

Gentle Folk Community Care Ltd

Gentle Folk Community Care

Inspection report

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Date of inspection visit:
26 August 2016

Date of publication:
12 October 2016

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

This was an announced inspection that took place on 26 August 2016.

Gentle Folk Community Care provides domiciliary care services to people in their own homes. At the time of the inspection, the service provided care and support to 22 people.

There was a registered manager working 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 and associated Regulations about how the service is run. The registered manager was on leave during our visit. We met with two directors of the company.

There were systems in place to minimise risks to people and to help keep them safe from harm. Staff knew what abuse was and they were also aware of how to report any concerns if they had them. There were enough staff to meet people's needs with a regular, consistent staff team and there were robust recruitment practices in place, which meant staff had been recruited safely.

Medicines were managed in a safe way and support was offered by staff when needed. Risks to people and staff had been assessed. People felt safe and when risks to people were identified action was taken to reduce these risks.

People received care in a manner which was in accordance with the principles of the Mental Capacity Act. People were given the information needed to make informed choices, and their choices were respected.

When needed, people were offered support to eat and drink and to participate in hobbies and pastimes they chose. Staff supported people to make and attend health appointments if requested.

Staff received on-going training which was relevant to the needs of the people they were supporting. People who used the service and the staff thought highly of the registered manager and the organisation. The staff team understood the visions and values of the organisation and said they followed them in their work.

Staff felt they were listened to and were given the opportunity to raise any concerns. Staff were knowledgeable about people's background histories, preferences and routines.

There was a quality assurance system in place to ensure the service was routinely audited and checked. The registered manager and directors used these checks to assess and review the quality of service people experienced. Where shortfalls or gaps were identified these were addressed promptly.

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.

Safe and effective recruitment practices were followed to ensure that staff were suitable for the roles they performed.

People were supported to take their medicines when they needed them. They were helped to manage their medicines safely.

Staff underwent the necessary checks before they were employed and there was a consistent staff team in place.

Is the service effective?

Good ●

The service was effective.

Staff received training and support relevant to their roles which helped them meet people's needs effectively.

People were supported to maintain good health and access health and social care services when necessary.

Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was promoted and they were encouraged to remain independent.

Staff knew how to support people with their range of needs in a respectful and caring way.

Is the service responsive?

Good ●

The service was responsive.

People's preferences were considered and people were involved

with planning and reviewing their care.

People knew how to raise concerns and were confident these would be dealt with in a prompt and positive way.

Is the service well-led?

Good ●

The service was well-led.

Staff were clear about their roles and responsibilities. They were supported by a management team who were easily accessible and approachable.

People who received support and staff were very positive about the registered manager and directors and how the service was operated.

Gentle Folk Community Care

Detailed findings

Background to this inspection

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

This inspection visit took place on 26 August 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service, and we wanted to make sure staff were available to speak with us. 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.

Before the visit we asked the provider to complete 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.

Before we carried out this inspection, we also reviewed the information we held about this service including notifications. A notification is information about events that registered persons are required, by law, to tell us about. We also made contact with the local authority quality assurance team to ask their views on the quality of the service.

During the inspection we spoke with five people who used the service on the telephone, one relative, five staff members and two of the directors of the company.

We looked at care plans relating to four people who used the service, four staff files and other information relating to the monitoring of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "Oh yes I feel safe, definitely, they [care staff] are wonderful." Another person described their experience, "I feel safe. I hadn't ever thought otherwise. [Care staff] has been an absolute vital link. Their attitude to work is exemplary." A third person told us, "Yes absolutely I feel safe, I have no worries." One person's relative commented, "Yes indeed [relative] is safe and well cared for."

