

Gentlecare (UK) Limited

# Gentlecare (UK) Limited - London

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Gentlecare (UK Limited – London) is a domiciliary care agency. It is registered to provide personal care to people in their own homes. The service provides care to people with a range of care needs including those living with dementia, sensory impairments and physical disabilities. It does not provide nursing care. There were 44 people using the service at the time of the inspection.

Not everyone using Gentlecare (UK Limited – London) receives a regulated activity; CQC only inspects the service received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This comprehensive inspection was announced. We gave the provider two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that the provider was available on the day of the inspection.

The previous comprehensive inspection took place on 9 and 15 February 2016. We rated the service 'Requires Improvement' in the area of Safe. A focused inspection on 22 December 2016 found that the provider had addressed our concerns about the way risks to people were managed and we rated the service 'Good' in the area of Safe and 'Good' overall.

At this inspection we found the service remained Good.

People using the service and their relatives informed us that they were happy with the care and support that they received. People received consistency of care from staff that they knew.

People using the service told us that staff treated them with respect and they felt safe when staff supported them with their care and other tasks. They told us that staff were caring and reliable and respected their dignity and privacy. Staff knew the importance of respecting people's differences and human rights.

Arrangements were in place to keep people safe. The service had a safeguarding policy and whistleblowing procedure. Staff knew how to identify abuse and understood their responsibilities in relation to safeguarding people and reporting all concerns.

Risks to people's safety were identified and monitored. Guidance to manage and minimise any risks of people and staff being harmed was in place. Incidents were investigated and action was taken to minimise risk of future recurrence. Learning from incidents led to improvements in the service.

Arrangements were in place to make sure medicines were managed safely and people received their medicines as prescribed.

Appropriate checks were made before staff started to work to make sure they were suitable to work with

people using the service.

The provider ensured that there were enough staff in place with the right skills mix to meet people's needs. Staff understood the importance of obtaining people's consent before supporting them with personal care and other tasks.

People and where applicable their relatives were fully involved in making decisions about people's care. The service was flexible and responsive. People were listened to and staff respected the choices they made and supported people's independence.

People's care plans were person-centred. They included detailed information about the care people needed and their preferences, so staff had the relevant information that they needed to meet people's needs.

The service liaised closely with healthcare and social care professionals to make sure people's needs were met.

People and their relatives had opportunities to feedback about the service and issues raised by them were addressed.

Staff received training and learning which was relevant to their role. They received ongoing support through supervision and day to day contact with the registered manager and other senior staff. The performance and development of staff were regularly reviewed. Staff were encouraged to contribute ideas and suggestions about improving and developing working practices and other areas of the service.

There were a range of systems in place to check, monitor and develop the service. Action was taken to make improvements when deficiencies were identified. People and their relatives told us they thought the service was well run and would recommend it.

Further information is in the detailed findings below

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Gentlecare (UK) Limited - London

## **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 comprehensive announced inspection took place on 20 and 25 September 2018. The inspection was carried out by two inspectors. On 21 September two experts by experience contacted people by telephone and obtained their feedback about the service. 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 inspection we looked at information we held about the service. This information included statutory notifications that the provider had sent to the Care Quality Commission. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return [PIR]. The PIR 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. We discussed the PIR with the registered manager during the inspection.

During the inspection at the office we spoke with the registered manager, care coordinator, supervisor and finance manager. We spoke with ten people using the service, four people's relatives and eight care workers by telephone.

We reviewed a variety of records which related to people's individual care and the running of the service. These records included care files of eight people using the service, nine staff records and a range of other records including policies and procedures that related to the management and running of the service.

## Is the service safe?

### Our findings

Every person whom we spoke with told us that they felt safe when receiving care. They told us, "I do feel safe with them [care staff]," "They do help me to feel safe for example if I can't get to the toilet quickly enough they will help me and make me comfortable" and "I feel very safe with [care worker]. As soon as she came in on the first day I felt in safe hands. I felt safe from the word go."

A person's relative told us, "I do feel [person] is safe with the carers."

There were policies and procedures in place, which informed staff of the action they needed to take to keep people safe, including when they suspected abuse or were aware of any poor practice from other staff. The registered manager informed us that a summary of the safeguarding protocol would be included in the staff handbook so that it was easily accessible to staff. Staff had completed safeguarding training and understood their responsibilities to identify and report any concerns relating to abuse of people using the service. One member of staff told us, "I would report to the manager immediately and if my manager did not act I would go to the local authority." Staff knew where to report to external agencies and named the Care Quality Commission (CQC) and the local authority safeguarding team.

