

Gentle Hands Care Agency Ltd

# Gentle Hands Care Agency Ltd

## Inspection report

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Date of inspection visit:  
28 June 2016

Date of publication:  
17 August 2016

## 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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection was carried out on 28 June 2016. The inspection was announced. Gentle Hands Care Agency Ltd is registered to provide personal care and support for people in their own homes. At the time of our inspection 26 people received care and support from this service. Two people receiving a service lived in a supported living scheme managed by the provider. This was the first inspection carried out for this organisation.

The Gentle Hands Care Agency Ltd had a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The agency specialises in supporting people with a learning disability. We were unable to speak with people using the service, but spoke with their relatives. Relatives were very happy with the service provided by the agency. There were mixed views from health and social care professionals regarding the service at the supported living scheme.

Relatives told us the staff treated the people they cared for with dignity and respect. Relatives also told us staff were reliable and the majority had the skills and experience to do the job of caring.

We saw that staff were supervised regularly and staff told us they felt supported. We saw that training took place but that further training was required to ensure staff were equipped to deal with the people they cared for.

The majority of family carers took responsibility for medicines although staff had been trained to support people taking their medicine, and staff at the supported living scheme supported people with all medicines administration.

The provider told us they were in the process of updating care records. We could see that some had been updated and were person centred. A number were out of date and had not been updated comprehensively since 2013. The provider undertook to update the remaining care plans. We saw risk assessments were in place for the majority of care records, but they did not always contain information on significant health risks, or how to manage those risks.

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

The provider could show us they undertook reviews and carried out spot checks although they did not have an efficient system at the time of the inspection to evidence what was outstanding. Since the inspection they have provided this information and were able to show they had an improvement plan they were

working to.

Relatives told us the registered manager and deputy manager were very responsive to any issues they raised and would recommend the service to other people.

We found four breaches in relation to risk assessments on care records, training for staff, care plans and the governance of the service.

We have made recommendations in relation to safeguarding adults.

You can see what action we told the provider to take at the back of the full version of the report.

## 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. Not all staff had a good understanding of safeguarding adults from abuse despite being trained in this key area.

Not all risk assessments noted risks related to epilepsy, so staff may be unclear what to do if someone became unwell.

References and checks were in place prior to staff starting work so staff were considered safe to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective. Not all staff had received training in key areas such as epilepsy or disability awareness training and this impacted on the service they could provide.

Staff supervision took place regularly and appraisals were in place for people who had worked there for more than 12 months.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff knew the likes and dislikes of people they cared for. Relatives told us people were treated with dignity and respect.

Staff were aware of people's cultural needs.

**Good** ●

### Is the service responsive?

The service was not always responsive. Care records were not up to date at the time of the inspection, although they have since been updated.

We were not confident that staff were carrying out a wide range of activities at the supported living scheme in line with people's care plans.

Complaints were dealt with appropriately and relatives told us they found the registered manager and deputy manager very responsive if any issues were raised.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well led. Prior to the inspection the registered manager had not ensured that systems were in place to ensure the service was of a good quality.

Staff told us they felt well supported and they had participated in a survey in the last 12 months to give their views of the organisation which were in the main very positive.

**Requires Improvement** 

# Gentle Hands Care Agency Ltd

## **Detailed findings**

### Background to this inspection

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

The inspection took place on 28 June. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that the registered manager would be available. The inspection was carried out by one inspector for adult social care. The provider offered a service to 24 people in family homes or at a day service and two people at a supported living scheme.

Before the inspection we reviewed information we held about the service. This included information provided by the service, previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law.

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

We also looked at six care records and five staff records including recruitment and supervision details. As many of the people using the service had significant communication needs we felt it was not possible to meaningfully gain their views so we spoke with four relatives regarding the quality of the service as many people using the service lived with family members.

We contacted six health and social care professionals for their views on the quality of care provided by the service.

Following the inspection the registered manager and deputy manager provided us with detailed information relating to the management of the supported living scheme, care and training records to enable us to complete the inspection.

# Is the service safe?

## Our findings

Three out of the four relatives told us they had had very poor experiences from previous agencies but felt their relatives were in safe hands with the staff at Gentle Hands Care Agency Ltd. A number of relatives told us their family member was hoisted by a member of care staff and they felt confident the care provided was safe.

