

Gentle Touch Care Services Limited

# Gentle Touch Care Services Limited - 67 Turpin Green Lane

## Inspection report

67 Turpin Green Lane  
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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

The inspection visit at Gentle Touch Care Services Limited was undertaken on 28 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community. We needed to be sure someone would be in at the office.

Gentle Touch Care Services Limited provides personal care to people living in their own homes. The agency provides support for older people, people with physical disabilities and people with a sensory impairment. The agency's office is located close to Leyland town centre. At the time of our inspection there were 47 people receiving a service from Gentle Touch Care Services Limited.

The service had a registered manager in place. 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.

At the last inspection on 18, 19, 22 July 2013, we found the provider was meeting the requirements of the regulations that were inspected.

At this inspection, staff responsible for assisting people with their medicines had received training to ensure they were competent and had the skills required. People were supported to meet their care-planned requirements in relation to medicines. However, there had been several occasions when staff had failed to sign to show prescribed medicines had been administered. The provider did not always act on information gathered in a timely manner. They had not checked that the medicines had been administered.

This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. You can see what action we told the provider to take at the back of the full version of the report.

Care plans were personalised, however we have made a recommendation, as care plans need dating.

The provider had regularly completed a range of audits to maintain people's safety and welfare.

Staff had received safeguarding training and understood their responsibilities to report any unsafe care or abusive practices related to the safeguarding of vulnerable adults. Staff we spoke with told us they were aware of the safeguarding procedure.

The provider had procedures around recruitment and selection to minimise the risk of inappropriate employees working with vulnerable people. Required checks had been completed prior to any staff commencing work at the service. This was confirmed from discussions with staff.

We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. Staffing levels were determined by the number of people being supported and their individual needs.

Staff members received training related to their role and were knowledgeable about their responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. The provider ensured staff had the skills to fulfil all care tasks required by people being supported. For example, the registered manager had sought specialised training to ensure staff delivered effective support to one person with complex care needs.

People and their representatives told us they were involved in their care and had discussed and consented to their care packages. We found staff had an understanding of the Mental Capacity Act 2005 (MCA).

People told us they were mostly supported by the same group of staff. This ensured staff understood the support needs of people they visited and how individuals wanted their care to be delivered.

Comments we received demonstrated people were satisfied with the service they received. The registered manager and staff were clear about their roles and responsibilities. They were committed to providing a good standard of care and support to people in their care.

A complaints procedure was available and people we spoke with said they knew how to complain. We saw examples where a complaint had been received, responded to, investigated and the outcome documented. Staff spoken with felt the management team were accessible supportive and approachable and would listen and act on concerns raised.

The registered manager had sought feedback from people who received a service and staff. They had consulted with people and their relatives for input on how the service could continually improve.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was safe.

Medicine protocols were safe but not always followed by staff. Documentation we viewed was unable to show clearly that people received their medicines correctly, in accordance with their care plan.

Staff had been trained in safeguarding and were knowledgeable about abuse and the ways to recognise and report it.

Risks to people were managed and staff were aware of how to reduce potential harm to people.

There were enough staff available to meet people's needs safely. Recruitment procedures the service followed were safe.

### Is the service effective?

**Good** ●

The service was effective.

Staff had the appropriate training to meet people's needs.

The registered manager was aware of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and had knowledge of the process to follow.

People were protected against the risks of dehydration and malnutrition.

### Is the service caring?

**Good** ●

The service was caring.

People who used the service told us they were treated with kindness and compassion in their day-to-day care.

Staff had developed positive caring relationships and spoke about those they visited in a warm compassionate manner.

People were involved in making decisions about their care and the support they received.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs, likes and dislikes.

The provider was committed to providing a flexible service which responded to people's changing needs, lifestyle choices and appointments.

People told us they knew how to make a complaint and felt confident any issues they raised would be dealt with.

### Is the service well-led?

Requires Improvement ●

The service was well-led.

The provider lacked a robust and timely auditing system to deliver effective change within the service.

The provider had clear lines of responsibility and accountability.

The management team had a visible presence within the service. People and staff felt the registered manager was supportive and approachable.

The management team had oversight of and acted upon the quality of the service provided. There was a range of quality audits, policies and procedures.

People had the opportunity to give feedback on the care and support delivered.

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## **Detailed findings**

### Background to this inspection

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

The inspection was carried out by one adult social care inspector.

