

Mr Muhammad Rizwan Mahmood

Gentle Healthcare Services

Inspection report

12 Deer Park Road
London
SW19 3TL

Tel: 07445281380

Website: www.gentlehealthcareservices.com

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Gentle Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own homes. This service specialises in supporting people of Asian ethnicity. At the time of the inspection, out of a total number of six people, three people were receiving personal care.

Not everyone who used the service received personal care. 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

We found evidence during our inspection for a breach of regulation and the need for this provider to make improvements.

Risks to people's safety were not always identified to ensure staff were provided with guidance on the support people required to be safe. Systems in place to support staff were not consistently applied which resulted some staff lacking knowledge to perform their duties effectively. Quality assurance processes in place were not always effective to support the running of the service making sure people received safe care. This meant people using the service had been placed at unnecessary risk of harm.

Records in relation to staff recruitment were not always appropriately maintained to help the provider to make safe employment decisions. We made a recommendation about this.

People felt safe supported by the staff who knew them well. Infection control processes were in place and followed in line with government guidance. People's medicines were managed safely.

People were supported to eat and drink according to their choices and cultural needs. The staff team were aware of the actions they had to take should people's health needs deteriorate and they required medical support.

People felt well cared for by staff who respected them. Choice and control was provided for people making sure they participated in the decision making process about their care delivery. People were supported to keep their private information confidential.

Although people's care plans were not always detailed enough, staff were aware as to how they needed to meet people's individual needs. The provider planned to update people's care records as necessary. Systems were in place to manage complaints appropriately.

Staff, people and relatives told us that the management team were approachable and that they had good

communication to ensure effective care delivery.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This was the first inspection of the service since it registered with the CQC on 28 November 2017.

Why we inspected

This was a planned inspection based on when the service was registered with us and started providing regulated activity.

The overall rating for the service is requires improvement because we found evidence that the provider needs to make improvement.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We identified three breaches in relation to safe care, staffing and governance systems. This was because the provider failed to ensure they always consistently managed the risks associated with people's care and staff's support. The provider did not always operate the governance systems effectively.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.
Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.
Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.
Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Gentle Healthcare Services

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 Health and Social 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 homes.

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 the service was managed by the provider who was planning to apply for registration with the CQC.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be available to support the inspection when we visited.

What we did before the inspection

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

During the inspection

We spoke with two people who used the service and one relative about their experience of the care provided. We spoke with the manager and three members of staff.

We reviewed a range of records. This included care records, medicines management procedures, staff files in relation to recruitment and training data and quality assurance processes.

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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- People's care plans had not always included all the necessary information to ensure risks to people were assessed as necessary. This included where it was identified that people were at risk of choking, prone to falling and had health conditions such as diabetes. This meant staff were not always provided with guidance required to mitigate any potential risks to people's safety.
- Although environmental risk assessments were carried out by the provider to assess the potential risks to staff and people in their homes, these had not included fire safety assessments to inform staff about people's individual situations that may increase the risk of fire in their homes.
- We discussed these concerns with the provider and signposted them to guidance to help them develop their risk assessments.

We found no evidence that people had been harmed however, the provider had failed to assess the potential risks to people's safety making sure staff were provided with guidance on how to mitigate these risks. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Recruitment procedures were in place and included job application forms, monitoring of right to work in the UK visas and criminal records checks carried out by the Disclosure and Barring Service (DBS). A DBS is a criminal records check employers undertake to make safer recruitment decisions.
- However, there was no evidence to suggest that staff's references were obtained. The provider had told us they made calls to the referees but that their feedback was not recorded. Staff's job interviews were also not recorded to help the provider to retain the information relevant to the employees fitness for the role.
- These concerns were discussed with the provider who told us that from now on they would ensure that all records were in place as necessary.

We recommend the provider reviews their recruitment practices to ensure that staff were recruited in a safe manner.

- People told us that staff attended their calls on time and that they stayed for the duration of their visit as necessary.