Three out of four staff demonstrated an understanding of the type of abuse that can occur and what they would do if they were concerned. Staff had been trained in safeguarding adults but one of the staff members we spoke with was unable to answer any questions we asked regarding the signs of abuse or what they would do about them in their role as carer. This was of concern as the person had been working for the agency for six months and had been on safeguarding training previously. We were told this member of care staff was going on another safeguarding course within two weeks of the inspection.

We recommend the provider ensures that staff understand fully best practice and their obligations as care staff in relation to safeguarding adults from abuse.

There had been no safeguarding referrals in the last 12 months.

We looked at risk assessments for people receiving a service. The service was in the process of updating care records including risk assessments. Of the six risk assessments we found two were dated 2013 and one of these did not relate to the current service offered, four were dated 2015 or 2016, but two of these did not provide detailed advice in relation to epilepsy despite both people having this condition. We also noted on one risk assessment where epilepsy was noted, there was no suggested action to mitigate the risk. We discussed this with the registered manager who told us the family members were usually at the house when care was offered but acknowledged that staff should be given more information to safely manage the condition and undertook to update risk assessments with this information.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they had regular people they worked with so were able to build up relationships with people and their family carers and so understand their needs. This was confirmed by relatives we spoke with. Other carers supported people with personal care at day services.

The majority of care staff worked in family homes whilst other members of the family were present so did not take responsibility for assisting with medicines, although they had all been trained to offer support to people. Where medicines were given staff completed medicine administration records.

We asked how the provider ensured staff were confident to give medicines. Following the inspection the provider sent us a document they undertook to complete when they have assessed people's ability to safely deliver medicines. They had completed one assessment since the inspection. The provider told us they



intend to assess all staff this year. At the time of the inspection the staff working at the supported living scheme had not been assessed, although the provider told us they had all received medicines training.

We looked at accident and incident records and could see that these were logged and were dealt with appropriately.

We looked at staff recruitment files. We could see that Disclosure and Barring Service certificates (DBS) checks had taken place prior to people being employed. We saw that two references were in place for people before they started work. The policy stipulated that one reference had to be work related, however, we found two staff files that had character references only. We discussed this with a member of the office staff who explained that one member of staff had not worked in this country prior to being employed by Gentle Hands and for the other staff member they were currently employed at a different agency and asking for a reference could jeopardise their full time job. The registered manager undertook to record on staff files reasons why they are accepting character references only and to carry out additional spot checks on new staff for whom they don't have work related references to ensure their work is of a good standard.

We checked premises documents related to the supported living scheme. We could see that the provider checked fire equipment on a regular basis, and the deputy manager audited the premises in relation to fire safety monthly to ensure exits were clear and documents in place. Monthly fire drills took place.

Servicing of gas, electricity and checks for portable electrical appliances had been undertaken at the supported living scheme.

There was also a detailed schedule for cleaning the supported living scheme. There were no concerns expressed by visiting health and social care professionals in relation to infection control at the supported living scheme.

## Is the service effective?

### Our findings

Relatives told us they felt confident the staff had the appropriate skills and experience to carry out role of caring for their family member. A number of relatives told us they had experience of using other agencies and had not been satisfied with the care but this was not the case with Gentle Hands.

We checked training records for individual staff and could see they had undertaken training in a number of the main areas required to provide care safely. For example, manual handling, health and safety, safeguarding training and medicines administration. We noted that pressure ulcer awareness training had taken place in April 2016.

There were a number of people using the service with epilepsy. We noted from staff files two out of five care staff had been trained in epilepsy. The training matrix indicated three out of 38 staff had been trained in dealing with epilepsy. We discussed epilepsy with one of the staff members who had had training. The action they told us they would take if a person was having a seizure would be considered very unsafe. We discussed this with the registered manager who undertook to run another training course on epilepsy as a priority.