Assessment of any risks to people had been carried out by the service and recorded in people's care records. Risk assessments included risk of any trip hazards, risks to do with people's medical conditions and personal care. Detailed personalised guidance and risk management plans were in place for staff to follow to minimise the risk of people being harmed when receiving care and support. We noted that one person received oxygen, the risk was acknowledged in the person's care records but there was a lack of detail about the specific risks of its storage and use. The registered manager told us that he would ensure that this information was available for staff by including it in the person's risk assessment. Staff were knowledgeable about people's risk assessments and they understood that the assessments were in place to help keep people who used the service safe.

The service monitored that moving and handling hoists used for assisting people with their mobility needs were safe to use. People's care records included detailed, personalised instructions for staff to follow to keep people safe when assisting them with transfers and other mobility needs.

Staff records showed that appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. These records showed that a formal interview, and a range of checks had been completed. Pre-employment checks included obtaining references and checking whether the prospective employee had a criminal record or had been barred from working with people who needed care and support.

The registered manager told us they had enough staff to meet people's needs and that staff recruitment was ongoing. Senior staff provided cover at short notice to carry out care visits when a care worker was unavailable. During the inspection a supervisor carried out a care visit.

An electronic system was in place for the monitoring of the time of care and support calls. A few people using the service mentioned that the care staff were late on occasions but reported that they were informed when this occurred. Nobody we spoke with could recall a missed visit and people stated that they had regular care staff who always stayed for the allocated time. People using the service told us, "They [care staff] always come at the time I expect them. It is two carers on each visit and they generally arrive together. They have never missed a call and if they are running late they telephone me" and "Now and again they are late such as being held up on a previous visit but they do let me know. They always stay for the full half an hour. I do have familiar carers."

Arrangements were in place to report and manage incidents and accidents. Records showed that the service had responded appropriately to incidents. Systems were in place to ensure that any accidents and incidents were regularly reviewed, learn lessons from them and ensure action was taken to address and minimise the risk of other similar events occurring. Care staff knew that if they found someone had fallen or was very ill they would need to call emergency services.

The service had management of medicines policy. Staff were provided with the training they needed to provide people using the service the support that they needed to take their medicines. Staff received and assessment of their competency in medicines administration, which was monitored during regular spot checks of care and support. The registered manager told us that they would develop a checklist to demonstrate the areas covered during a medicines' competency assessment. People told us that they were satisfied with the support that they had from staff with the administration of their medicines. A person using the service told us, "All the tablets are in a pack and they will hand the pack to me, I sort the tablets and hand it back to them."

Systems were in place to minimise the risk of infection. Staff had received training in infection control training. Protective clothing including disposable gloves, aprons and shoe covers were available to staff. Spot checks carried out by senior staff of care staff's practice included checks that they wore protective clothing when required. People using the service told us that care staff washed their hands and always wore gloves for helping them with personal care. A person using the service commented, "They [care staff] wear gloves and aprons and are always washing their hands."

# Is the service effective?

## Our findings

People using the service informed us they were happy with the service they received and told us that they felt that staff were competent and had the right skills to support them. People told us, "They [care staff] are all very confident and know what they are doing" and "I have two main carers and they are both excellent."

People's relatives told us, "I do get a sense that they [care staff] understand about dementia. They understand and don't take offence if [person] says something a bit rude" and "When I saw [person using the service] relax when sitting with [care worker], I knew [care worker] has the skills to help us. It can be hard to find somebody like that." One person's relative told us that they were happy with a person's care worker but would have liked to have had more information about the experience a person's care worker had at the start of the person receiving care.

New care staff received an induction when they started work. Their induction was linked to the Care Certificate which provides a nationally recognised induction standard for care staff working in healthcare and social care services. During their induction staff spent time shadowing more experienced care staff. A care worker told us, "My induction was excellent. I had six days of training and was ready to work with clients." Another care worker told us that after their induction they, "Felt ready to work with client's [people using the service]."

Staff received the provider's mandatory training and received regular refresher training in a range of areas relevant to their roles and responsibilities. Training included, health and safety, moving and handling, safeguarding, medication, food hygiene and the Mental Capacity Act 2005. Staff training records showed that staff had also received training about, pressure area care, equality and diversity, mental health, Parkinson's disease and diabetes awareness. The office included a training room with equipment and other aids to support staff training and learning. Care staff told us that they received the training that they needed. Care workers told us, "I have a lot of training here and I love it" and "I feel the training has improved my practice." Four staff told us that they had completed a relevant qualification in health and social care.

