

## Gentle Hearts Care Limited

# Gentle Hearts Care Limited

### Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

This inspection took place on 16 January 2015 and was announced. We gave the provider 48 hours notice that we intended to inspect the service. This allowed the provider time to collect information about the care people received in their homes which we might have wanted to review.

Gentle Hearts Care Limited is a domiciliary care agency which provides personal care to people in their own home. At the time of our inspection 97 people were receiving personal care from the service. 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.

At our last inspection in September 2014, we found that the provider had breached regulations relating to how people at the service were kept safe, how they supported

# Summary of findings

the rights of people who lacked capacity, how they responded to complaints and ensured that records contained sufficient information for staff to meet people's care needs. The provider sent us an action plan to tell us the improvements they were going to make to ensure the service would comply with the regulations. At this inspection we found that some improvements had been made. The provider had reviewed their complaints system and staff had received training in how to keep people safe. The provider had started to review people's care plans and risk assessments and established a system to ensure they would be regularly reviewed.

All the people we spoke with told us that they felt the service took people's safety seriously. Risks to people's health and wellbeing had been identified however in one case we found that records were not always clear about how staff were to support a person safely. We saw that senior staff responded appropriately when they received information of concern.

There were enough care staff to meet people's care needs. There was a robust recruitment process and staff received regular training to ensure they were suitable to provide care.

The providers process for recording if people had been supported to take their medicines was not robust and there was no system in place to tell care staff where or how to apply creams for people.

People who used the service told us that they were confident that care was provided in accordance with their needs. However, several members of staff said they felt rushed to get to calls on time and support people within their allotted time. The provider had recently employed a person to manager staff rotas so that care staff had enough time to travel between calls.

At our last inspection we were concerned that staff did not have an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). At this inspection we found that some of the concerns raised were still

unresolved. The registered manager and staff we spoke with were unable to explain the principles of the MCA or clarify the provider's policy for assessing if a person lacked capacity. This meant that people were not safe from having their rights restricted inappropriately. You can see what action we have told the provider to take at the back of the full version of this report.

Care staff knew how to support people to ensure they received enough food and drink and when they needed to approach other healthcare workers for additional support.

People described the staff as being kind and caring and staff spoke affectionately about the people they supported. People received support from regular staff which helped them to build up close relationships with the care staff who provided their personal care.

People and their relatives told us they felt comfortable about complaining if something was not right and they were confident that their concerns would be taken seriously. People were regularly supported to comment about the service they received and the provider took action in response to people's views about the service.

People were generally happy with the quality of the management. The senior management team was approachable however some people who used the service and staff told us that they did not always respond promptly. The senior management team was well motivated and understood the purpose and vision of the service but several staff said that some of the senior management team were not always held accountable when they failed to carry out their responsibilities effectively. The provider did not always take action when staff failed to manage medicines correctly.

The provider had several systems to monitor and review the quality of the service. They continually looked for opportunities to improve the quality of the service however several people raised concerns with the quality of the provider's invoicing system.

# Summary of findings

## 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 not safe. The provider did not have adequate arrangements to ensure people received their medications safely.

Not all care records contained guidance to ensure staff knew how to care for people safely.

People felt the provider took their safety seriously.

**Requires Improvement**



### Is the service effective?

The service was not effective. Staff were not aware of how to support people in accordance with the Mental Capacity Act 2005.

When appropriate staff supported people to eat and drink enough to keep them well.

People were supported to access health care services when necessary.

**Requires Improvement**



### Is the service caring?

The service was caring. People looked forward to care staff visiting and had built up caring relationships.

People felt the provider listened to their concerns and took appropriate action.

Staff knew how to respect people's rights to privacy and dignity.

**Good**



### Is the service responsive?

The service was responsive. Care and support was delivered in line with people's wishes.

People were regularly supported to comment about the service and people knew how to access the provider's complaints process.

**Good**



### Is the service well-led?

The service was not well-led. Staff did not always feel they received support when they needed it.

The manager did not always respond promptly to people when they wanted to discuss the service they received.

The senior management team were knowledgeable and enthusiastic about the provider's vision for developing the quality of 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 16 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and this allowed the provider time to collect information about the care people received in their homes which we might have wanted to review.

The inspection team consisted of two inspectors.

Before our inspection 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. The provider had also submitted a Provider Information Return (PIR).

This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed an action plan the provider had sent us in response to concerns raised at our last inspection. We used this information to plan what areas we were going to focus on during our inspection.