Staff told us, and records we viewed confirmed, that all staff received training in how to recognise and report if they felt people were at risk of harm. Staff we spoke with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

Care plans contained copies of risk assessments which established whether it was safe for the person to receive a service in their own home. Staff we spoke with also told us that the risk assessment information was available for them in people's homes. This meant they could access it whilst they were working and could support the person safely. Risk assessments were completed in relation to falls and the assistance people required moving about their homes. Care plans contained written information about how risks were reduced. We were therefore satisfied that risks to people's safety had been assessed and that actions were being taken to mitigate these risks.

Before commencing work all new staff had appropriate checks carried out to make sure they were suitable to work for the service, delivering care to people. These checks included seeking references from previous employers and carrying out a disclosure and barring service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. We asked staff if the appropriate checks had been carried out before they started work. They all confirmed they had not started to work for Gentle Folk Community Care until their DBS check and references had been satisfactorily received.

People told us they received their calls as scheduled. One person commented, "Oh yes, they are on time – sometimes a bit early but that is no problem. They stay as long as they should. They are on time usually – time keeping is good, No, no missed calls at all." A further person was also positive about the consistency and reliability of staff, "Yes, they are very good and punctual. They stay for the full time." We saw the service had skilled and experienced staff to ensure people were safe and cared for on visits. Staffing levels were determined by the number of people using the service and their needs. The directors told us that they were continuously looking at ways to recruit and bring new staff to the business.

The service had a policy for the safe handling of medicines. People's care plans included information on the level of support that people required with their medicines. One person told us, "I administer my own tablets. The manager came and has made a new list to update my care plan because my medicines have changed a lot." Some people required assistance with their medication. Clear risk assessments and agreements were in place to show how and when assistance was required. Staff received training on how to administer medicines and were watched carrying out this task prior to supporting people with their medicines alone.

One staff member confirmed, "I have had training in administering medicines and also they [director] has watched me as well." Audits of medicines and medicine administration charts were carried out weekly by one of the senior care staff. They told us they were looking for any errors or missed signatures on the MAR charts when they carried out their audits. One of the directors told us that they address any concerns about medicines administration with staff through supervision.

Is the service effective?

Our findings

All of the people we spoke with told us that staff were well trained in order to meet their support needs. One person told us, "They know me. I'm sure they have enough training they are great at it." Another person said, "Yes, I am on good terms with all of them. I had one [care staff] who comes to me who has not been here very long. At first she came out and shadowed the boss and then she was put with one of the more experienced ones to show her."

All of the staff that we spoke with told us that they had received enough training to give them the skills to provide people with effective care. Staff had received training in a number of areas including moving and handling, medicines administration and first aid. The manager and providers delivered staff training including use of DVDs, e-learning, and practical instruction through face to face training.

People were supported by staff who received regular supervision from a manager. These were either through one to one meetings, team meetings and observational checks of staff care practice by a manager. This enabled staff to discuss working practices and their developmental and training needs. Staff we spoke with told us they felt supported and that they benefitted from their regular supervision which meant they could deliver effective care to people. One care worker said, "We get spot checks. One of the managers will just turn up unannounced. They warn the person first and check with them but we [care staff] don't know they are coming. They check what I am doing to make sure I am doing it right."

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 decisions made on their behalf must be in their best interests and be as least restrictive as possible.

One of the directors told us that the service was not currently supporting anyone who did not have capacity to make their own decisions. Staff we spoke with told us that they had not received any training on the MCA; this was confirmed by one of the directors. They told us that so far only the management team had undertaken this learning. It was the intention of the directors to review this and consider supplying this training to all staff. Despite not having any formal training staff knew that they should be asking people for their consent and gave us examples of how they do this. One staff member was able describe how some people's capacity may be affected if they had an infection and told us how they would ensure that medical assistance was sought. Another staff member told us about how they support people to make decisions for themselves.