Prior to this inspection, we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are required to be submitted by the provider to the Care Quality Commission to advise of important events. We spoke with the local authority to gain their feedback about the care people received. This helped us to gain a balanced overview of what people experienced when accessing the service. At the time of our inspection there were no concerns being investigated by the local authority.

During the inspection, we visited two people in their own homes. We spoke with a further two people who used the service and four relatives. We also spoke with five staff members as well as the registered manager and two members of the management team. We looked at the care records of five people, training and recruitment records of four staff members and records related to the management of the service.

We looked at what quality audit tools and data management systems the provider had in place. We reviewed past and present staff rotas, focussing on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We looked at the continuity of support people received.

# Is the service safe?

## Our findings

We spoke with people about the service they received and whether they felt safe in the care of staff. People and their relatives told us they felt protected by the staff that supported them. One person told us, "They [staff members] come on time and I feel I am safe with them." A relative commented, "I am confident in the staff, they keep [my relative] safe."

During this inspection, we checked if medicines were managed safely. Records we looked at showed there had been several occasions when staff had failed to sign to indicate prescribed medicines had been administered. The provider had not investigated further for evidence medicines had been administered and the missed confirmation signature was a recording error.

The provider had compiled a list of medicines for each person who received a service. However, they did not have a system to ensure the information was up to date. We spoke with the management team about these issues and they told us they would introduce a robust auditing system, which recorded an up-to-date list of all medicines prescribed and administered. They stated they would introduce more in depth systems to investigate missed staff signatures.

This is a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff did not always follow policies and procedures on the administration of medicines. The provider did not have an effective system to monitor the safe documentation of medicines.

Regarding educating staff on safeguarding people from abuse, records we looked at showed the registered manager and staff had received abuse training. There were procedures in place to enable staff to raise an alert. Staff demonstrated a good understanding of safeguarding people from abuse, how to raise an alert and to whom. Care staff said they would not hesitate to use this if they had any issues or concerns about the management team or colleagues' care practice or conduct. This meant the provider had systems to guide staff about protecting people from potential harm or abuse.

Care documentation we looked at contained risk assessment and care delivery information. This was to identify the potential risk of incidents and harm to staff and people in their care. Risk assessments we saw provided instruction for staff members on physical, psychological and environmental hazards. For example, people who received a service were assessed on their mobility, their anxiety levels and their home (slip trip hazards.) This showed the service had a framework to identify and manage risk and keep people and staff safe.

We looked at how the service was being staffed. We reviewed past and present staff rotas and focused on how staff provided care within a geographical area. We looked at how many visits a staff member had completed per day. We did this to make sure there were enough staff on duty at all times to support people in their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. The number of people being supported and their individual needs determined staffing levels.

A member of the management team told us they did not want staff travelling long distances, "All visits are grouped geographically. We employ people to be carers not drivers." Staff members we spoke with confirmed they were allocated sufficient time to be able to provide the support people required. One staff member said their visits were structured, "I have enough time to get to each person." A second staff member told us, "My visits are arranged properly." One relative told us, "My carers are on time and sometimes they are a little early." This showed the provider delivered timely support to maintain people's safety.

We looked at recruitment records of staff. All required checks had been completed prior to any staff commencing work at the service. Recruitment records looked at contained a Disclosure and Barring Service check (DBS). These checks included information about any criminal convictions recorded, an application form that required a full employment history with any gaps explained and references from previous employers. These checks were required to ensure new staff were suitable for the role for which they had been employed.



## Is the service effective?

### Our findings

We checked whether people and their relatives felt staff were effective in their duties. People told us they felt staff were experienced and well trained to support them. A relative told us, "They know what they are doing." A second relative commented, "I can't say a wrong word about anything. They [staff members] know what they are doing."

The registered manager told us they had task sheets for staff in each person's house to ensure they met people's needs. They said the sheet identified what was expected from staff at each visit. For example, it shared knowledge on where people liked to eat, how to support someone to dress and when to offer to put someone's slippers on. The registered manager further commented the task sheet reduced the risk of staff errors and ensured the provider delivered an effective service. We spoke with people and staff who confirmed the task sheets were in use. We saw the task sheets within people's care plans when we visited them at their homes.

We spoke with staff members, looked at individual training records and the service training matrix. Staff told us the training they received was provided at a good level. We spoke with the management team about induction training. We were told only one new starter, with no care experience, had induction at any one time. They explained, "We do induction very gently. We have long chats, work through scenarios and give E learning to complete. We go through the answers together." E learning is using technology to deliver training anytime, anywhere using computers, tablets and mobile phones. The registered manager told us, "If we only have one new starter at a time we can give them individual attention." Induction training included watching experienced staff, being observed themselves in their new role and assessment on how they completed documentation.

