

Gentle Hands Care Agency Ltd

Gentle Hands Care Agency Ltd

Inspection report

Hadley House
17 Park Road
Barnet
Hertfordshire
EN5 5RY

Tel: 02079986977

Date of inspection visit:
13 June 2017

Date of publication:
04 August 2017

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on 13 June 2017. The inspection was announced. Gentle Hands Care Agency Ltd is registered to provide personal care and support for people in their own homes. At the time of our inspection 21 people received care and support from this service. Three people receiving a service lived in a supported living scheme managed by the provider.

At the last inspection in June 2016, we found the service was in breach of four of the regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to the safe care and treatment of people as risk assessments were not always in place; people's care was not always person centred; staff had not always received appropriate training and we had concerns regarding the governance of the service. At the last inspection we also made a recommendation in relation to safeguarding adults. At this inspection we found improvements had been made in these areas and that the provider was no longer in breach of the regulations.

Gentle Hands Care Agency Ltd had a registered manager at the service. 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.

The agency specialises in supporting people with learning and physical disabilities and the majority of people receiving a service were under 65 years of age. We were unable to speak with people using the service due to communication requirements, but spoke with their relatives. Relatives told us they were very happy with the service provided by the agency.

At this inspection we saw that support plans were up to date and were comprehensive. There were risk assessments covering the majority of risks identified on people's care records.

We could see that staff undertook training in key areas and the provider could evidence that refresher training had taken place for staff. Staff supervision took place and staff told us they felt supported in their role.

Staff were able to tell us about safeguarding of vulnerable adults and knew what to do if they had any concerns. They also understood the importance of whistleblowing.

Most family carers took responsibility for the administration of medicines although staff had been trained to support people taking their medicine where required. We identified at this inspection there were issues with the completion of medicine administration records by some members of staff. This had been identified by the registered manager as an issue and following the inspection further training in the completion of medicine administration records took place.

We saw that employment practices were safe and criminal checks were in place prior to staff starting work. This meant staff were considered safe to work with vulnerable adults.

Family carers told us staff treated their relatives with dignity and respect and the staff team were consistent and skilled to carry out their caring role. This meant staff understood people's needs and preferences and so could provide person centred care. Relatives told us if staff were occasionally running late, they would let them know.

Family carers told us that the registered manager was responsive if they raised any issues and this was confirmed by a health and social care professional.

At the last inspection the provider did not have effective quality assurance systems in place. At this inspection we found improvements in the governance of the service. The provider acknowledged the systems were being refined to become fully effective.

We have made a recommendation in relation to care records.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. All necessary employment checks were in place before staff started working with the service.

Risk assessments were in place, up to date and covered the majority of the risks identified.

Staff understood the importance of safeguarding adults and children, and knew what to do if they had any concerns.

Family carers were happy with medicines management although the service had identified, improvements were needed with recording of medicine administration.

Is the service effective?

Good ●

The service was effective. Supervision and training took place on a regular basis and staff told us they felt supported in their role.

DoLS applications had been made where required, and staff understood the importance of consent when working with people.

People were supported to manage their health condition.

Is the service caring?

Good ●

The service was caring. Staff were routinely rostered to work with the same people so understood their likes and dislikes.

Relatives told us people were treated with dignity and respect.

Staff were aware of people's cultural needs.

Is the service responsive?

Good ●

The service was responsive. Care records were up to date, comprehensive and covered a wide range of needs.

People living at the supported living service were supported to carry out a range of activities.

There was a complaints system in place but it was not clear if complaints were dealt with in a timely way in line with the provider's policy. The registered manager undertook to record response times to complaints.

Is the service well-led?

The service was not always well led. Remedial action, although planned in relation to medicine administration errors had not been prioritised sufficiently.

There were improved systems to check quality across the service since the last inspection but as they were newly established, they were still being refined at the time of the inspection.

Family carers and staff told us the service was well led and staff felt supported in their role

Requires Improvement 

Gentle Hands Care Agency Ltd

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.

The inspection took place on 13 June 2017. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their role in this inspection was to make phone calls to people using the service and their family carers.

Before the inspection we reviewed information we held about the service. The provider completed 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 looked at previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

As part of the inspection process we met and spoke with three care staff in person and one member of care staff on the telephone. We spoke with the registered manager, the Compliance Manager, and another member of the office staff.

We also looked at three care records and three staff records including recruitment and supervision details. We looked at the training matrix for the whole team. Due to communication needs we were unable to talk with the people using the service; instead we spoke with six family members regarding the quality of the service.

Four health and social care professionals responded to our request for their views on the quality of care provided by the service.