Before our inspection we spoke to a person who commissioned services to obtain their views of the service. During our inspection we spoke with two people who used the service and the relatives of two further people who the service provided personal care to. We also spoke to the registered manager, four senior staff members and the care co-ordinator. After our inspection we spoke with seven people who used the service and the relatives of two other people who used the service. We also spoke with four care staff.

We looked at records including three people's care plans. We also looked at records of staff training and to see if the provider had addressed our concerns from our last visit. We looked at the provider's records for monitoring the quality of the service and how they responded to issues raised.

# Is the service safe?

## Our findings

All the people who used the service and their relatives who we spoke with, told us that they felt people who used the service were safe. People felt confident they could raise concerns with the manager and the service took people's safety seriously. Staff also told us they could raise concerns with the management team and felt that the service kept people safe. Two members of staff told us that they sometimes felt rushed to support people's care needs within the allotted time and managers did not always respond promptly to their requests for support but they stated this had not compromised people's safety.

Staff knew how to administer people's medication safely. The registered manager told us that all staff who administered medication had been trained to do so and this was confirmed by the staff we spoke with. Each person had a specific plan detailing how their medicines should be given and the reasons the medication had been prescribed. We looked at how the agency checked that each person received their correct medication in order to keep them well and saw that care staff filled in daily records to record any medication they had prompted the person to take. However in one person's records there had been no entries for six consecutive days and the provider was unable to confirm if the person had received their medication. There was a risk the person may not have had their prescribed medication in a timely manner to keep them safe.

We saw that some people had been prescribed skin creams and the care staff were applying them. Senior staff told us there was no system in place to tell care staff where or how to apply creams for people. The agency did not keep any records of when the creams had been applied so it was not possible to identify if they had been administered as prescribed.

We saw that risks to people's health and wellbeing had been assessed and measures were put in place when risks had been identified. A senior member of staff was able to explain the specific care needs of a person who required food to be delivered via a tube to their stomach, also known as a PEG feed, but we noted that guidance had not been written down for care staff to follow.

At our last inspection we were concerned that senior staff were not aware of their responsibilities in relation to safeguarding. At this inspection we saw that improvements had been made. All the senior management team had recently received training in safeguarding and the registered manager had reviewed the service's safeguarding policies. This provided clear guidance available to staff about what action they needed to take if they were concerned that somebody was at risk of abuse.

Staff we spoke with were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff confirmed that they had received initial training in how to safeguard people and also received refresher training so they were aware of any changes in safeguarding practices. During our inspection the provider received information of concern about a person who used the service and we saw that senior staff responded appropriately to protect the person in line with the provider's policy. People were kept safe because staff knew the appropriate actions to take when they thought abuse was happening or if people were at risk of abuse.

People who used the service and their relatives told us that they felt there were enough care staff to meet people's care needs and that they were consistently supported by the same staff members. People told us that staff generally turned up on time and that two staff attended when it had been assessed as needed and staff signing in sheets confirmed this. The provider maintained a pool of bank care staff who were available to cover shifts when staff booked to work were unavailable. This ensured there were sufficient staff to keep people safe and meet their needs.

Staff told us they felt confident that they had the skills to meet people's care needs because they had received an induction and regular training to ensure they were fit to support people. One member of staff told us, "We had a thorough induction, I did some shadowing for a week," and another member of staff told us, "I did a bit of shadowing, about three days, I had a police check and my references were checked. I felt confident going out on my own." The registered manager told us they were introducing additional assessments to identify if applicant's had the appropriate personality to meet the specific needs of the people who used the service. This helps to reduce the risk of unsuitable staff being employed by the service.

# Is the service effective?

## Our findings

At our last inspection we were concerned that the provider did not have a process to assess the mental capacity of people who use the service and that staff did not have an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). At this inspection we saw that these concerns had not been addressed. The registered manager was unable to explain the principles of the Mental Capacity Act 2005 or clarify the provider's policy for assessing if a person lacked capacity. Staff we spoke with were also unclear as to the provider's policy for assessing if a person lacked capacity. One member of staff told us, "We're not clear of the process, there's no capacity assessment in place for anyone." The provider had not made any applications to the Court of Protection for approval to restrict the freedom of people or to deprive them of their liberty.

There was no process for gaining the consent of people who used the service and records contained no evidence that people had agreed their care plans. The provider told us that they did not conduct an assessment when they considered a person lacked capacity. However we saw that when a person was thought to lack capacity they were supported by relatives and/or other professionals to express their views. This is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we have told the provider to take at the back of this report.

Most people told us they were happy with the care they received however several people stated that there had been problems initially with how their care was provided. One person told us, "It is very good, they know what to do", another person told us, "Their hearts are in the right place but there's a hell of a lot to improve on."