We spoke with the registered manager regarding ongoing training for staff. They told us they used training as a way to assess staff competency. They tested staff on the training delivered and the results identified areas of support required. There was additional diploma training available to staff members. One staff member who had completed the diploma told us, "The diploma filled in the gaps, it made me more confident in my role."

All staff we spoke with felt communication between care staff and the management team was good. One staff member commented about the management team, "A couple of times I have been worried about someone. They [the management team] bring me up here [private room]. They are always available." A second staff member said, "If I have a problem, I tell them [management]. They work it out." This showed the provider was accessible to offer support in delivering an effective service.

Staff spoken with told us they received regular supervision. These were one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. One staff member told us, "The supervisions are brilliant."

Staff spoken with confirmed observations or spot checks in the work place had taken place. These were unannounced visits to observe staff work practices. One staff member told us, "[Member of the management team] just appears to check we are doing everything right and wearing our uniform." A relative confirmed they recently had a member of the management team observing staff at work. This showed the registered manager had systems to monitor and maintain effective working practices.

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. Policies and procedures were in place in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). Staff files showed they had received training related to the MCA and consent.

Staff we spoke with were able to describe what was meant by a person having capacity. They told us what they would do if they thought someone did not have capacity. The provider had introduced training on the principles of the MCA. This showed the provider had trained staff in the principles of consent to support people to make decisions.

When required, people were supported to maintain a balanced diet to prevent the risk of malnutrition and dehydration. This included staff preparing meals for people in their own homes.

Related care plans were detailed and staff had documented people's preferences about their support requirements. For example, one care plan contained, 'Ask [person] what he would like for his breakfast and to drink – [person] likes his food very well cooked. Other information held within care plans included, '[Person] will usually have Cornflakes, toast and a cup of tea – no sugar' and 'make [person] a drink usually tea with powdered milk'. On the day of inspection, we overheard the provider plan with a person to go and collect their food shopping.

People we spoke with said their general health care needs were co-ordinated by themselves or their relatives. However, one staff member told us community health professionals arranged their visits to coincide with the support they delivered. This was to allow Gentle Touch staff to support the health professional and to share knowledge. We saw people's care records included the contact details of their General Practitioner (GP) so staff could contact them if they had concerns about a person's health. We saw where staff had more immediate concerns about a person's health they accessed healthcare services to support the person. For example, one staff member had to call emergency services when concerned about one person they visited. They remained with the person until support had arrived. This showed the provider was involved in supporting people to maintain good health.

# Is the service caring?

## Our findings

People we spoke with told us they were treated with kindness and staff who visited them were friendly and caring. One person stated, "The staff I have are very caring. You can ask me any questions and the answers would be positive." A second person told us, "The staff are great, really nice." A third person said, "The staff are brilliant."

Care files we checked contained records of people's preferred means of address, meal options and how they wished to be supported. For example, one care plan documented the person preferred to eat at the dining table in the kitchen. All files used the person's name throughout the documentation. For example, 'Greet [name] on arrival.' 'Ask [name] if they would like a cup of tea'. This showed the provider had guided staff to interact with people in a caring manner.

Care records we checked were personalised around the individual's requirements; holding detailed, valuable personal information. Records had sections that shared information on past roles and experiences. One care plan told us the person used to work in a slipper factory. A second plan informed us about past holidays and a third care plan gave the names of family members from parents to great grandchildren. This showed people's histories were respected, important and the provider had spent time with people to gather information and build positive relationships.

People told us they had been involved in their care planning arrangements. One person said a member of the management team had recently visited to review their care arrangements. A second person told us if they wanted to rearrange a visit, all they had to do was telephone the office. This showed the provider supported people to be actively involved in the delivery of their service.

When speaking with both people receiving a service, and staff, it was evident good, caring relationships were developed, and carers spoke about those they visit in a warm, compassionate manner. All the staff we spoke to told us they enjoyed working for the company. One staff member stated, "I love it here." A second staff member told us, "Everyone is so kind and thoughtful and have high expectations for people."

We spoke with the provider about access to advocacy services should people require their guidance and support. The registered manager had information details that could be provided to people and their families if this was required. Information was contained within the assessment pack every client received. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

The provider had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy. A DNACPR decision is about cardiopulmonary resuscitation only and does not affect other treatment. Members of the management team had attended end of life training. The registered manager told us, "We have a good relationship with the local hospice. End of life care is very important." This highlighted the provider recognised the importance of providing end of life support. They guided staff on how to support people who received end of life care positively.