People told us that where it was part of their plan of care that staff prepared their food and drinks, this was to their liking. One person said, "Yes they get our choice and they make us sandwiches for the evening. They do it the way we like. They are so nice." Another person commented, "They make me meals and drinks while they are here and leave me drinks in a flask for later. I can choose what I want". Staff confirmed that they made sure they always left people with a drink or whatever they needed before they left. One staff member

told us, "It is so hard walking away from people so I always make sure they have whatever they need before I go."

People were supported to maintain good health and had access to healthcare services. This was because people had access to and were referred to a variety of health professionals who promoted and supported their health needs. This included GPs; dieticians and occupational therapists amongst others. One person told us about how care staff supported them with their health, "They noticed my leg needed seeing to and they phoned the surgery immediately." One of the directors described to us how the care staff liaised with the office staff frequently and report any healthcare needs of people directly to them. The director said that the office staff then followed up on any necessary referrals the same day.

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring and provided support in a compassionate way. One person said, "They are very knowledgeable, they are all well trained and they are lovely people. It is almost a social call as well, which is wonderful, as I wouldn't see anyone else. They are lovely and they make me laugh." Another person said, "They [staff] are very pleasant, we can have a joke as well. They are very meticulous." A third person told us, "They are very kind actually. I feel they have got respect for their clients."

The staff we spoke with showed a great deal of warmth about their work and the people that they were providing care to. One staff member said, "I love my job, love meeting the people we support and spending time with them." They also added, "We put people first. I wouldn't want to work for a care company who didn't have that attitude."

People were involved in planning their care and support. Either the registered manager or one of the directors visited people every three months to carry out a review of their care with them. People's records included information about their personal circumstances and how they wished to be cared for. We saw information about personal preferences and likes and dislikes. One person told us, "I know what needs to be done for me and the best way to do it, and I feel in control of that." Another person said, "I think I'm in control to a certain extent. If I said I didn't want something it would be taken notice of. I am asked for my views." Another person said, "I am involved with the planning of my care."

People were involved with reviewing their care. Records we viewed showed that three monthly care reviews were carried out with people by either the registered manager or one of the directors. We saw that any changes that were identified as part of the care review were then made in the care plan. Staff we spoke with told us that people's care plans which were held at their homes were reflective of their support needs.

People also said that staff tried as much as possible to promote their independence which enabled them to continue living in their own homes. One person told us, "They are friendly and they encourage me to help myself, which is what I should be doing." Another person said, "Yes they do encourage me to be independent, however, you can ask them to do anything you want them to and they will do it. Like, on occasion, I undo my own buttons but sometimes I ask them to help and they will." One staff member told us proudly, "We are helping someone to remain in their own home, which is so important."

Staff understood the actions they needed to take to ensure a person's dignity and privacy were respected. People we spoke with were complimentary about staff and told us that they felt the staff were 'respectful' and treated them with dignity. One person said, "They make sure the bathroom door is closed. I can't be too private about things. They are mindful." All staff we spoke with confirmed they supported people in a way that respected their privacy and dignity. One staff member told us, "When I am helping people with their personal care I help them and keep them as covered up as possible, that is what I would like." Another staff member confirmed, "I always cover people up when I am helping them with their personal care. If they have other people at home with them, I always make sure I close doors as well."

Is the service responsive?

Our findings

Staff knew about people's preferences and demonstrated a good knowledge and understanding of the care and support needs of the people who used the service. One staff member said, "We get to go to our regular people. My rota doesn't really change. It is good as we get to know people and what they like."

We spoke with one of the directors about how they strived to meet people's preferences; they told us that they tried wherever possible to meet people's choices for what time and which carer they had to deliver their care however there were compromises where people all requested the same. Other people we spoke with were happy that their preferences were being met with one person telling us, "Yes, they have been very good. When I had to go to hospital I had help with that too, they arranged for someone to come with me as well."

