

Gentle Hands Care Agency Ltd

# Gentle Hands Care Agency Ltd

## Inspection report

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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:

Gentle Hands Care Agency Limited is a domiciliary care agency. It provides personal care to people living in their own houses. The service also provides care and support to 15 people living in six 'supported living' settings.

People supported by the organisation have a range of physical and mental health needs and people who have a learning disability. At the time of our inspection the service was providing care to 25 people.

The supported living service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of the service

People and their relatives were happy with the service and told us staff were kind to them, and understood their needs. Care was provided by staff who had worked on a consistent basis with people which contributed to a good quality service.

Risk assessments were in place to provide guidance to staff and care support plans were comprehensive and up to date. People were safeguarded against the risks of abuse and harm by the systems and by the staff. There were enough staff to meet people's needs and provide responsive care.

Safe recruitment practices took place so staff were considered appropriate to work with vulnerable people. Staff received training and supervision for their role.

People were 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.

People were supported to access external health professionals to help promote good health and wellbeing. There were effective quality assurance processes in place including spot checks of staff and audits of medicines.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection:

The last rating for the service was good (published 4 August 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our Safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our Effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our Caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Gentle Hands Care Agency

## Ltd

### **Detailed findings**

## Background to this inspection

### The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

### Inspection team:

The inspection was carried out by one inspector and an Expert by Experience who made telephone calls to people and their family carers to get feedback on the service. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses. This service also provides care and support to people living in six 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

### 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 in the office to support the inspection.

Inspection activity started on 20 January 2020 and ended on 23 January 2020. We visited the office location

and one of the supported living services on 20 January 2020, phone calls took place on 22 and 23 January 2020.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection:

We spoke with three people who used the service. We also spoke with the registered manager, the director, the field care co-ordinator and the staff member responsible for recruitment. We also spoke with three care staff.

We reviewed recruitment records for three staff members, training and supervision records. We checked complaints, accidents and incidents, quality assurance processes and safeguarding records. We also looked at five people's care records.

We received feedback from one health and social care professional on the day of the inspection.

After the inspection:

We asked for additional information regarding training, one person's recruitment records, and quality assurance documents. We also spoke with 13 family carers to get their feedback on the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risk assessments were in place to guide staff in managing people's risks. They covered areas such as behaviours; use of kitchen equipment; safety in the community and risks related to medicines management.
- Risk assessments were in place for people in supported living services in the event of fire and the need to evacuate the building as well as addressing risks related to personal care, safety, and community engagement.

### Using medicines safely

- Medicines were stored and administered safely.
- Relatives told us they felt confident about the service's ability to manage medicines. Comments included "They're quite strict with her medication and diet because she's a diabetic. I think they're very good" and "If there's ever been a question they have come back to clarify, so I feel very confident."
- Medicine administration records (MARs) were in place at supported living services and in people's homes and they were collected at the end of the month and brought to the office for review so that the registered manager could ensure medicines had been managed safely.
- The service carried out a check of stocks against MAR records on a monthly basis in the supported living services.
- Staff members' competence was checked for medicines administration on a yearly basis as part of a quality spot check.

### Staffing and recruitment

- Recruitment processes were safe, well documented and all relevant checks and references were obtained prior to staff starting work. This meant staff were considered safe to work with vulnerable people.
- We asked relatives if they had regular care workers and if they arrived on time. Feedback from relatives included "He's had the same consistent two [carers] and the beauty of that is, they know each other well" and "I feel I know them well enough to trust them with [Name]. His needs do seem taken care of." We were also told "If they are late they'll let me know, but they've never missed a visit."

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination. One person told us "I feel safe." Relatives told us, "He's safe. He's been with them a long time now" and "She's as safe as she can be."
- Staff were able to tell us how they would respond if they had any concerns regarding abuse and how to whistleblow.
- We found one recent safeguarding concern that had not been notified to CQC, this was an oversight by the

registered manager. They told us they would amend the form to remind all staff of this requirement. By the time of writing this report we had received the notification.

#### Preventing and controlling infection

- Staff had access to personal protective equipment (PPE) such as gloves and aprons and relatives confirmed staff used them. At the supported living service we found the house was clean and food was stored and labelled appropriately. Relatives confirmed this; "Absolutely. It's spotless." This meant there were effective infection control systems in place.

#### Learning lessons when things go wrong

- Records were kept of incidents and accidents, with information on action taken. However, the outcome and learning were not always recorded from events, although the registered manager could tell us of the learning that had taken place. The registered manager told us they would review the form to prompt staff to give more information, and would ensure a member of the management team periodically checked documents for trends.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 guidance standards and the law

- The registered manager assessed potential new referrals to ensure people's health and care needs could be met by the service and they had suitable staff to carry out the visits at the time chosen by the person. The registered manager integrated the views of the person, family and professionals who were familiar with the care needs of the person.
- They also assessed risks to the person's health and well-being and the environment for health and safety purposes.
- The registered manager told us they kept up to date with best practice by reading publications, attending forums and working closely with other health and social care professionals. They delivered care in line with best practice standards and the law in relation to health and safety and provision of care.