# Is the service responsive?

## Our findings

People and their relatives were involved in developing their own care and support plans. Care plans were personalised and had information specific to each person. People we spoke with told us a member of the management team had visited recently to gather information and update their care plans. This showed the provider was responsive to people's changing needs.

We looked at care records of five people to see if their needs had been assessed. We found each person had a care plan, which detailed the support required. The plans we looked at were informative. They identified how staff supported people with their daily routines and personal care needs. The plans included sections on medical information, communication, vision, mobility pressure care and support with personal care. The plans included sleep, eating and drinking and behaviour management plans.

Each person had assessments on what was important to them. There was information on risks and hazards and what equipment the person required. For example, these included if the person used a hoist or needed support with their catheter. However, not all the documentation we looked at had the date it was written or a review date on.

We recommend the service include a created and proposed review date on all documentation to indicate the most up-to-date and valid care planning information.

We observed during our inspection the provider arranged an additional visit for one person. This was extra as a staff member had called the office and raised concerns. The provider was responsive and arranged for staff support to meet the person's current need.

We spoke with the provider about one person who had a change in personal circumstances. Gentle Touch Care Services Limited supported the person who had high care needs to move into new accommodation. The management team then liaised with the local authority and local primary care team to ensure they had the correct aids so their personalised care needs could be met. A member of the management team had visited the person several times to ensure their assistive technology was working correctly. This was required to meet their environmental and social needs. Assistive technology is a device or system that provides people with practical solutions to everyday life activities. This showed management was responsive in delivering personalised care.

The service had a complaints procedure which was made available to people supported and their family members. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. We saw the service had a system for recording incidents/complaints. This included recording the nature of the complaint and the action taken by the service. We saw complaints received had been responded to promptly and the outcome had been recorded.

People who used the service and their relatives told us they knew how to make a complaint if they were

unhappy about anything. One person said, "I've been with the company years. I've never needed to make a complaint." A relative said, "I Have never complained but I would if I had to." A member of staff told us they had used the complaints procedure to raise their concerns. They stated they were happy with how the process was followed and happy with the outcome.

## Is the service well-led?

### Our findings

We spoke with staff and asked them their opinion of the leadership at Gentle Touch Care Limited. Staff spoke positively about the support they received from members of the management team. One staff member told us, "I love it here, the management team are so pleasant and thankful." A second staff member said, "I am happy with the management." A third staff member commented, "They [Gentle Touch management team] are really good to work for."

The service demonstrated good management and leadership with clear lines of responsibility and accountability within the management team. The management team were experienced, knowledgeable and familiar with the needs of people they supported. One staff member told us about their manager, "I like the fact our manager goes out and does shifts. They know what's happening."

It was noted at the time of our inspection the provider had did not have a robust quality auditing system in relation to medicines that was effective and changed working practices for the better. The provider did not meet all the standards set out in the regulations.

However, we discussed accident and incidents with the registered manager. We saw there was a framework to document and monitor all accidents and incidents. The information was stored within an incident file within the office and within the person's electronic file. The provider told us should they notice an increase in incidents action would be taken. For example, they would seek expert advice and support should they notice a person was falling on a regular basis.

We found team meetings were not held to support staff to raise concerns or make suggestions about service development. However, all staff spoken with felt any concerns could and would be addressed by the management team should they be raised. We spoke with the registered manager and the management team about the lack of team meetings. They told us care staff visited the office once a week to collect their rotas. The management team made sure they were in the office on the day when rotas are collected and were available to meet with staff. They also had a private room available if staff wanted to chat confidentially. The registered manager told us they attached weekly communication sheets to staff rotas to keep staff up-to-date with service changes.

Every member of staff we spoke with told us they felt well supported by the management team. Staff told us they were encouraged to discuss any areas on which they wanted clarity, or feedback.

We noted the provider had complied with the legal requirement to provide up to date liability insurance. There was a business continuity plan. The registered manager's business continuity plan was a response-planning document. It showed how the management team would return to 'business as normal' should an incident or accident take place. This meant the provider had a plan to protect people if untoward events occurred.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Staff did not always follow policies and procedures on the administration of medicines. The provider did not have an effective system to monitor the safe documentation of medicines.</p> <p>Regulation 12 (1) (2)(g)</p>