Systems and processes to safeguard people from the risk of abuse

- There were no safeguarding concerns raised since the service's registration with the CQC. The service

manager was aware of the safeguarding procedure and told us the actions they would take should a safeguarding concern was reported to them. This included reporting the suspected abuse to the local authority for investigation as necessary.

- However, the safeguarding policy viewed required updating which the provider told us they would review as necessary. We will check their progress at our next planned inspection.

Using medicines safely

- People received their medicines safely. At the time of inspection the provider had only started recently supporting one person with medicines. We were not able to check the medicines administration record (MAR) sheets because these were kept in the person's home. The staff member supporting this person with medicines understood their responsibilities in relation to safe administration of medicines. They said, "We assist with medication and we make sure [people] take the correct and on time medication at all times."

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were provided with the necessary PPE to minimise the risk of catching and spreading infections. One staff member told us, "We have enough of PPE. We use all of that, like gloves and aprons. It's for the clients' and our protection."
- Staff were required to undertake regular tests for COVID-19 so that infection outbreaks can be effectively prevented and managed.

Learning lessons when things go wrong

- Staff recognised incidents and accidents and were aware of the actions they had to take to reduce the likelihood of the incidents reoccurring. Staff told us they would report the incidents and accidents to the manager for investigation and sharing of lessons learned. Policy and procedure was available for guidance as necessary.
- There were no incidents and accidents reported since the service's registration with the CQC.

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 for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support; induction, training, skills and experience

- Staff were not always provided with consistent support on the job to ensure effective care delivery.
- Although the manager told us they carried out regular supervisions, records were not available to ensure that any actions agreed were followed-up on and completed as necessary.
- Records showed that staff had to attend the mandatory training courses during their induction period and that all staff completed training in manual handling, infection control and fire safety. However, we found that although some staff had very recently completed training in relation to people's support of dignity, they did not understand this concepts and could not provide us with examples of how they treated people with dignity. Some staff could not tell us what types of abuse they should be identifying and reporting to the manager as necessary.
- This was discussed with the manager who told us they would review their systems in place making sure staff received the necessary support and training required for the job.

We found no evidence that people had been harmed however, the provider had failed to ensure that staff received appropriate training and supervision as is necessary to carry out the duties they are employed to perform. This demonstrates a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff told us they received the necessary support from the manager and that any time they needed advice, the manager was available to help them. Comments included, "I talk to the manager, twice a week sometimes. Everything is ok" and "I am happy. [The manager] is very cooperative. He is very supportive. 24/7 you can call him."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Systems were in place to ensure a smooth transition when people were first referred to the service. The provider carried out assessments to collect information in relation to people's care needs and choices prior to providing the support. This was followed by two suitable staff members being trained to meet the specific care needs of people, one of whom was only for covering purposes. This ensured the continuity of care delivery.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff understood the requirements of food hygiene and supported people to eat safely. One staff member told us, "I cook for the client I support. I follow food hygiene. If I am cooking, I make sure I don't contaminate

food, my hands are clean and that the dates had not expired. I make the food smaller because of the choking hazard."

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

- Since the service's registration with the CQC, the provider had not had any involvement with other agencies, including the partnership working with the healthcare professionals. The manager told us that if people's health needs deteriorated, they would contact the healthcare professionals and/or emergency services for support as necessary.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to make choices in line with the requirements of the MCA. The manager was aware of the MCA and told us how they supported people where they required help to make decisions for themselves. Where appropriate, the service involved people's family members for support in making decisions about their care delivery. Systems were also in place for the mental capacity assessment to be carried out should a person's capacity be doubted.

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; equality and diversity

- People felt listened to and valued by staff. One person told us, "I am very lucky, I have a very nice lady. She makes a cup of tea for me and we talk which is great... They [staff] are all very respectful and professional people." Staff members spoke warmly and respectfully about the people they supported.
- People were able to eat and drink in line with their cultural preferences and beliefs. A relative told us, "[My relative] is happy with the cooking. [Staff] make [names of the dishes] which is what [my relative] wants and it's her cultural meals."