Staff knew how to support people in line with their care plans. All the staff we spoke with were able to explain how people wanted to be supported and we saw that people were supported by consistent staff who knew people's preferences. Staff were able to tell us about people's likes, dislikes, care routines, dietary needs and medication. What staff told us matched the information in people's care plans. This showed that people were supported by staff who knew about the needs of people they supported.

Three people told us that care staff turned up on time and stayed for the required length of time however one person said that staff were occasionally late. Records we looked at confirmed this. One person who used the service said, "They are fantastic, they are very good carers. The only problem is when they are late, I just have to wait." Several members of staff we spoke with stated they often felt rushed to get to calls on time and support people within their allocated time frame. A senior member of staff told us that they were reviewing staff working practices to identify how care staff could work more effectively. This included the provider recently employing a care co-ordinator to review staff rotas so that care staff had enough time to travel between calls. The provider had taken steps to ensure the people received the care they required in a timely manner.

Staff had the suitable skills and knowledge to meet people's care needs. A member of staff told us, "The company provides training, I've finished my NVQ level 2 [Qualification in health and social care]". Another member of staff said, "The seniors come out and watch us and we have a meeting once a year to check our knowledge." Staff told us that they were confident to support people in line with their care plans and all the people who used the service we spoke to said they were supported by care staff who knew how to meet their specific needs. The provider reviewed people's knowledge as part of their induction process and training was provided when gaps were identified. Staff received refresher training and supervision meetings with senior staff so they remained up to date in knowing how to meet people's care need.

Care staff told us that they knew how to support people to ensure they received enough food and drink. Care plans identified what support people required to receive enough food and drink to keep them well and staff had recorded what people had consumed. However we noted in one person's records that the provider had not included guidance for staff to identify if a person who was known to be at risk of malnutrition was becoming unwell. This meant that it was possible to identify if people were receiving enough nutrition and fluids to maintain a balanced diet.

The provider knew how to approach other healthcare workers for additional support when necessary. For example, the records of a person who was at risk of pressure sores showed that they were regularly attended by a district nurse and care staff were monitoring the

## Is the service effective?

person's condition in line with the nurse's instructions. The provider told us that they had on occasion supported people to attend hospital appointments when family members were unavailable. This ensured that people were supported to maintain good health.

# Is the service caring?

## Our findings

A person who used the service told us, “We have a nice chat, and my carer is very friendly, she does what I want.” Another person told us, “The girls are good hearted and are absolutely kind. They do listen to me, they are caring and they do worry [about me]. They have been terribly sweet.”

All the staff we spoke with said they enjoyed supporting people and spoke affectionately about the people who used the service and it was clear that they valued their relationships with the people they supported.

All the people we spoke with told us that they were supported by regular care staff. It was evident from the staff we spoke with that they knew the people who used the service well and had learned their likes and dislikes. They knew what was important in the lives of the individuals.

Care records contained details which enabled staff to deliver care in line with people’s wishes and preferences. This had helped people to build up close relationships with the care staff who provided their personal care.

People were supported to express their views about their care. The provider conducted spot checks to observe how staff supported people in their own homes and regular quality review surveys to check that people were receiving care which met their needs. This enabled people to have their needs regularly assessed. People we spoke with told us that they felt listened to and their views were respected however two people told us that the manager had not responded promptly to their enquiries.

Staff we spoke with could explain how they implemented the provider’s policies to protect people’s privacy and dignity. We saw that the provider’s induction training provided guidance on how care staff should respect people’s privacy.



# Is the service responsive?

## Our findings

People told us that the service met their needs. One person told us, “They are very caring and they are very good at listening to what I want.”

People who used the service and their relatives told us they felt comfortable to complain if something was not right and they were confident that their concerns would be taken seriously. One person told us they, “I appreciated the call back,” when they raised concerns, however two people told us that their requests to speak with the manager were not always responded to quickly. One person told us, “They are very friendly when you phone up, I’ve phoned and left messages for the manager and its taken three weeks to get back to me.”

The provider responded to people’s comments about the service. For example, when people raised concerns about the staff who supported them senior staff had responded by observing how members of staff delivered care to them. People were given the opportunity to change the member of staff who supported them if they wished. The provider took action in response to people’s concerns.

The provider had also taken action in response to complaints about late calls. The provider had recently employed a care coordinator so that calls could be planned more effectively and staff did not have to travel so far between calls. The provider was intent on ensuring that people continued to receive their calls on time and that the risks of calls being later due to travelling time between calls would be reduced by better planning.