Supporting people to live healthier lives, access healthcare services and support;

- The service was effective in supporting people to access healthcare services to maintain good physical and mental health. Care records showed the involvement of a range of professionals including GPs, mental health workers and other health and social care professionals.
- Relatives appreciated the support from the service. Feedback included "They're very much part of the conversation when we have visits from the physio and speech and language therapist" and "Recently they noticed something that needed medical attention and they were straight onto it. They rang the GP and then informed me."

Staff support: induction, training, skills and experience; staff providing consistent, effective, timely care within and across organisations:

- Staff were trained and supported effectively to carry out their role.
- Relatives gave us very positive feedback on the skills of the staff. Comments included "[Care worker's name] has been with him five years so he knows what he's doing. If anyone else turned up he'd be very hesitant in going out", "They seem very competent. It's the best place she's been", and "Definitely, all of them are perfect."
- New staff received a comprehensive induction of training and shadowing. Staff told us they were encouraged to do nationally recognised care qualifications to improve their knowledge and job prospects. The service had introduced the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Records showed and staff confirmed they received regular supervision and spot checks to ensure they were providing effective care to people.
- Staff told us they found supervision helpful and there was always a member of the management team

available for advice and support.

- Staff enjoyed working at the service and a number had worked there for a number of years which helped to provide consistent care.
- Staff received refresher training in key areas including manual handling, safeguarding, infection control and behaviours that challenge.

Supporting people to eat and drink enough to maintain a balanced diet

- Where staff were supporting people with meal preparation information was detailed in their care plans. Records noted people's food likes and dislikes and how they needed support to maintain good nutrition and hydration.
- Relatives told us, "When I've been there they cook from scratch, not ready meals. I've also been there when they've unloaded the shopping and there's been fresh fruit and veg" and "They take her shopping and she picks out what she likes. They know what she's not allowed."

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 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

Services providing domiciliary care are exempt from the Deprivation of Liberty Safeguards (DoLS) guidelines as care is provided within the person's own home. However, domiciliary care providers can apply for a 'judicial DoLS'. This is applied for through the Court of Protection with the support of the person's local authority care team.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. There were no people using the service that were subject to a judicial DoLS. However, one person's capacity within a specific area of concern was being assessed at the time of the inspection.

- People's rights were protected. Care plans noted people's capacity to make decisions and staff understood the importance of consent.
- Staff asked consent before providing care. Relatives told us "The carer will always talk to [Name]" and "He's non-verbal, but they talk to him and can read him very well."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 had developed kind and caring relationships with people. One person told us, "Yes, staff are kind." A relative told us, "They're pleasant and kind. [Name] can't talk but they make sure he has everything he wants; they understand him well." Another relative said "They're always cuddling her and things like that. And I know that [Name] has a favourite carer who she absolutely loves even though she can't remember her name. This particular carer will spend hours plaiting her hair."
- Staff were empathetic and knew what was important for people. One group of people who had lived together for a long time in a previous setting were moved into a service together, to enable their friendships to continue. As another of their longstanding friends had moved into a care home they were enabled to visit them for lunch on several occasions throughout the year. In this way the service showed they understood the importance of friendships and relationships for people.
- Staff were able to tell us how they supported people with their religious or cultural needs including serving Halal meat and avoiding pork for people who had religious dietary requirements. "[Name] doesn't eat beef as she is a Hindu, and [Name] doesn't eat pork as she is Muslim." Care records documented people's sexuality and cultural or religious needs. A relative told us "She has been asked whether she wants to go to church, but she chooses not to."
- Staff were able to talk openly about people wanting to have a relationship, but had not received training in this area. The registered manager was aware this would be useful training and said they would liaise with the learning disability team for support in this area.

Supporting people to express their views and be involved in making decisions about their care

- At the initial assessment people and their relatives were involved in the setting up of the care plan and discussed how they wanted their care provided.
- People were asked their views about the care provided and spot checks took place on a regular basis to get people's views of the care provided. We also saw people's care was reviewed by the commissioning body, with the service, the person and family members present.

Respecting and promoting people's privacy, dignity and independence

- The service promoted people to be independent, and staff treated people with dignity and respect.
- Staff were able to tell us how they treated people with respect and maintained their dignity. One staff member said "It's the way I do personal care; I ask her how she wants me to do it. Encouraging independence? I ask her if she wants to wash her face. I always talk with her and encourage her." Another staff member said "I encourage her to do her own make up but offer some help if she needs it."