One person we spoke with told us that they couldn't always have their exact preferences met due to the need to compromise on times that the carers could attend. However they wanted to remain with Gentle Folk Community Care so had not looked to receive their care from another agency. Another person we spoke with told us, "It can be quite a bit difficult to get the exact times I want because of the number of people they see. They do try as best they can but it is not always possible." The records we looked at showed us that people's likes and dislikes were taken into account to ensure people received personalised care and support the majority of the time.

People's care plans were detailed and informative. These documents provided staff with clear guidance on how to meet people's needs during each planned visit. A copy of each person's care plan was held both in the person's home and securely at the office. Everyone we spoke with said they had a care plan and one person said, "I have choices about my care. It's up to me-- having care doesn't limit me."

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. People we spoke with told us that they knew how to complain if they had a concern. Only one person we spoke with had ever complained, they told us, "I would phone the office. I did have to once, when nobody had come at lunchtime. One of the directors came out immediately to make my lunch. That is the only time it's happened though." Another person told us, "I would phone if I needed to make a complaint about something. I would feel quite comfortable; I've not had to though."

People were supported with leisure activities if needed. One person and their relative told us, "They help me to have a shower, that is the principal but they will fill in the time with whatever we ask. At the moment we are doing a jigsaw and they give us a hand with that if they get a minute, which is good, because we've been doing it since Boxing day and I will be glad to see the back of the wretched thing!"

Is the service well-led?

Our findings

People spoke positively about the service they received from Gentle Folk Community Care. One person said, "Yes, extremely happy and I mean that. They are lovely." Another person said, "Yes I am very happy! I don't think they could do any better." A third person said, "Without hesitation and based on my own experience I would recommend this service."

A new manager had been appointed in April 2016 and registered with the Care Quality Commission to become the registered manager for the service. The directors told us they were pleased with this appointment and felt the manager was motivational and managing the service professionally.

We asked people if they considered the service to be well managed. Each person we spoke with was positive about the management. One person said, "Yes I do feel it is well managed, there are loads of staff around and it is all very good. I have not really found anything wrong with any of them." Another person said, "Yes. I've always been asked if I want anything else or something different by them [manager and directors]."

Staff were very complimentary and spoke highly of the provider and registered manager and told us about how much they liked working for them. One staff member said, "This is the best place I have ever worked. They [provider] listen and understand people." Another staff member we spoke with said, "We are gentle folk, it's in our title. We are very caring." A third staff member commented, "I love my job, I love meeting people. It's a family run business and it's really friendly."

The registered manager was based full time in the service office. One of the directors told us that the registered manager and each of the directors also carried out care shifts if they needed to. This enabled the service to cover people's care calls with people they knew if the regular staff were not able to visit people for whatever reason. Staff told us they were supported by the registered manager and felt they could confidently report any concerns or approach them for support. For example one care staff commented, "The manager is lovely and so easy to speak to."

Staff spoke positively about the teamwork within the service and said the management team were approachable and easily contactable. In order to encourage team spirit and promote the development of positive relationships within the staff team, the manager held an open morning with tea and cakes at the office every month for all care staff. One of the directors told us that the aim of this was to encourage the care staff to call into the office to talk and catch up with their colleagues and the managers on an informal basis.

People who used the service and their relatives were asked for their views about the care and support the service offered however this had not been fully developed. We found that there was no system in place whereby the responses were collated and a review of the feedback undertaken. However one of the directors assured us that if a concern was picked up from any person's feedback then this would be dealt with and action taken. We saw from the records of surveys returned by people that the feedback was extremely positive with comments such as 'brilliant team' and 'lost without them'.

We saw that other methods were used to monitor the quality of the service in addition to surveys. These included a three month face-to-face care review for each person where their satisfaction was reviewed. Regular 'spot checks' of peoples care were also conducted which included, where applicable, observing that care workers followed the provider's procedures in relation to health and safety, personal care, moving and handling and completing care records. The directors told us that any identified areas for development were followed up in supervision or through re-training for care staff.

Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). We checked the records at the service and we found that all incidents had been recorded, investigated and reported correctly.