Following the inspection the registered manager and Compliance Manager provided us with additional information regarding quality assurance systems, policies and procedures, updated care records and outstanding recruitment information.

Is the service safe?

Our findings

Family carers were unanimous in telling us their relative was safe with care staff. Feedback included, "Yes of course, she is quite safe with them", "Oh God he loves them, because he has had them consistently so yes he feels safe" and "Yes he absolutely loves [staff member's name]."

At the last inspection we found a number of risk assessments were out of date and others did not contain information to cover the wide range of risks identified in the support plans. This was a breach of the regulations.

At this inspection we found there were risk assessments in relation to care and the environment on files. These had all been completed or updated in the last six months. They covered areas such as moving and handling use of equipment, assisting with eating and drinking and what to do in the event of a seizure. However, one person's risk assessment did not include information regarding their behaviours that challenged and so did not provide advice to staff on what to do in the event of the person becoming agitated. We spoke with a staff member working with this person who could explain in detail how they managed this person's behaviours. The staff member explained to us a group of carers had been working with this person for many years so were confident in managing their care appropriately. This person's family member confirmed this. This risk assessment was updated following the inspection and covered all areas of risk and provided advice to staff on mitigating the risks.

The majority of people lived with family members who managed their medicines. We saw that the implementation of a new system earlier in the year to record medicines management had confused some staff members and consequently they were not completing medicine administration records accurately. We saw on some medicine administration records (MAR) staff had not signed to say medicines had been given, but had put the number of tablets given in the signature box. This meant that you could not always see who had given the medicines, which is not good practice, and could be unsafe.

This had been identified as part of the auditing of MAR sheets prior to the inspection and we could see the registered manager was taking steps to rectify this, although they had not immediately addressed the issue when it was first identified. Following the inspection the registered manager brought forward refresher training in this area and undertook to spot check every two weeks for the next six weeks that staff were now completing medicine administration records accurately.

Family members confirmed their relatives were getting medicines as prescribed. MAR sheets at the office viewed as part of the quality audit documented what medicines people were being given by care staff. They had been completed as giving the medicine but not showing staff member's signatures. This appeared to be an issue of recording as opposed to mal-administration. We asked family members if they were happy with medicine support and were told "Yes I am happy with this." And "Yes he is very good."

We could see from records that staff recruitment was safe. References were in place and Disclosure and Barring Service certificates, criminal checks, had taken place prior to people being employed. This meant

staff were considered safe to work with vulnerable adults and children.

Staff were able to discuss different types of safeguarding concerns and understood what to do if they identified any issues. They also understood how to whistle blow if they had concerns. Some people who used the service were under 18 years old. Procedures and training were in place to identify and respond to both children and adults who may be at risk of abuse. There had been no safeguarding referrals in the last 12 months. Staff who used hoists to assist with moving and handling told us they would never hoist a person alone as this would be unsafe, and their partnered care staff were reliable, so people were not kept waiting whilst the second carer arrived.

Family carers told us that staff were consistent and reliable. This was appreciated as it meant care staff understood people's needs and preferences. Relatives told us care staff had never missed a visit. One family member told us when a care staff had to change one visit; they made up the time after consulting the family member. We asked family members if care staff came on time or informed them when they were running late. Relatives told us, "Yes and Yes", "Most of the time and they do call to say they will be late" and "Yes they do and they let me know if they are going to be delayed."

Staff told us gloves and aprons were always available, and family members confirmed that appropriate equipment was used when necessary. We saw that spot checks of the supported living scheme had identified an occasion when the service needed additional cleaning. Records showed the registered manager had discussed this with staff in supervision and a rota was drawn up. A further spot check was also undertaken and the service was found to be clean.

Personal evacuation emergency plans were in place for people with mobility issues in the event of a fire.

The provider showed us that they checked premises documents related to the supported living scheme to ensure the premises were safe to provide care in. We could see that the provider checked fire equipment on a regular basis. Servicing of gas, electricity and checks for portable electrical appliances had been undertaken at the supported living scheme.

Is the service effective?

Our findings

At the last inspection we had found a breach of the regulations as the provider had not ensured there was sufficient training in key areas to support staff in their caring role. We had also found some staff lacked disability awareness training and used language when speaking of adults more appropriate to children.

At this inspection we found that the provider had developed a robust system of tracking training for staff. They had undertaken training and refresher courses in all key areas including disability awareness training. Additional courses in management of seizures, pressure area training and the Care Certificate, a national training framework to support care staff in their role, had been offered and taken up by the majority of staff. Safeguarding training included that of children, as the service provided support to some young people in their family homes. One person living with epilepsy had attended the course provided by the service to help them understand the role care staff had to play in supporting them.