People were regularly supported to comment about the service they received. People told us that they were asked for their opinions on the service by senior managers who

visited them in their homes and by care staff who supported them. We saw that the provider had recently distributed a survey to people who used the service and was currently reviewing the results to identify any concerns. Comments showed that people were satisfied with the care they received and when somebody had made a negative comment the manager was able to show what action they had taken to address the person’s concerns.

One person said that they wanted to have an alcoholic drink in the evening, plus cigarettes while care staff were at their house. We saw that the provider had supported the person with their choices and had made sure that they and the carers were safe. The provider responded to people’s expressed choices and preferences.

People told us they were aware of the provider’s complaint’s policy and that they had been given a copy when they started to use the service. The registered manager had taken action when concerns were raised in order to protect people from harm or the risk of harm. This included conducting investigations and raising alerts with the local safeguarding authority when appropriate.

The provider responded to most concerns raised at our last inspection. For example they had had started a programme to review each person’s care records and a member of staff told us, “In every house I read the care plan, in the past a lot of carers hadn’t reported changes and a lot of the care plans were out of date. We’re getting on top of that now.” The provider had also introduced a system to conduct a monthly analysis of complaints in order to identify common themes. This audit identified the actions the provider was to take to resolve a person’s concerns and conduct a review to ensure their response had been effective.

# Is the service well-led?

## Our findings

People we spoke with said that they were generally happy with the care they received and how the service was managed. One person told us, “We had an issue and it was sorted out quickly, the carers are quite caring and the managers are alright.” Several people however raised concerns with the service’s invoicing system. A person told us, “You can’t make heads nor tails of what you’re paying for, they send reams of paper, it’s really difficult.” Another person we spoke with said, “The carers are fine but the invoices are wrong.”

Several members of staff felt that senior managers did not always respond to concerns in a timely fashion. A member of staff told us, “Families don’t get calls back from the managers,” and a person who used the service also said they did not always get a prompt response when they had left messages for a senior manager to call them back. They told us, “I can phone three or four times and they never call back. I tried to speak to the manager but they are never there.” This did not support people to question the provider’s practices and raise concerns.

Staff told us that senior managers were available and they had access to support and guidance when they were working outside of normal office hours. One person told us, “The support at the office is excellent, out of hours you still get the back up,” and another member of staff said, “We have ‘on call’ if there’s a problem.” However some people told us that this support was not always consistent. For example, a member of staff told us that senior staff had not identified which members of staff would cover their calls when they were away the following week and another person told us, “You sometimes feel a nuisance if you phone the ‘on call’.” This may not inspire staff to provide a quality service.”

People we spoke with told us that they were supported to comment on the quality of the care they received and how they wanted their care to be delivered. This included meetings with senior staff and expressing their views in quality surveys. Feedback from a recent quality survey showed that the people had stated they were generally happy with the support they received. Care staff had regular contact with senior staff to review their performance and identify concerns and support needs. The provider produced newsletters to update people who used the service and staff about the service’s principles and values.

Staff told us that they felt they could raise any concerns with senior staff and would not be afraid to refer to the provider’s whistleblowing policy if necessary. Records showed that the provider had taken action when staff raised concerns such as requiring additional training or reviewing people’s care needs. The provider promoted a positive and empowering culture.

The service had a registered manager who understood their responsibilities. They had responded to some concerns raised at our last inspection because staff had received training in how to safeguard people from the risk of harm and the provider had introduced a system to monitor and review complaints. However they had not responded to our concerns about how people were supported to consent when they lacked capacity. All the members of the senior management team told us that they enjoyed working at the service and felt supported by the registered manager. They expressed optimism about how the service was developing and its future vision.

There were systems to support senior staff to manage and take responsibility for their workloads and review if care was being provided in line with people’s needs and preferences. These included systems to observe how staff delivered care, update care records and review if calls were made in line with people’s care plans.

Several of the senior management team however expressed concern that their work load was not always distributed fairly and that colleagues were not always held to account when they did not fulfil their responsibilities. A senior member of staff told us that when there was a gap or error in the recording of medication it was highlighted to management in line with the provider’s policy. We saw that senior members of staff had informed the manager of four members of staff who had made frequent errors on the recording sheets however there was no evidence the manager took action to address their poor performance. We spoke to the registered manager about these issues. They told us they were aware of these issues and were working with staff concerned.

The provider had a system to assess the quality of the service they provided and identify how it could be improved. They had recently employed a person whose role was to ensure people were supported by consistent staff and late or missed calls would be identified promptly. The provider was also introducing a system which

## Is the service well-led?

organised care staff into local teams with their own specialised knowledge about people's specific conditions. This change had been introduced with aim of improving the quality of the care people received.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people who use the service, in relation to the care and treatment provided for them. Regulation 18.</p>