Senior staff carried out unannounced 'spot checks' of care staff carrying out care and support activities within people's own home. These checks monitored staff performance and whether they provided people with the care they needed and had agreed to, in an appropriate and safe manner. During these 'spot checks' people were asked for their feedback about their experience of the service.

Staff told us they received a very good level of support from the management. Records showed that regular staff supervision meetings took place and that people using the service, and best practice to do with, respect, whistleblowing, record keeping and confidentiality had been discussed. The registered manager told us that formal staff supervision was flexible and was arranged promptly when needed such as when there were issues to do with a care worker's work which needed to be addressed. Staff also received regular formal appraisal of their performance and development. A care worker told us, "I get a lot from supervision and it's a two-way system here."

People's healthcare needs were understood by the service. The service liaised with healthcare professionals to ensure people received the care that they needed.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). 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.

Staff we spoke with were knowledgeable about how to ensure the rights of people who were assessed as lacking capacity were protected. Staff understood their responsibilities in relation to MCA and knew that people's capacity to make decisions about their care and treatment could change. One member of staff said, "For me I try to understand their rights to make choices and decisions. I always assume capacity". Another member of staff told us, "The act assists people who can't make decisions for themselves to keep them safe."

The registered manager spoke of the importance of fully involving people in decisions to do with their care. People's care plans included personalised information and guidance about people's preferences and choices. A person's care plan included information about their preferred place to eat, "I prefer to eat in the sitting room on my sofa." Staff told us that they encouraged people to make choices, that included what they wanted to wear and eat, and respected the decisions that they made.

People's care plans included information about their nutritional needs and preferences. People told us that they were provided with the support that they needed with their meals. A person using the service told us, "Carers cook our meal or provide ready-made food for us. The foods are very good and nutritious, I tell them what I want, with food and drinks."

People's relatives told us, "They get [person's] lunch and stay with her until she has finished and clear away for her," "The carer does [person's] meal for her in the evening and always gives her a choice about what she has. [Care worker] never rushes [person]." A care worker told us, "I ask people what food they would like me to cook." Another care worker told us, that if someone refused a meal they would record and report it.

## Is the service caring?

### Our findings

People using the service told us that they felt listened to and that staff were kind and caring, and provided them with the support and care that they needed in a respectful way. Comments about the care they received included, "[Staff member] is lovely, always thinking of me," "[Care staff] are absolutely lovely and chat with me about the things I'm interested in like sport especially football and strictly come dancing," "The staff and carer have shown compassion and respect to me, and it is a very difficult job to do, I am very satisfied with the staff" and "I have two regular carers, I think the world of them."

People's relatives also spoke highly of staff. They told us, "[Care worker] is lovely and kind hearted," "Staff are very kind and compassionate at their work" and "[Person using the service] is very happy with the carers and they are very kind to her."

Care workers spoke in a positive way about the good relationship that they had with people that they cared for. The registered manager told us that the service always tried to ensure that care staff were introduced by a senior member of staff to the person that they would care for and shown the tasks that needed to be carried out. They also told us, that the service did their best to match people with staff that met people's needs and preferences such as being able to speak the person's birth language and shared their cultural needs. A person's relative spoke very positively about this aspect of the service and of how it had benefitted a person using the service. They told us, "There is one carer who speaks [person's] language and she loves that."

People's care plans included very detailed information about their preferences, religion, ethnicity, sexual orientation, working life, choices, background and goals. Care plans also contained information about how people wished their support to be provided. A person using the service told us, "They [care staff] know exactly what to do. They are very thorough. For example, when they have helped me shower they get towels and make sure I am properly dry. They help me keep the dressing dry on my leg too." Another person using the service told us, "They [staff] did ask me at the beginning whether I would prefer to have only female carers and I said yes, and they have stuck to that."

People and their relatives told us that people's privacy was respected by staff. People's care records and staff records and other documentation were stored securely. A person using the service told us, "They [care staff] definitely treat me with respect and are very gentle when helping me and they do close the door and curtains. People told us that care staff respected the confidentiality of other people using the service. A person using the service told us, "They [care staff] never mention names."

People's emotional needs were supported. A person's care plan included guidance for staff to follow about the ways staff could support them when the person felt distressed and was withdrawn.

People's care plans showed that the service encouraged and supported people's independence. Guidance included information about supporting people to do as much as they could for themselves but ensuring assistance was provided when needed. A person's care plan included, "[Person] is able to perform some

tasks independently and it is important that you allow [person] to maintain their independence." A person using the service told us, "[Care worker] is very good and very kind. She helps me with everything I need. If I can do something myself she gives me the time to do it- she never rushes me."