- Care records highlighted what tasks people could do for themselves. Relatives told us "Yes. She has a severe physical disability and is in a powered wheelchair, but they'll let her do what is within her capabilities" and "They'll certainly encourage him to eat for himself even though it can take a long time."
- The service ensured people's care records were kept securely. Information was protected in line with General Data Protection Regulations.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we had noted there were numerous historical documents on care records so it was difficult to see the most recent paperwork. At this inspection we had no concerns. Care records were comprehensive, up to date and easy to read and find.
- There was a one-page profile that contained important information about the person. The focus of this information differed depending on the person, and we could see it was personalised. For example, one of the one-page summaries noted a person was Jewish and enjoyed attending synagogue with [named] people; they also did not like raised voices.
- People's routines and likes and dislikes were clearly set out, including the order people liked to do tasks. Needs covered a wide range of areas including personal care, finances, behaviours, eating and drinking and safety in and outside of the home. Specific care plans set out people's needs in relation to medicines. For example, '[Person] needs their medicines on an empty stomach, then breakfast, and then uses inhaler. They then walk to [day centre name].'
- Relatives also told us they were asked about the gender of the care worker "I only want a woman and they've always provided that" and "I want a male carer and that's what he gets." In the women only supported living services, all the staff were women. This was appropriate as most people required support with personal care.
- We asked relatives if the care was provided at a time that suited them and their family member. Feedback included, "It suits me. I don't want them too early so that I have time to get [Name] ready without a rush" and "They work around me. They can come early if need be, but will also work later going over their time on occasions."
- This showed the service was personalised and responsive to people's needs and schedules, and that of their family carers.

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

- People were supported to maintain family relationships and relatives spoke highly of the staff and their communication with them. People's families were very involved in their care.
- People were supported to do personalised activities which they enjoyed. These included baking, cooking, going bowling and board games. One person told us "I go swimming but not when it's cold!" and "I have lived here a long time and I like it here." Another person said they liked going to the cinema and enjoyed being in nature.
- People were supported with culturally appropriate activities and encouraged to attend college and volunteer.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints had been dealt with in line with the policy. Records of complaints and how they were dealt with were kept, but the final outcome was not always recorded in an accessible way, and there was no management oversight of trends.
- The registered manager told us they would alter the form to prompt completion and would ensure there was management oversight of these regularly.
- Only one relative had made a complaint in the past. They told us "I did complain about one carer using his phone, but they dealt with it immediately." Another said "I'm happy with it all round. I have absolutely no complaint."
- One person told us they would tell their relative if they were not happy.

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#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Records set out how best to communicate with people. Staff were able to tell us how people communicated with them through signs, occasional words and actions.
- We had no concerns regarding communication with people.

#### End of life care and support

- The service had started discussions with people regarding their end of life wishes. They had started to collate information, focusing first on people with little or no family involvement. We saw documentation regarding burial arrangements on care records.
- Staff had access to end of life care training but had not completed the training at the time of the inspection.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found some areas in which the service was not well-led. For example, the supervision matrix reflected planned rather than actual supervisions and we saw an issue with medicines had not been immediately addressed.
- At this inspection we found the service to be well-led.
- People were supported by suitably trained staff who provided a good service to people and their family carers.
- The management team understood the importance of regulatory requirements and quality audits including spot checks and quality visits, took place to ensure care was of a good standard.
- People and their relatives spoke highly of the service. Feedback included "After a week or two of starting care, someone rang to check we were happy" and "Out of all the agencies I'm with, this agency is the most efficient and reliable. They will phone and email me when necessary."
- The management team were open and transparent with us and could show they spoke with people and their relatives when things went wrong. Relatives told us "Definitely. It's a good team. They're good communicators" and "There's more communication and they do listen to some of the things I have to say. And also they're proactive." The service had recently developed a newsletter to ensure people and their relatives, as well as staff, were kept up to date with important information.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- We asked relatives if they were happy with the service and would recommend it to others. Feedback included "Certainly. We're happy with the service," and "Absolutely. 100%. They've saved our lives. She was previously in respite which wasn't suitable. Her house she's in now, is perfect." A third relative told us, "Oh I would. They have a very apt name."
- The service gained the views of the people they supported, families and staff through informal discussion and an annual survey. We saw the results of the surveys and they were positive.
- Staff told us their views were listened to and meetings were held in the supported living service, so staff

could contribute to how the service was run.

- Staff enjoyed working at the service and as a result, many had worked at the service for several years. This contributed to good outcomes being achieved for people. A relative said "It's perfect. I'm 150% happy with it. [Care staff] is the best person ever."

Working in partnership with others; Continuous learning and improving care

- The service had worked with a local authority to rehouse people from a service that was closing and by working in partnership kept people in friendship groups in their supported living schemes.
- Care records showed close partnership working with mental health team and learning disability teams.
- The registered manager had plans in place to make improvements. An action plan was being developed at the time of the inspection and any issues raised at inspection were added to it.
- The management team had worked hard to make improvements to the service, and as the service had remodelled to include more supported living services, this had been a complex task.
- One relative whose family had received care for several years told us "Generally we are happy. It's been a long journey, but they've pulled their socks up."
- The service was about to undergo personnel changes in management of the service. The director told us they were committed to upholding the improvements achieved and maintaining a good quality service.