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

- People were empowered to make decisions about the service. One person told us, "There is a routine that we follow, carers follow it. They understand how and what I like. I tell them that. I have an open care plan and we talk with the carer how I want to do things."
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Records showed that people were supported to understand their rights and that discussions took place in relation to respectful treatment and access to private information.

Respecting and promoting people's privacy, dignity and independence

- People felt that staff were kind and attended to their care with respect.
- Staff were respectful of people's private information. One staff member said, "I never discuss clients with my family or colleagues and only with the manager if needed." Staff knew when people needed their space and privacy and respected this.

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; Meeting people's communication needs

- People had regular staff members to support them which ensured consistent care delivery. People told us that staff knew their routines and choices well. From the conversations with staff we found that they had a good understanding of people's individual care needs and that they knew how to support them effectively.
- However, people's care plans were not detailed enough and required more information to ensure effective care delivery. Individual information relating to people's cultural needs and the support they required with personal care was not properly recorded. This was discussed with the manager who told us they will update the care plans as necessary. We will check their progress at our next planned inspection.

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

- People were well matched with their designated care workers to ensure their cultural needs were met appropriately. The manager told us that staff provided spoke people's preferred/ first language which ensured they could understand each other well and have meaningful conversations.

Improving care quality in response to complaints or concerns

- There were no complaints received since the service's registration with the CQC. The registered manager told us that feedback was sought from people and their family members on individual basis and that any concerns received were dealt with immediately making sure it had not escalated to the complaint level.

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 the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance processes in place were not always operated effectively. We found that in some areas there were no systems in place to ensure that on-going checks were carried out to identify where the improvement was required so that action could be taken as necessary. This resulted in the provider failing to identify and/or take appropriate action to address a number of issues we found during this inspection that related to people's care records and staff recruitment, training and support.
- The manager of the services was not aware of their regulatory responsibility to notify the CQC about the events that affect the care provision.
- Although policies and procedures were in place, these had not always provided all the important information to guide staff as necessary. For example, the safeguarding policy and procedure did not include the description and types of abuse.

We found no evidence that people had been harmed as a direct result of the management oversight described above however, their governance systems were not always operated effectively to minimise the risks associated with people's safety. This is a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Person centred care was important to the provider as they aimed to meet people's individual care needs and choices. One person told us, "For what I have seen so far and compared to other agencies, they put clients first, it's excellent. They would ask us who does what, like food. They have a system and a genuine concern about the clients. If any issue, you call and the manager calls back and they straight away try to sort it out." Another person said, "It's a quality service and very good. No issues, I am happy with it."
- Family members told us that the service was well-led and described the manager as "very nice, very helpful, good at communication and explaining when needed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Duty of Candour

- Systems were in place to gather feedback from people. One person told us, "We have a protocol we follow, we call the manager and they will deal with it. If there is a concern, we let the manager know what happened and they come over and discuss it. This is what is very good about this company." The provider planned to

carry out regular review meetings with people to gather their feedback about the service delivery.

- The manager of the service was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour providers must be open and transparent if things go wrong with care and treatment. During the inspection the manager had openly shared the information of concern with us and the actions they were taking regarding the difficulties they were facing relating to the recruitment of staff and safe care delivery.

Working in partnership with others

- The service worked well in partnership with family members which helped to monitor and improve people's wellbeing. Where necessary, staff consulted and involved the family members in the care of the people to achieve the best outcomes possible.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use the service had been placed at risk of harm because the provider had failed to ensure that risks to people's safety were assessed as necessary. Regulation 12(2)(a)
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who use the service were not protected against the risk of receiving poor quality or unsafe care because the providers oversight processes were not always effectively managed. Regulation 17(2)(a)(b)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People were not always protected against the risk of receiving unsafe care because the provider had failed to ensure they provided on going and consistent support for the staff team. Regulation 18(2)(a)