We discussed the Accessible Information Standard [AIS] with the provider. The Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss were given information in a way they could understand. It is now the law for the NHS and adult social care services to comply with AIS.

People's specific sensory and communication needs were identified before they started receiving a service. People's care records included guidance about how to support people with communicating their needs and preferences. They told us large print and other information formats would be made available to people when this was needed on a person-centred basis. Information about the service was in mainly written format. The registered manager told us that they would look at ways of developing the format of information to make it as accessible as possible to people. A person's relative told us, "[Person using the service] is quite hard of hearing but the carer makes sure she speaks clearly and that [person] can hear her." Another person's relative told us, "[Person using the service] doesn't talk but the carer is very good and sensitive and as she has got used to her, she now understands certain signs and knows when [person] is feeling anxious and what to do."

## Is the service responsive?

### Our findings

People using the service and their relatives told us that people received personalised care from the service. People told us, "I can tell you most of my needs are met. I can't ask for more."

A person's relative told us, "[Care staff] are very good and will let me know if there are any problems or if anything has happened whilst I've been at work," "The nurse [comes] from the GP surgery to take some blood from [person]. The carer sits calmly with [person] to reassure [person] whilst they take the blood and then lets me know what has happened."

People using the service confirmed that they had received an initial assessment of their needs before they started receiving a service. This had included assessment of people's physical, communication, nutritional, mobility, medicines, healthcare and personal care needs. People's assessments also detailed their preferred daily routines, details of the type of service they wanted and needed, and goals that they wanted to achieve. A person's goal included, "[Staff] to support me in maintaining my current level of independence and assist with remaining comfortable and safe in my home environment."

Each person had a personalised care plan developed from their assessment that detailed their care needs and step by step guidance for staff to follow to ensure people's needs were met in the way that they preferred and safely. People's care plans and risk assessments were regularly reviewed by the registered manager and other senior staff with people using the service to ensure that that they reflected people's current needs. Records showed that during these reviews people had been asked for feedback about the service and the care plans had been updated where there had been changes in people's needs. People's relatives told us, "They [registered manager] do come out to go through the care plan. The manager does it, he does listen to what we have to say" and "They [management] have been out to do the review and they always listen to [person] too." A person using the service told us, "A lady [senior member of staff] comes out and checks that I am happy with everything. I have always been happy."

Staff we spoke with had a good understanding of people's needs. Staff told us that they understood people's care plans. One care worker told us, "Information is all there and easy to follow." The registered manager told us that he would ask staff to sign that they had read people's care plans to confirm that they had done so.

People using the service and relatives told us that the service was accommodating in meeting their requests for changes to the service. They told us, "They [the service] are very flexible. Sometimes I have a hospital appointment and I tell them the day before to cancel a visit or I sometimes forget and tell them on the day but they try to help me even with only a bit of notice," "On the odd occasion when we have had to go out I've phoned them for a few extra hours and they have been able to accommodate our requests" and "If I phone and say I need to go out this evening which I sometimes do with my job they will often be able to send somebody, even last minute. They have been very cooperative."

The service was responsive to people's needs. The registered manager provided us with examples of how

the service had been responsive. This included changing visit times when requested by people using the service, and the provision of an increased package of care when it was found that a person's needs had increased. A person's care plan showed that the service had supported a person in making changes to their environment to minimise the person's risk of falls.

Staff completed 'daily' notes during each visit about the care they provided and the well-being of each person receiving a service. This helped ensure that care staff shared information about people so that they were up to date with people's current needs. People using the service told us, "They [care staff] always write in the folder every time they visit me. I think they write quite a lot." A person's relative told us, "Its useful for me to be able to read what has happened whilst I've been at work."

During the inspection we could speak with the manager and confirm by reading report sheets how the provider had identified how they could further assist a person they cared for. The person had multiple physical health issues which had rendered them fairly dependant on others to assist in many areas of life. The provider worked with associated professionals, the person and the person's family to initiate a programme intended to assist the person to increase their confidence and take more control of their life. Whilst this process is ongoing we saw how the person had been attending work experience and according to records we read taking a different more active path in life.

People using the service told us that staff chatted with them about the hobbies and other interests that people enjoyed. A person's relative told us, "[Person] likes to clap so they will play clapping with her and she has a doll which she finds reassuring and they will engage with her using this."

