

Gentle Folk Community Care Ltd

Gentle Folk Community Care

Inspection report

Unit 7, The Appleyard
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Norfolk
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Date of inspection visit:
25 June 2019

Date of publication:
16 July 2019

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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

About the service: Gentle Folk Community Care provides domiciliary care services to people living in their own homes. At the time of the inspection, the service provided care and support to 43 people, of those, 26 people were receiving a regulated activity of 'personal care.'

People's experience of using this service:

People accessing care services from Gentle Folk Community Care were encouraged and supported to maintain social networks and access their local community. Staff showed empathy, kindness and compassion; they placed value on their caring roles and involvement in people's lives.

People were supported to maintain good food and fluid intake, and staff were familiar with people's preferences and any specialist dietary requirements. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; policies and systems in the service supported this practice.

The service had good working relationships with the local GP practices and health and social care professionals. The service worked in partnership with people and their relatives and encouraged feedback on the care provided. Staff told us they enjoyed working for the service and spoke highly of the support and encouragement provided by the registered manager.

People had their care and support needs met by sufficient numbers of suitably trained staff. Staff had access to personal protective equipment and training to prevent the risk of the spread of infection. The registered manager and deputy manager completed quality audits including home visits to review people's medicines management and staff performance.

We received consistently positive feedback about the standards of care provided, and the support given to people and their relatives by the staff.

Rating at last inspection: The last rating for this service was Good (last report published 12 October 2016)

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Gentle Folk Community Care

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Consisted of one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because we wanted to be sure the registered manager was available to speak with us.

What we did:

Before inspection: We reviewed information we had received about the service since the last inspection. We sought feedback from the local health and social care authorities. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection: Inspection activity started on 25 June 2019 when we visited the office premises and ended 27 June 2019 when we completed telephone calls to people using the service. We spoke with the registered manager, deputy manager and three members of care staff. We reviewed eight people's care records, three people's medicine records and three people's topical medicine records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

We spoke with four people who use the service and five people's relatives. We contacted three healthcare professionals by email to source feedback, but did not receive any responses.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us staff made them feel safe and able to remain living in their own homes. One person said, "I have a fear of falling, the carers make me feel safe."
- Staff demonstrated clear awareness of the service's policies and procedures in relation to safeguarding. They could recognise types of abuse and understood their individual responsibilities to report concerns.

Assessing risk, safety monitoring and management

- Risk assessments were completed to identify risks to people's health and safety such as changes in behavioural presentation, management of health conditions and use of equipment. Environmental condition and risks were also assessed and reviewed to ensure staff safety was maintained.
- Where people had risks in relation to choking or pressure care needs, additional risk assessment documents were in place incorporating guidance from healthcare professionals. If risks or support needs were felt by staff to be changing, they escalated this information to the management team who we observed liaised with healthcare professionals for support and advice.
- The management team completed an initial assessment then reviewed risks to people's safety every three months. As part of this process, they checked that smoke detectors and any equipment used was being appropriately maintained and in safe working order.

Staffing and recruitment

- Safe recruitment practices were in place to ensure staff were suitable to work with vulnerable people.
- Staff told us there were enough staff on shift, and they would cover for each other if needed in the event of sickness or absence to ensure consistency of service.
- Staffing rotas were sent to people a week in advance, so staff and people knew who they would be seeing each week. Time was built into the rotas to allow staff to travel between visits.

Using medicines safely

- People's medicines were managed safely. Processes were in place for checking that people's medicines were stored appropriately within their homes. Medicine administration records showed that people received their medicines as prescribed. The deputy manager completed weekly audits of people's medicines and corresponding paperwork to provide them with assurance that people had received their medicines correctly
- Staff completed medicine training, and the management team had reviewed their competence to do this safely every six months. The deputy manager completed monthly audits of topical medicines such as creams and reviewed the completion of paperwork by staff.

- Staff were clear of the process they needed to follow in the event they identified an error or concerns relating to medicines management. The management team took copies of any recording issues identified, put a copy of this on the staff member's file and discussed any errors made with them in supervision.
- People and their relatives consistently told us the timing of care visits ensured they had their medicines at the correct times. A person told us about having cream applied, "The carers are gentle when they wash and cream my legs as my skin is fragile."

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff had access to personal, protective equipment including gloves and aprons which they collected from the office.
- Staff completed infection, prevention control and food hygiene training.
- Hygiene standards, including hand washing was checked as part of the six-monthly check of staff competency completed by the management team in people's homes.

Learning lessons when things go wrong

- We reviewed the service's accident and incident log and could see the service consistently completed investigations and reported incidents to the local authority safeguarding team and to CQC in line with their regulatory responsibilities.
- We saw examples of where the service had written to people to apologise if there had been a missed or late care visit, there had been no late or missed calls recorded since October 2018.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- One relative told us, "The carers turn up perfectly on time, marvellous." Another relative said, "Excellent running time, very rare for the carers to run late."
- The management team worked hard to try to accommodate people's preferences over the timing of visits and built flexibility into the weekly rotas where they needed to accommodate changes for example if a person had a hospital appointment they needed to attend.
- Staff worked with external bodies and professionals to manage risks in line with nationally recognised best practice, for example in relation to the management of people's continence and sourcing equipment to maintain and maximise people's levels of independence.
- People gave positive feedback that visits happened at the agreed time, and that if a staff member was running late the office would contact them to let them know. One relative told us there had been one care visit the agency could not cover, but they had let them know ahead of the visit start time. Part of the visit had been covered by the registered manager to ensure the relative could still complete essential tasks for that day.