The majority of courses were on-line with questionnaires to check understanding but the provider had organised a practical course to manage seizures and moving and handling so staff understanding of how to physically move and manage people could be assessed. The staff member responsible for monitoring training told us that if people failed to attend refresher training they would not be offered further work.

New staff were supported in their role through a mixture of shadowing and training, and we could see that supervision was taking place for the majority of staff on a regular basis, although the provider did not always meet their own schedules set for supervision. Supervision records were detailed and covered a broad range of topics including training. Staff told us they felt supported in their role and management support was always available out of hours. Annual appraisals had taken place for some staff, and there was a plan in place to undertake the outstanding appraisals.

We asked family members if they thought care staff were skilled in their role. We were told, "Yes, they are very competent with the equipment and pleasant to have around the house" and "I can say yes because the job is very demanding and we all work hand in hand." A third relative told us, "Yes I do, I think they are quite dedicated." A health and social care professional told us they were very happy with the skills the care staff showed in working with a person they had commissioned a service for and that this was the first time the care package was settled and working well for a long time.

The majority of people lived in family homes with other relatives who took responsibility for the cooking of food but we could see risk assessments provided information to staff on how to cut up food and ensure it was of a soft consistency. Staff were able to tell us how they mitigated against choking risks.

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 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.

Deprivation of Liberty Safeguards (DoLS) applications had been made to the Court of Protection for two people living at the supported living service. Staff understood the basic principles of the MCA.

Staff were able to tell us how they obtained consent to provide care, although care plans were not always signed by people or their families. This was an oversight by the registered manager who undertook to get care plans signed by people or their relatives. Staff understood the importance of delaying care if a person told them they did not want care at that time. They told us they would carry out another task and would return to offer care a second time.

Care records showed that staff worked with other professionals in people's homes. For example district nurses, as they visited in relation to pressure ulcer prevention. At the time of the inspection there was no-one with a pressure ulcer. One care staff member told us they had asked for the occupational therapist to revisit to assist with moving and handling when they started working with one person as they found it difficult to use the hoist. We asked relatives if care staff understood their family member's condition. We were told, "Yes for sure", "Yes they do and mum will keep them updated", "Care staff help with physiotherapy exercises" and "Yes they [care staff] try to encourage her to be mobile."

Records related to the supported living scheme could evidence GP appointments, dentists and chiropodists were working with people living at the scheme.

Is the service caring?

Our findings

We asked family members if the carers were well matched to their relative and what would you do if you thought they weren't. Family members told us, "Yes very much so. I would call the agency if I had a problem and I have done." Another relative told us, "Yes I think they are very well matched and [family member] is very religious and they pray with her, which she loves."

Family members told us how they thought staff showed they were caring. Comments included, "They are very kind and have good relationships with myself and my daughter", "They always make sure he's cared for, they listen to him they try to talk to him", "They show their love for [person's name], I hear them talking to her and discussing things" and "I think he knows that he cares for him, the carer is more like a mentor for him. They talk a lot all day."

Staff were able to tell us how they provided choice to people. One staff member told us, "She tells us what she wants to eat and what she wants to wear. I don't impose myself on her." As people had regular care staff supporting them staff had got to know people's preferences and needs well. Family members told us they were involved in planning people's care. All family carers confirmed people had been asked if they wanted a male or female carer and this choice had been met.

Staff told us they provided privacy, dignity and respect to people by closing doors when providing care, ensuring a person was covered when assisting with personal care and by listening to individual's specific requests. Staff told us it was important not to take away people's independence. One care staff member told us that one person wanted staff to do everything for them but that it was important to work with this person to promote their independence. Support plans noted activities of daily living people could do independently and encouraged staff to promote independence.

Staff were aware of people's cultural and religious needs. For example, one person's care had to be provided to fit in with their religious requirements. Staff were willing to wear overshoes where required and supported people to eat culturally appropriate meals.

Is the service responsive?

Our findings

At the last inspection we found a breach of the regulations as there were some care plans that had not been updated for three years which meant staff were not being provided with up to date information in order to offer person centred care.

At this inspection we found that support plans were current, had been updated in the last six months and were comprehensive. They covered a wide range of needs so staff understood how to support people, and were person centred as they gave a detailed plan for staff for each visit. Family members told us that care fitted in with the schedule their relative required. Comments received included, "Yes they work around me and my son" and "Yes we recently had to change the hours and they did a great job of assisting us with the change." A health and social care professional told us that they had found the registered manager very responsive when asked to change care arrangements. Reviews had taken place for all the people receiving a service in the last 12 months.