We noted from the training matrix that there had been no training to promote people's knowledge and awareness in working with someone with a learning disability or a physical disability. This meant the provider could not be confident people understood the impact of disabilities on individuals, nor had developed a range of skills to provide care to a range of disabled people. We found on speaking with one member of staff they used language usually associated with caring for children, another member of staff had little understanding of a person's disability they were caring for and used language to describe a disability that was outdated and demeaning. We spoke with the registered manager regarding this who stated she had been unable to find training courses that increased staff awareness of disability issues. However, since this discussion with the registered manager she had held meetings with staff to ensure they understand the importance of appropriate language. She also told us she had asked members from the local learning disability team to support her in training staff in relation to these issues, and was committed to working towards improving the knowledge and skills of her staff.

We also noted the majority of staff had not been trained in food hygiene although this had been booked for November 2016. Staff in the supported living scheme had received some training in food hygiene, health and safety and emergency first aid.

There were mixed views on the skills and experience of staff from health and social care professionals. Whilst we were told the registered manager and deputy were responsive to issues raised, there was some concern that the support offered by staff working at the supported living scheme was not entirely effective. Staff were not always following guidelines in relation to supporting one person with their personal care, activities or food preparation. One health and social care professional told us this impacted on a person's personal hygiene, weight management and their wellbeing as activities were not being carried out on a regular enough basis with staff. We discussed this with the registered manager who told us there was ongoing work

with staff to address these issues.

The above concerns demonstrated a breach of the regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Not all staff understood the fully the implications of the MCA but staff were able to tell us how they obtained consent to provide care. They understood the importance of delaying care if a person told them they did not want care at that time, or appeared to not want care.

Deprivation of Liberty Safeguards (DoLS) were in place for one person living at the supported living service and the local authority was applying for DoLS from the Court of Protection for the other person living at the service.

Staff did not usually cook food for people in their family homes. With the exception of the supported living scheme, staff instead either warmed up food or provided nutrition via percutaneous endoscopic gastrostomy device. Staff were trained on an individual basis to provide this care. Likewise where there were issues in relation to pressure areas, health staff provided advice on an individual basis in relation to caring for the person.

Staff told us they felt supported in their caring role, and we could see that staff received an induction prior to starting work and supervision was regularly taking place. We also saw evidence of appraisals on records for people who had been employed for 12 months or more.

We could see that spot checks took place for some staff and these gained the views of people using the service or their relatives, and were used to provide feedback to staff.

## Is the service caring?

### Our findings

Relatives told us the staff were kind and caring to their family members. Speaking with care staff we could tell they respected the people they worked with and afforded them dignity and respect in a number of ways. They ensured they closed doors before providing personal care to people and ensured they were covered when being washed. Staff also told us it was important for people to wear clean clothes that were appropriate and for people to choose them where possible.

Staff were able to tell us the importance of independence and how they would encourage this in working with people using the service. We could see from care plans that staff were encouraged to facilitate people being independent.

Staff were aware of people's cultural and religious needs. For example, one staff member provided a significant amount of care one day a week to ensure a family did not compromise their religious obligations on the Sabbath.

Staff were from a range of cultural backgrounds as were the people using the service. This benefitted the service users as where possible people were matched with care staff who understood their cultural background.

Although there was little information relating to people's histories on files as the majority lived with family members, staff were able to tell us the likes and dislikes of people using the service. One staff member told us one young woman she cared for liked using her mobile phone, enjoyed music and was very able to tell her when she liked or didn't like something.

Health and social care professionals told us that the supported living scheme had been decorated very sparsely some months ago, but now people had personalised their bedrooms.

## Is the service responsive?

### Our findings

Care plans covered a broad range of areas in relation to care but we found there were two out of six care plans that had not been updated since 2013. We found one care plan that had not been updated in the last 12 months that indicated care was being provided at home. When we discussed this with the registered manager we were told the care at home had been stopped in December 2015. In the six weeks prior to the inspection the care that was being provided was at a day centre, but there was no guidance for staff in the care plan as to what duties to carry out. Relatives told us there were care plans at the person's home and staff completed the daily log which detailed care provided.

The above concern was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection, the registered manager and deputy told us that they had updated all the care plans, and would ensure all plans in family homes were up to date.

We could see that nine reviews had been carried out in the last six months. Two of these completed at the beginning of June had not been recorded on care records as they were waiting to be typed up. At the time of the inspection the registered manager could not provide a list of the reviews that had been completed nor what was outstanding. Since the inspection the deputy manager has updated the paperwork so the service provider is now clear what reviews have taken place and what remain outstanding. There are dates planned for future reviews.

