

Circle of Care Service Limited

# Go Gentle Care

## 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:

Go Gentle Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection it provided a service for three people. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found:

People and their relatives told us they felt safe and were protected from the risk of abuse. The service had appropriate safeguarding procedures. Staff told us they received regular training and they knew how to safeguard people from abuse and the processes that should be followed where concerns arose. Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

People received their medicines safely. Staff received appropriate training on the safe administration of medicines. This together with appropriate supervision and monitoring meant when required people received their medicines safely and staff had clear guidance to follow.

People said communications from the office were good and they were informed if their care workers were going to be late.

The provider ensured that all their staff received appropriate training and supervision. Staff told us they felt well supported. This included understanding and how to manage best practice for infection control and the use of personal protective equipment [PPE].

There were systems in place to ensure that accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

Assessments were thorough and expected outcomes were identified. Support plans were reviewed and updated as people's needs changed. People were supported by staff who knew them well and were able to identify people's likes and dislikes. They were supported to eat and drink according to their dietary requirements taking into consideration people's preferences.

People told us they received good quality care from kind, caring and regular staff. People and their relatives said that consistency and continuity of regular staff was important to them.

People told us they were treated with dignity and respect. This was echoed by people's relatives. They told

us staff had the right skills to deliver appropriate care and support. Staff were able to communicate with people well. Information was provided in various formats where required.

People and their relatives were confident that any concerns would be addressed appropriately and resolved by the registered manager. They told us the registered manager welcomed feedback.

People and the relatives we spoke with told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. Technology was used effectively by the provider to ensure people were informed promptly about potentially missed or late calls. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

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 and update:

This service was registered with us on 27 September 2021 and this was the first inspection.

Why we inspected:

This inspection was prompted by a review of the information we held about this service.

Follow up:

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Go Gentle Care

## 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2008.

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was announced. 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 24 August 2022 and ended on 15 September 2022. We visited the location's offices on 30 August 2022.

#### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We also reviewed statutory notifications received about key events that

occurred at the service. We used all this information to plan our inspection.

#### During the inspection

We visited the offices of this service. We spoke with the nominated individual, the registered manager and two members of staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We inspected three care files and three staff files. We also reviewed a variety of records relating to the management of the service. We spoke with one person who used the service and two relatives on the telephone about their experience of the care provided. We asked the local authority for feedback but we did not receive any. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Appropriate safeguarding policies and procedures were in place to protect people from the potential risk of abuse. The registered manager and staff were able to describe their responsibilities appropriately.
- People and their relatives said they felt safe with staff. People told us staff supported them well and met their needs. One person said, "I have regular carers who support me. I like that because I know and trust them and they know me". A relative said, "We do have regular and good carers with this company which is more than can be said about some other companies."
- Staff received training for safeguarding adults that they told us helped keep them up to speed with current best practice and legislation.

Assessing risk, safety monitoring and management

- People's needs were assessed together with any potential risks in the provision of their care. Risk assessments contained information and guidance for staff to follow to reduce the risks identified such as with personal care and moving and handling.

Staffing and recruitment

- There were recruitment checks carried out before staff started working for the agency that helped to ensure people were supported by suitably skilled and experienced staff. These checks included references from previous employers, appropriate identity checks and Disclosure and Barring Service [DBS] checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to support people safely.
- People told us that staff were punctual and stayed for the agreed length of time. One person said, "Staff are usually on time and they let me know if they are going to be late, which is not often." A relative told us staff were mostly punctual.

Using medicines safely

- Medicines were administered safely. Where people needed some assistance with their medicines a plan was developed for each individual person, so that appropriate assistance could be provided to people.
- Medicines administration records (MARs) were completed by staff and returned to the office for auditing.
- MAR's were up to date and accurate. Staff received training in medicines administration. Checks confirmed people received their medicines safely and as prescribed by staff qualified to administer medicines.

### Preventing and controlling infection

- People were protected from infection because staff followed appropriate infection control procedures in order to help keep them safe. The registered manager confirmed that staff followed the provider's infection control procedures.
- Staff received training in infection control and the safe use of personal protective equipment to reduce the risk of infections including Covid-19.
- The registered manager carried out regular checks of infection control practices to ensure staff followed current guidance and had access to a regular supply of PPE. The provider assessed risks related to Covid-19 for people and staff.

### Learning lessons when things go wrong

- The provider had audit systems in place to ensure lessons were learnt when things went wrong. The registered manager told us that there was a review system in place where discussions were held with staff so if there were to be an incident, lessons could be learnt to prevent similar incidents wherever possible.



# 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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 standards, guidance and the law

- Comprehensive information was supplied with each referral to this service provider. An initial assessment of people's needs was then carried out together with the people and their relatives before agreeing a package of care. The information obtained through the assessment process helped the provider plan and deliver support to people, taking into consideration their health needs and the goals they wished to achieve.
- The registered manager regularly reviewed people's changing needs with people and their relatives and updated care plans and risk assessments accordingly.

Staff support: induction, training, skills and experience

- Staff were supported with regular supervision which included face to face meetings and monitoring checks where the registered manager visited unannounced to see how staff delivered care to people. Staff were also supported with good extensive training that helped provide them with the skills they needed to do their jobs effectively.
- Staff understood their roles and felt confident with the training they received. One member of staff said, "We get good training that helps me do my job." Another said, "I have found it has helped me to do my job and the shadowing I found really useful."
- We saw new staff's induction training was comprehensive in its coverage of the policies and procedures new staff would have to work with. We noted that staff were supported and encouraged to gain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Training covered topics such as the safe administration of medicines, food safety, manual handling, dementia, infection control and safeguarding.

