

Gentlecare (UK) Limited

Gentlecare (UK) Limited - London

Inspection report

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Date of inspection visit:
09 February 2016
15 February 2016

Date of publication:
23 March 2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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 2008 and associated Regulations about how the service is run.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Aspects of the service were not safe. Risks to people were identified and managed. However, risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which would result in people receiving unsafe care.

There were safeguarding and whistleblowing policies and procedures in place. Staff undertook training in how to safeguard adults.

There were suitable arrangements in place to manage and administer medicines safely.

People had regular care workers who turned up on time and they experienced consistency in the care being provided to them.

Requires Improvement 

Is the service effective?

The service was effective. People were cared for and supported by care workers that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities.

There were arrangements in place to obtain, and act in accordance with the consent of people using the service.

People received the support they needed with hydration and nutritional needs.

People's health care needs and medical history were detailed in their care plans.

Good 

Is the service caring?

The service was caring. Feedback from people using the service and family carers showed positive caring relationships had developed between people and care workers.

We found people were treated with respect and dignity.

The service supported people to express their views and be

Good 

involved in making decisions about their care, treatment and support where possible.

Is the service responsive?

Good ●

The service was responsive. People using the service received personalised care that was responsive to their needs.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

The service had clear procedures for receiving, handling and responding to comments and complaints.

Is the service well-led?

Good ●

The service was well led. There was a clear management structure in place with a team of care workers, field supervisors, a newly appointed branch manager and registered manager

Carer workers spoke positively about the management and culture of the service.

Systems were in place to monitor and gain feedback from people using the service to improve the quality of the service.

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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 provide a rating for the service under the Care Act 2014.

This inspection was carried out by one inspector with support from a bank inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service. We wanted to make sure they would be available for our inspection.

Before we visited the service we checked the information that we held about the service. This information included the Provider Information Return [PIR] which the provider completed before the inspection. The PIR 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 spoke with seventeen people using the service, twelve staff, the branch manager and registered manager. We reviewed six people's care plans, six staff files, training records and records relating to the management of the service such as audits, policies and procedures.

Is the service safe?

Our findings

All the people we spoke with during this inspection told us they felt safe with the care workers and the support they received from them.

Some risks to people were identified and managed so that people were safe and their independence supported and protected. Individual risk assessments were completed for each person using the service. People's care plans also provided information about the risks a person could experience in a section entitled 'Areas of high risk to me.'

Records showed that risk assessments were reviewed and any further action that needed to keep people safe had been identified and actioned. For example, for one person there was a risk to their health as it was identified they did not tend to want to attend GP appointments. To address this, the service was in the process of arranging a home visit by the GP for the person. For another person, they told the service they needed extra support with their mobility. The service made a referral to the person's GP and the person will now receive the additional equipment they require for them to mobilise safely in their home.

Although there were risk assessments in place, we noted the assessments contained information on whether a person required support in a specific area of their care but did not detail what the potential risks to the person were. There was also limited information about the safe practice and risks associated with using equipment and appropriate moving and handling techniques required by care workers. For example, for one person who was currently confined to their bed and used a ceiling hoist, there was no further information as to what the risks were and how care workers were to provide support to the person that kept them safe and minimised the risks of sustaining any injury due to inappropriate moving and handling practices. There was also no mention of re-positioning the person and the risks of the person developing pressure ulcers.

Some people using the service also needed support with their mobility and used mobility aids such as walking frames and walking sticks. Risk assessments only highlighted whether the person was independent or that support was required but did not clarify what that support would entail for the person to be safe. In one person's care plan, it showed the person had a history of falls however there were no further information about the prevention of falls, the potential risks inside and outside the home and what precautions were being taken by care workers to ensure the person was safe and protected from falls.

Due to some people's complex medical needs, they needed support with their personal care to maintain their personal hygiene to avoid personal neglect. Some of these conditions included people having suffered from a stroke and rheumatoid arthritis. The risk assessments only detailed that support was required but did not include how this support was to be provided and no information on any potential risks for people when receiving personal care in the bathroom or when using the commode.

The registered manager told us he would review the risk assessments and ensure they contained more information to clearly state what the risks were and what measures they had put in place to ensure risks

were minimised for people using the service.

Although support that was required from care workers was detailed in people's risk assessments, the risk assessments did not clearly reflect the potential risks to people which could mean risks not being appropriately managed which could result in people receiving unsafe care.