Relatives told us that the registered manager and deputy were very responsive if issues were raised by them. This was confirmed by the majority of health and social care professionals we spoke with.

However, two health and social care professionals remained concerned in relation to support with activities being offered at the supported living scheme. They questioned whether activities took place and whether people living at the service were stimulated enough. Inspectors were also not confident that all staff understood how to facilitate meaningful activities with adults with a learning disability.

Care records were not routinely signed by people using the service nor their families, although relatives told us they felt very involved in the care provided and were happy with the care provided.

We looked at the complaints log, all five complaints had been dealt with appropriately.

## Is the service well-led?

### Our findings

Gentle Hands had a clear vision "Our aim is to provide quality care to people with multiple needs and learning disabilities and also assist carers and families in their own homes." The agency also provided care staff to day centres and residential care homes. The agency stated it specialised in providing care to people with a learning disability, but also offer a service to people with a physical disability, sensory and hearing impairment or following being discharged from hospital.

There were some aspects in which the service was not consistently well led. Despite the agency stating it specialised in working with people with disabilities, we found there was no specific training in these areas and this was evident when talking with some members of the care staff team.

Whilst we noted supervision took place, there were some spot checks on file, and some reviews had taken place, the registered manager and deputy manager were not able at the time of the inspection to provide us with a list of outstanding work. For example, who had been supervised or who was due for supervision, who had had their care spot checked, or was due for a spot check and likewise for reviews.

Following the inspection the registered manager and deputy manager had developed systems to track which care plans were up to date and which needed updating. Similarly they had developed spreadsheets so they could see what reviews were outstanding and when they needed to undertake spot checks.

Whilst this was an improvement, on inspection of the documents we could see that one staff member who it was noted did not need to be spot checked as they were working at a college was in fact providing regular support at the supported living scheme. We also noted that the records sent to us following the inspection to denote the type of care provided and which people had epilepsy were not entirely correct. Better attention to detail was required to make these quality assurance systems effective.

The provider had introduced a new IT system which would in time record these quality assurance processes including providing lists of work required and completed, but the registered manager told us these would take some time to be up and running. We talked with the registered manager and deputy regarding their current position and they acknowledged they needed more robust systems in place to quality assure their service now and undertook to develop better paper systems to cover the coming six months.

The above concerns were a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other aspects of the service were well run. Relatives told us they had confidence in the registered manager and the service that was provided, and that they would recommend the service to other people due to the leadership provided by the registered manager.

The registered manager told us there had been a period of change since October 2015. There had been two registered managers and one of them had changed role within the company. This, together with other

changes in personnel had meant paperwork was not up to date. We noted this did not explain why so many care plans had not been renewed since 2013.

However, following the recruitment of a deputy manager, we could see the provider had made some progress in updating care records, the deputy manager was motivated and there was a plan to implement improvements. The plan however lacked detail and specific targets.

We saw that relatives had been sent questionnaires to obtain their views of the service at the beginning of June. The five responses they had received at the time of the inspection were positive in relation to the care provided, but one noted the care record at the family home was dated 2013.

We could see that staff had been sent a questionnaire in September 2015 to gain their views. Staff spoke highly of the support and information gained in the majority of the 22 responses. Staff meetings had taken place on three occasions last year, but from October 2015 until March 2016 there had not been a staff meeting. Since March 2016 two had taken place, one in March, one in April and another was due for the week following the inspection. Staff meetings were being used as an opportunity for refresher training as well as for staff to keep up to date with developments in the organisation and to air their views.

The registered manager and deputy manager and were very keen to retain their staff and had developed incentives to do so, such as having staff member of the month, as they told us staff continuity was critical to improving care standards in the organisation.

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 9 HSCA RA Regulations 2014 Person-centred care  Care plans were not always up to date so staff did not have up to date written instructions to follow to provide person centred care. Regulation 9 (1)(2)(3)(b)
Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risk assessments did not include essential information on people's health and how to mitigate risks which meant people were at risk of harm. Regulation 12(1)(2)(a)(b).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not have effective systems in place to ensure the quality of the service was of a good standard. Regulation 17 (1)(2)(a).
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff did not have sufficient training or experience to carry out all the duties they were employed to perform. Regulation 18 (1)(2)(a).