The service had a complaints procedure, which was included in the information pack that people received when they started receiving a service. People and their relatives knew who to contact if they wished to make a complaint. They told us that they would be happy to make a complaint if necessary. A person using the service told us, "If I was angry and not getting the right service, I'd be on the phone straight away and I do think they would deal with it."

Complaints records indicated that there had been no complaints since 2015. However, we found one fairly recent complaint filed with safeguarding records. The registered manager told us that day to day concerns were recorded and addressed promptly. They told us that 'concerns' raised by people would in future be documented in a more formal way to show that they had been resolved in line with the service's policies and would be easier to review and show where lessons were learnt.

Records showed that several compliments had been received by the service from people and/or their relatives.

The registered manager told us that there were no people using the service who were receiving end of life care. They told us that they would contact relevant community healthcare professionals for advice and support if people needed end of life care. Records showed that some staff had completed training about death, dying and bereavement.

## Is the service well-led?

### Our findings

People using the service and their relatives told us that they were satisfied with the way the service was run. They knew who the registered manager was and most people told us that they had met the registered manager. A person using the service told us, "A few times [registered manager] has been out and he checks the equipment they use and asks me how things are going. He is kind and been out a few times to go through things and check the plan."

A person's relative told us about the guidance and support the registered manager had provided. They told us that the registered manager had helped them in obtaining some specialist equipment that had significantly benefitted a person using the service. A person told us, "It's very easy to get through to the office, they always answer and you can leave a message if the right person isn't there."

The service has a registered manager. 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 time of the inspection the registered manager managed the service with support from a care coordinator, a support manager, a supervisor and finance manager. Staff we spoke with were aware of the management structure of the organisation. They told us that the registered manager was approachable and supportive, and available at any time to provide them with advice and support. A member of staff told us, "Managers respond quickly and well to any issues I have raised." There was a 24 hour on call service to provide guidance and support.

The registered manager told us and records showed that staff were kept well informed about the service via staff meetings, staff supervision and telephone calls. Staff confirmed that staff meetings took place. However, one member of staff stated that there were "Not enough staff meetings." Care staff spoke of enjoying their jobs and told us, "I can always call my manager for advice," "I love my job, the managers are all really supportive" and "I think the manager is really important and great to work for."

The registered manager told us that the service only accepted care referrals when the service could meet the person's needs. They told us about how the service had been responsive and had made a strategic decision to stop providing a reablement service (short and intensive service offered to people with disabilities and those who are frail or recovering from an illness or injury). The agency reached a point when it was not able to fully meet the particular needs that this type of service demanded. He told us lessons had been learnt and that the provision of a reablement service would be kept under review and that their action had shown the service had not been afraid to change when needed for the benefit of it as a whole.

The registered manager told us that they worked with the host local authority and other services including pharmacists and occupational therapists to ensure people received the service that they needed. They provided us with an example of when the service had carried out a joint review with social and healthcare

community services to improve and develop the package of care that a person received. Records showed that the service had addressed the recommendations from a recent check of the service that was carried out by the host local authority.

The registered manager also networked with other registered managers to share information and best practice. Topics discussed in a recent registered manager's network meeting included, staff recruitment, training, learning and development and a discussion about 'what was happening locally.' The registered manager spoke about the ways that they kept themselves up to date with relevant information and guidance to do with their role and responsibilities.

We looked at the arrangements in place for monitoring, developing and improving the quality and safety of the service provided to people. Areas of the service checked included, health and safety, care files, communication records, medicines administration records, staff files, staff supervision, induction, training and 'spot checks'. Records showed that action had been taken to address any deficiencies found and to prevent them recurring.

Care documentation was up to date. The service also had up to date policies and procedures in place. The policies included the guidance staff needed to follow and act upon in all areas of the service such as responding to complaints and health and safety matters. The employee handbook included information for staff about the service, health and safety issues, whistleblowing and staff conduct.

A business development plan showed that the service was being regularly reviewed and developed. It included details of changes and improvements made in all areas of the service.

People's feedback of the service was regularly sought to continuously improve the service. Feedback was obtained during telephone calls, 'spot checks' and care plan reviews. People using the service told us that they had completed feedback questionnaires and that the service had been responsive to their feedback. Feedback about the service was positive. It showed that people were satisfied with the way they were treated by staff. Records showed that action had been taken in response to people's feedback, which included providing staff with training that met people's specific medical needs.

Reviews about the service posted on a care home internet website were positive about the service. They described it as flexible, and had rated the staff and care highly. One review described the staff as "enthusiastic, committed, assiduous, punctual, and friendly."