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

- People and their relatives told us they were supported to eat and drink as they needed, to keep healthy.
- Staff had the necessary training to support people to maintain a balanced diet. One member of staff said, "We follow the information provided in people's care plans."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported by staff to live healthier lives. This was enabled by staff having good communication with other health and social care professionals.
- Staff told us they had access to people's care plans on their mobile telephones. They said care plans

provided all the information they needed about people's care and support needs and how best to meet them.

- Staff worked closely with external health professionals to ensure people's needs and wishes were met.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- The registered manager followed the MCA process during the initial assessment to ensure people were able to make decisions about their health and welfare. Staff received training in the MCA. None of the people being supported at the time of this inspection lacked capacity to make decisions.
- Staff understood their responsibilities in relation to the MCA.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were kind and caring towards people. People said staff were considerate of their needs and preferences. One person told us, "The carers are kind to me and caring."
- Staff understood people well and developed good relationships with them. People said they received good care from regular care workers.
- Staff told us they were not rushed and had time to interact with people, providing meaningful care.
- Staff received training in equality and diversity and understood people's religious, cultural and social needs. The provider sought staff with particular skills they could use when necessary, such as providing staff who spoke a particular language or who could cook certain cultural foods.

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

- Staff provided care in line with people's care plan information. This included how people liked to receive their personal care and their food and drink preferences. People confirmed this with us and said staff usually asked them if there was anything else they needed, demonstrating flexibility in their approach towards people.
- The registered manager told us they visited people regularly to find out their views on their care and whether any changes were needed. These monitoring visits were recorded and our review of the records demonstrated positive feedback from people.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected by staff when carrying out personal care.
- Staff understood how to maintain people's confidentiality and received training in this.
- Staff supported people to maintain their independent living skills as far as possible by encouraging them to be involved in their personal care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; supporting them to develop and maintain relationships to avoid social isolation

- The provider planned care and support in conjunction with people and their relatives and health and social care professionals.
- People and their relatives said they were fully involved in planning their care and support needs. They said they were given choices as to how their care and support was provided. People's records reflected their preferences and choices for how and when they received support, taking account of their specific needs. Staff we spoke with said they helped people to make their own decisions about their care provision where ever possible.
- Staff understood people's needs and how these should be met.
- Staff told us they always recorded the care and support they provided to people. The registered manager said they reviewed these records to make sure people were receiving the care and support planned and agreed with them.
- People's records contained information for staff about the important relationships in people's lives and how people should be supported to maintain these.
- Staff worked closely with people's relatives and families to help people maintain their relationships and to ensure that their care and support was appropriate to meeting all their needs, as far as possible.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard [AIS]. The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider met the AIS and key information was provided to people in alternative formats if necessary.
- The registered manager regularly spoke to staff about AIS and implemented appropriate methods of communication with people where required.
- Care plans detailed people's individual communication needs.

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

- The service had systems in place to deal with concerns and complaints, investigate them, learn lessons from the results and to share learning with the staff team in team meetings or individual staff supervision.
- The registered manager showed us their complaints records and we saw no issues or concerns had been raised. This was confirmed by people we spoke with. They told us they knew the process to follow to make a complaint if they needed to, as guidance was provided in their service user guides.

#### End of life care and support

- People were asked about their wishes for the support they wanted to receive at the end of their life. We saw this information was recorded on people's care records. This was to ensure staff knew what to do to make sure people's wishes and choices were respected at the appropriate time.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of service management and leadership were inconsistent.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were happy with the care and support they received. They told us the registered manager and office staff had a positive attitude and they felt able to communicate any concerns or changes they required in their care packages.
- People said the registered manager made regular checks to monitor the quality of the care and support being provided. They said the provider worked well with other health and social care professionals and held regular reviews which helped to ensure their needs were met.

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

- The registered manager understood their duty of candour. People and their relatives told us they were kept fully informed by the registered manager if a problem or issue arose with their care.
- The provider displayed their CQC rating on their website and in the offices of their registered location as required by law.

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

- The registered manager understood their role and responsibilities, as did the staff.
- The quality assurance systems in place helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided.
- The provider carried out a regular service quality assurance audit which was in line with the Care Quality Commission's key lines of enquiry. The last report was carried out in April 2022 and reflected positive service provision in all areas.
- Staff were well supported with good training.
- Regular monthly quality monitoring checks were undertaken by the registered manager. This included unannounced visits to people's homes to monitor staff practices and monthly telephone calls with people. This together with individual staff supervision meetings enabled the registered manager to monitor how staff were working practically with the person as well as checking time keeping and monitoring their performance. In this way they were able to ensure improvements were made where necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider actively engaged with people, their relatives and professionals in people's circle of care.
- People told us they were fully involved in making key decisions about their care. They said any special requests or needs were taken seriously and where appropriate integrated into their care plans.
- People said they were able to contribute suggestions as how the service could be improved. They told us they felt listened to.
- Staff told us they regularly spoke with people to ensure they were happy with the service they received.

#### Working in partnership with others

- We saw examples of good joint working with social workers and district nurses as well as GPs. This helped to enable people to receive the coordinated care they needed.