was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

All the people we spoke with were happy to be supported by the service and pleased with how it was managed. Comments included: "Best company we have ever had, really good;" "They are all perfectly sensible people;" "If you ask them something the one day, they will make sure you get it the next day," and, "They are so good I thank the Lord daily."

The registered manager was aware of their responsibilities to notify us and had appropriately reported events they are required to inform us by law. Although the latest ratings of the service were not clearly displayed on the provider's website they had provided links to our last two reports, one of which included details of their latest ratings. The registered manager said they would review this.

Staff told us and records confirmed that leadership was consistent. All the care coordinators had worked at the service for several years and said they were happy with how they were supported by the registered manager. One person told us that the registered manager had taken action to address recent staff shortages but this had sometimes made them too busy to promptly respond to other issues raised. Although this was an issue we raised at our last inspection all the staff we spoke to said this was improving. Care staff told us that they could always contact a senior member of staff for guidance when necessary including at nights and weekends. Staff said the senior team encouraged them to seek assistance when necessary.

There was a common vision for the service which was shared by all the staff we spoke with. Staff told us they were committed to providing a good service and developing caring relationships with the people they supported. We saw this view was reflected in literature around the provider's offices and in staff training. The registered manager had conducted a survey of staff view to identify how they could support and promote this vision. However the feedback had not yet been evaluated by the registered manager. Staff said they were supported to express their views about the service and felt valued when they did so.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure the proper and safe management of medicines. Regulation 12(2)(e).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints</p> <p>The registered person did not establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons to the carrying on of the regulated activity. Regulation 16(2).</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure they had robust systems to assess, monitor and improve the quality and safety of the service. Regulation 17 (2) (a).</p> <p>The provider did not ensure they had robust systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17 (2) (b).</p>