The above is evidence of a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There were arrangements to manage medicines safely and appropriately. Records showed care workers had received medicines training and medicines policies and procedures were in place. There were people who could self-administer their own medicines or they were given to them by the family carer. The registered manager told us they had taken advice from an external pharmacist company as they had identified some people using the service needed further support with their medicines including administration. As a result of this, people's medicines requirements were currently being reviewed and medicines' risk assessments drawn up. The registered manager was able to show us documentation which supported this. The registered manager also told us that care workers that supported people with their medicines were assessed to ensure they are competent to do so. The registered manager also told us they had compiled a list for the out of hours team about people's medicines to ensure any issues with medicines such as if a person refused to take their medicine during the evening and weekend visits, then this could be dealt with effectively and the appropriate action could be taken such as informing the family or GP for example.

Feedback from people indicated there were sufficient numbers of suitable staff to keep people safe and meet their needs. People using the service told they received the same care workers on a regular basis and had consistency in the level of care they received. They told us "I've got a very good carer. She always takes her time with me, never rushes", "I'm very, very happy with her. She's always got time for me. I can't fault her at all. She's very good" and "She's brilliant. She does what I ask her to do each day and doesn't rush me."

People using the service also told us that they were notified if there was a change of care workers. They told us "When my carer is on holiday, I make sure that I get the carer that I want. I know the ones who I like and the agency will listen to me", "When my carer is away I'll get someone else. The agency will tell me" and "I've been with the agency so long they tend to send a carer who I know now. If not then manager will come with them to introduce them to me."

People using the service also told us that care workers turned up on time and there were no issues with timekeeping. They told us "If my carer is late she'll ring me to let me know. She's only late if there is traffic or if the person before me is unwell", "They are always on time for me. I have 24/7 care and the carers cover for each other. They never leave me unattended" and "Sometimes there are issues with timing but not all the time."

We asked the registered manager how they monitored care workers timekeeping and whether they turned up in time or were late. The registered manager told us the service had a telelogging system in place which would flag up if a care worker had not logged a call to indicate they had arrived at the person's home or that they were running late. If this was the case, the registered manager told us they would ring the care worker to ascertain why a call had not been logged and take necessary action there and then if needed. The registered manager also told us he reviewed the telelogging system to help identify areas in which they can improve any timekeeping issues or any potential disciplinary issues that may need to be taken with staff. The registered manager was able to show us records to support this and that action had been taken where issues with timekeeping had been identified.

There were effective recruitment and selection procedures in place to ensure people were safe and not at risk of being supported by people who were unsuitable. We looked at the recruitment records for six care workers and found appropriate background checks for safer recruitment including enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults. Written references and proof of their identity had also been obtained. Records also showed the service had a recent visit from the immigration department and received positive feedback about their recruitment practices and robust measures they had in place to ensure unsuitable people were not recruited.

Is the service effective?

Our findings

People were cared for by staff that were supported to have the necessary knowledge and skills they needed to carry out their roles and responsibilities. Care workers spoke positively about their experiences working for the service. Care workers told us "I'm happy working for them", "They're quite supportive", "It's quite a good agency" and "I've got no problems working here."

During our inspection we spoke with care workers and looked at staff files to assess how staff were supported to fulfil their roles and responsibilities. Training records showed that care workers has completed an induction and received training in areas that helped them when supporting people. This included areas such as safeguarding adults, medicines, manual handling, health and safety, first aid and specialist areas such as Parkinson's Disease, dementia and stroke awareness. Records also showed, the service used external voluntary agencies to train and ensure care workers were competent in areas such as PEG [percutaneous endoscopic gastrostomy, feeding via a tube in the person's stomach] feeding and Epilepsy. There were certificates which showed care workers had successfully demonstrated their competency in these areas. Care workers spoke positively about their training. They told us "We do a lot of training. We get called in to do refreshers as well", "I've been working for the agency for 6 months. I had to do 3 days of induction and then training. They make sure we know what to do" and "We do lots of training."

The registered manager told us they had implemented the new care certificate which is the new minimum standards that should be covered as part of the induction training for new care workers. The registered manager showed us records and explained to us that they had adapted the standards as part of their new care workers assessments which showed new care workers were being assessed against standards such as working in a person centred way, communication and privacy and dignity.