We noted one care plan did not address communication needs and had contradictory information regarding personal care requirements. The registered manager undertook to update this plan. Care records were not always easy to access as the most recent information was not always the first documents you read and not all care records were accurately indexed.

We recommend that all care records are reviewed to ensure the files are easy to read and it is clear which documents contain the most up to date information.

We reviewed the complaints log, and could see issues of complaint recorded with the outcome of the investigation. We also asked family members a range of questions. Did they know how to make a complaint? Everyone knew how to make a complaint. Would they feel comfortable making a complaint? Family members told us they would. Finally we asked if they had made a complaint, had it been dealt with quickly and effectively? Two family members told us they had not felt happy with the outcome of the complaint.

However, we also asked family carers 'Do you think the service is open to suggestions, comments and complaints? Are you asked your views on how the service operates? Relatives were positive in their response. We were told, "Yes I like the office I think they are very nice and approachable", "Yes I do but I don't have any complaints", "Yes I do, they are quite good at listening" and "Well I think they try to."

We discussed the anonymised responses two family members had given us in relation to the speed and effectiveness of the complaint being dealt with, with the registered manager. This was the only criticism family members made in relation to complaints. They told us they had a target of responding within five working days of a complaint. Whilst the complaints log book recorded all actions taken, the date at which the complaint was resolved was not always recorded. The registered manager undertook to ensure the date at which all future complaints were resolved and record this. The registered manager had sent out complaints and safeguarding leaflets to all people who used the service and their carers in the week preceding the inspection.

At the last inspection we had noted concerns by health and social care professionals regarding the limited range of activities taking place at the supported living scheme. At this inspection a health and social care professional told us that this had improved since the last inspection. Records showed that people went out to activities. These included swimming, going to the park, shopping and to get their hair groomed. One person was working and had been supported to apply to go to college in September 2017.

Is the service well-led?

Our findings

At the last inspection there was a breach of the regulations in relation to governance of the service as we were concerned that quality assurance systems were not robust enough to effectively monitor the service. The provider was intending to purchase a new system which they believed would help with quality assurance, but in the meantime needed to set up paper based systems to prompt management actions including spot checks and reviews.

At this inspection we saw there were significant improvements in the management of the service, although the provider acknowledged they were still embedding new quality systems. We saw the provider had developed spread-sheets with dates to prompt management tasks including supervision, spot checks and reviews. When we checked whether these had actually taken place we could see that not all of these had, but the spread-sheets had not been updated to reflect this.

Whilst we found supervision had taken place on the staff records we checked, when we looked at the team spread-sheet and randomly asked to see supervision records these had not always taken place. This meant the quality system was not entirely effective although staff told us they felt supported and family members were happy with the service.

Following the inspection the registered manager sent us updated spread-sheets which accurately reflected which supervisions, spot checks and reviews had taken place, and had refined their system to differentiate between planned and actual management tasks undertaken.

Whilst the registered manager had noted as part of their monitoring of the completion of MAR sheets there were issues with recording of medicine administration, prior to the inspection, this had not been dealt with as an urgent priority. Following the inspection the provider could evidence they had provided refresher training in medicines management with a second course due in July 2017. Spot checks had also taken place of the recording of medicines for those people where staff had a more significant role in prompting medicines. Care records although updated and personalised were not always easy to access.

There were other ways in which the service was well-led. For example, care records had spot checks on files. One spot check we noted had identified issues with the recording at the home, by the staff providing the service. The registered manager was able to provide us with evidence that action against the staff had been taken as a result of poor recording. Everyone's care had been reviewed in the last year and the majority of supervisions due had taken place. Training was now well managed and comprehensive, and we could see support plans and risk assessments were up to date.

Staff were able to talk positively about the management of the service and felt able to contribute their views to how the service was run. The provider used a range of methods to communicate with staff including email and regular staff meetings at which we could see relevant topics were discussed.

We asked family carers if they thought the service was well run. We were told, "I think so yes I have no complaints", "Yes I have had no problems" and "Yes I'd say so." Only one relative told us, "I think so, but I

think they can do more." Family carers were in general very positive about the service and the care staff provided. All responded positively when asked if they were provided with information regarding any changes that were taking place, so communication between the office staff and family carers was effective.

In order to continually improve the service the provider had an action plan they had developed that they were working to, which included timeframes for actions.

The provider could evidence they had commissioned another organisation to carry out a survey to obtain people's views on the service and those of their family carers. The survey was planned for later this summer. Spot checks provided feedback on care provided on a regular basis in the interim.

The provider evidenced they had now purchased a new computer system, due to be implemented in the coming two months, which they hoped would prove more effective with rostering and quality assurance systems. We could see the website was in the process of being upgraded at the time of the inspection.