We looked at six staff files and saw care workers received supervision and an annual appraisal to monitor their performance. Records showed that care workers were scored on their performance and feedback was given on areas they could improve. Records also showed care workers were encouraged to identify their 'aspirational goals' and were supported to develop their roles in becoming senior care workers or supervisors. Staff files contained a personal profile of the care worker which showed who they were currently providing care for and their specialisms in health and social care. Staff had obtained and were encouraged by the service to complete National Vocational Qualifications (NVQs) in health and adult social care. Care workers told us "Yes, the training is very good", "I've been working as a carer for many years here. I know how to do my job", "I've got a lot of experience as a carer now. I know what to do" and "They [management] do listen to you."

Records showed that spot checks were carried out to assess care worker's performance when assisting people with personal care in the person's home. The checks were comprehensive and care workers were assessed in areas such as timekeeping, how they communicated with people, proficiency of tasks undertaken and feedback was also obtained from the person using the service. Records showed that the feedback from people was positive about the care and support they received. All the people we spoke to during this inspection spoke positively about the care workers and told us they felt the care workers had

enough knowledge and skills to provide them with the care and support they needed. One person told us "They seem well-trained."

There were arrangements in place to obtain, and act in accordance with the consent of people using the service. Care plans contained information about people's mental state and levels of comprehension and outlined where people were able to make their choices and decisions about their care. Areas in which a person was unable to give consent, records showed the person's next of kin were involved in making decisions in the person's best interests. Records showed that care workers had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberties Safeguards (DoLS). People using the service told us that care workers would encourage choice and involved them in making decisions. They told us "They do anything I ask. I'm absolutely delighted with my carer" and "They do exactly what I want."

People were supported to maintain good health and have access to healthcare services and received ongoing healthcare support. Care plans contained detailed information about people's health and medical conditions and how they may have an impact on their life and day to day living and included information about health care professionals who were to be contacted should a person's health deteriorate.

People were supported with their nutritional and hydration needs. Care plans contained information about people's likes and dislikes and where they liked to eat in their homes. Care plans also contained a section entitled "How you can help me with eating and drinking" which detailed specific information on support people needed such as having special cutlery, to remind people to have their food on time but also encouraging independence where people could eat without assistance. In some cases, people were supported by their relatives which was also clearly detailed in their care plans. People spoke positively about the support they received with their food and drink and told us "The carers cater to my needs. For instance, I ask them to prepare me Caribbean food and they'll do it."

Is the service caring?

Our findings

People using the service spoke very positively about care workers and told us "They're brilliant" and, "My carer is a very nice person who does the job well."

Feedback from people using the service and family carers showed positive caring relationships had developed between people and staff. People told us "She's [care worker] a very kind and caring person" and "We get on very well. She talks to me when she's here. She is more like a friend now than a carer."

We found people were treated with respect and dignity. People using the service told us "The care is very good. I'm treated with respect", "She [care worker] closes the door when doing personal care", "They wait outside the bathroom while I use it" and "They cover me with a towel when giving me a wash." Records showed care workers had received training in Dignity and demonstrated a good understanding of the importance of treating people with respect and dignity.

People were supported to express their views and be involved in making decisions about their care, treatment and support where possible. People's care plans contained a section entitled 'What you need to know about my use of language and communication' which detailed how people were able to communicate and information for care workers to encourage and support people to express their views where they could. For example, in one person's care plan who experienced some difficulty when communicating verbally, it stated that a person 'just needed to take their time.' For another person using the service, who could understand English but could not speak English, we noted the person had a care worker who could speak English but also spoke the person's native language to ensure the person was fully able to express their views and be involved and make decisions about their care.

Records also showed the registered manager conducted review meetings to ensure people's needs were still being met and to assess and monitor whether there had been any changes. Records showed that there was regular contact and involvement from relatives when needed to ensure decisions were made in peoples' best interest. When speaking with people using the service, they confirmed this and told us staff did come to review their care and find out if they were happy with the service.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. We looked at the care plans of six people using the service which we saw were person centred and reflected how people using the service would like to receive their care and support. Information included background information and their medical history. There was a detailed support plan outlining the support a person needed with their physical and mental health and well being, eating and drinking, keeping safe, personal needs and daily living skills. People's care preferences, personal habits and daily routines were also reflected. This demonstrated that the registered manager was aware of people's specific needs and provided appropriate information for the care workers supporting them.

The service encouraged and prompted people's independence to enable people to do things they were still able to do. People were able to give their views about what they thought their strengths and levels of independence were and this was reflected in their care plans under a section entitled 'What I can still do and what I find difficult'. For example, for one person, their care plan detailed that they prefer to do their personal care themselves despite their health condition and stated 'Even though I take a long time, I prefer to do it myself' and in another person's care plan, it detailed they were still able to make a hot drink as long as it was planned and set up for them by the care worker.

When speaking to care workers they told us they would read people's care plans and had shadowed other care workers to get to know about people's needs. They also knew the importance of encouraging people's independence and told us "I encourage [people] to do what they can for themselves. If I know that they can brush their hair, I'll ask them if they want to do it. If they say they are not up to it, I'll still ask if they want to try the front whilst I brush the back", "I ask [people] what they would like me to do. I read the care plan so I know what they are able to do and what they need help with" and "I'll check with them if they want to do whatever it is by themselves or if they want me to help them."

People were supported to follow their interests, take part in them and maintain links with the community and carry out religious practices. People's care plans showed care workers supported people with going for walks, shopping and going to their place of worship. People were also supported to visit family and friends or receive visitors and were encouraged with maintaining relationships with family members.

Care plans also showed that people were supported with their mental well being and they included information on the support people needed to help minimise any feelings of anxiety and frustration. For example in one person's care plan it detailed the person would get upset if there was a change in their routine which would make the person anxious. The care plan showed that the person would need to be aware if there was a change in care worker, to explain to the person and to provide reassurance. In another care plan, it showed the person could get upset when talking about certain things, the care plan provided information of the support care workers needed to provide such as to either agree or change the subject to distract them if they get upset about something.

There were arrangements in place for people's needs to be regularly assessed, reviewed and monitored.

Records showed six monthly and yearly reviews of people's care plans and care provided had been conducted. Records showed when the person's needs had changed, the person's care plan had been updated accordingly and measures put in place if additional support was required.

The service has clear procedures for receiving, handling and responding to comments and complaints. People we spoke with told us they did not have any complaints about the service but knew what to do if they needed to raise a complaint or concern. They told us "I haven't had any problems but I know who to contact if I'm not happy with something", "I've got no complaints. There is a phone number in the folder which I can call if somethings not right" and "I've got no complaints but I'd call the office if I wasn't happy." Records showed that the registered manager investigated and responded appropriately when complaints were received and resolved matters satisfactorily. One person using the service confirmed this when speaking to them. They told us "I did complain to the office last summer about the carers not turning up on time. They dealt with it and things have gotten better."

Is the service well-led?

Our findings

People using the service spoke positively about the service and told us they thought it was well managed. There was a clear management structure in place with a team of care workers, field supervisors, a newly appointed branch manager and registered manager.

Care workers spoke positively about the management and culture of the service and told us the management were approachable if they needed to raise any concerns. Records showed staff meetings were being held and that the staff had the opportunity to share good practice and any concerns they had. Minutes of these meetings showed areas such as logging calls, recording of medicines and communication with the office had been discussed. However we noted the team meetings did not take place regularly and when speaking to care workers they confirmed this. The registered manager told us because of changes with office staff, this had an impact on the frequency of team meetings held but with the new branch manager now in place, this would ensure team meetings to be organised on a more regular basis. The registered manager also told us and showed us a newsletter which was sent to care workers which provided them with updates on areas such as safeguarding, wearing ID badges, and logging in and out of calls so care workers were regularly informed of any issues and updates concerning the service.

Systems were in place to monitor and improve the quality of the service. We found the service had a system in place to obtain feedback from people about the quality of the service they received through review meetings and telephone monitoring. We reviewed some of the telephone monitoring forms and saw positive feedback had been received about the service. Some of the comments from people and their relatives included "Great service. Good quality of care", "Yes the carer provides great care", "Gentlecare are brilliant", "Carers are very supportive and caring", "Carers are brilliant" and "[Person] has no complaints. Carers always make them feel better." We also noted there were a number of thank you cards from people using the service and their relatives in the office which complimented the service they had received.

Questions asked as part of these telephone interviews included: 'Does your care worker allow you to make choices?', 'Does your care worker treat you with respect?', 'How do you find the quality of the service?', and, 'How satisfied are you with the service?'. Records showed the registered manager had reviewed the responses received to identify any areas of improvement that were needed. The registered manager also told us he was going to implement audits in which he would review a specific part of the service such as care plans or to assess the quality of service provided to people over the weekend to ensure they could continuously improve the quality of service they provided to people.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The assessment of risks to the health and safety of people using the service was not being carried out appropriately.</p>