Staff support: induction, training, skills and experience

- One relative said, "The staff are very skilled, I can not speak highly enough about them." Another relative said, "The carers are getting the best out of my [Relative]." Another relative said, "The staff know how to use the equipment we have in place, the staff are all very well trained and have the necessary skills."
- Staff told us they had access to regular face to face and online training courses relevant to their role, including specialist training to ensure they could meet each person's needs. The registered manager had a training matrix in place to monitor compliance, and prompt staff to book onto refresher courses.
- Staff gave positive feedback on the support in place when starting to work at the service. They told us about the induction process, including shadowing experienced staff members to aid familiarity with people's support needs.
- The registered manager had a rolling supervision and performance-based appraisal programme in place. The management team used staff meetings as a forum for reviewing staff practice and identifying training needs.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were familiar with people's preferences, likes and dislikes in relation to food, and any specialist dietary requirements. Staff cooked or prepared food in people's homes as part of their care packages. From reviewing records and speaking with relatives, staff also monitored other household members to ensure

they were eating and taking care of themselves. We found examples of where staff cooked extra to ensure all household members had a cooked meal each day.

- Care records contained guidance and information from Speech and Language Therapists in relation to the management of choking risks. Staff supported people to maintain their fluid intake between care visits by leaving people with extra cold drinks and flasks.

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

- The service had a good working relationship with the local GP practices and community health and social care services. The management team proactively contacted services for guidance and support where a need or risk was identified. During the inspection we overheard the registered manager contacting the pharmacy and GP surgery to resolve an issue with the delivery of a person's medicines.

- We found examples in daily written records of where staff had identified a person to be unwell, and the action taken to ensure they accessed medical assistance in a timely manner.

- Daily written records contained details to confirm that staff had supported people with all aspects of their personal hygiene including management of their oral hygiene and application of topical medicines such as creams.

- People were supported to access the local community when assessed as safe either to travel in a car or if they had access to a wheelchair. The registered manager gave an example of where a staff member had sourced a wheelchair, ensured it was in safe working order and had supported a person to access the community. All of this had been done by the staff member in their own time as the person really wanted to get out of the house but was unable to do so without a wheelchair.

Ensuring consent to care and treatment in line with law and guidance

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

Where people may need to be deprived of their liberty to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- Where applicable, people's care records contained information about people's capacity and abilities to make decisions independently. People and their relatives were encouraged to be fully involved in the decision-making processes relating to their care.

- Staff consulted with healthcare professionals and family members when making best interests decisions. Staff had completed MCA training.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's diverse needs were respected, and care plans identified cultural and spiritual needs. People were supported by staff to discuss needs associated with protective characteristics.
- People were encouraged to maintain friendships and social networks, and staff gave examples of where they had supported people to go out to the local pub or to the shops. Risk assessments were completed prior to people going out on foot or in the car with staff.
- People were given a choice of having care provided by male or female staff. People told us their preferences were upheld. One person told us they received care from male and female staff and were "Consistently treated with dignity and respect."
- Relatives told us about the support staff gave to them during the visit. One relative told us, "They care for the carer. They go above and beyond to support me. They offer to do housework and shopping to alleviate pressures on me."

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

- People, relatives and staff were actively encouraged to give feedback on the service provided.
- The management team completed three monthly review visits with people and their families, but also monitored the care provided through interim phone calls and discussions with staff to check on their findings when completing visits.
- People were supported to design their care packages in line with their wishes and support needs. The registered manager gave examples of where they worked with people and their families who struggled to accept they needed to have care, to reach the required level of support at a pace comfortable for all involved.

Respecting and promoting people's privacy, dignity and independence

- Staff gave examples and were mindful of providing a service in a person's own home, recognising the importance of respecting people's privacy and dignity. Staff recorded where they had knocked and been let into people's homes, or where they had used a key to gain access.
- Care records contained clear guidance for staff on methods of communication and interaction for people with sensory impairments or changes in their speech and comprehension levels. The guidance emphasised the need to support people to maintain their independence and levels of involvement in the care provided and decision-making process.
- Staff were able to explain techniques and approaches they used to maintain people's privacy and dignity when completing personal care tasks. One person described to us how their carer was "Jolly and sang a lot,"

which put them at ease when they were in their home.

- Staff were expected to be well turned out, wearing clean uniforms. One relative told us how important it was that the staff visiting to provide personal care to their partner held the same hygiene standards as they did.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Meeting people's communication needs

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

- Care plans contained detailed information for staff to follow to support people with completion of tasks including personal care, eating and drinking, medicines and other aspects of daily activity. Care records contained a breakdown of how people wished for their needs to be met at different stages of the day such as preferences to go to bed or nap in the afternoons.
- Guidance was in place for staff, to ensure people were able to express their wishes, preferences and daily needs.
- Where needs were identified, the service implemented accessible communication standards for example providing information in large print or providing information face to face rather than by telephone.
- People were supported by staff who demonstrated a good understanding of their needs, preferences and interests which gave them choice and control over the care provided. Staff were aware of people's interests, hobbies and worked closely with people's families to provide tailored support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- One staff member told us about purchasing and hand delivering a birthday card for a person unable to leave their house, to ensure they maintained contact with their grandchildren.
- People's care records contained details of people's hobbies, interests and personal goals. Where possible, staff supported people to access the community, or co-ordinated the timing of visits to ensure people could attend activities in the community to reduce social isolation.
- Staff recognised the importance their visits had for people who lived alone or didn't go out. One staff member told us they tried to ensure they were "Jolly and bubbly" to brighten up people's days.
- One relative told us about the important social contact provided to them as a carer when the staff visited, "They (the staff) offer me social contact and support, they are really lovely. I am grateful for all their help."

Improving care quality in response to complaints or concerns

- People and their relatives consistently told us the registered manager and staff were approachable, and that if they had any concerns or needed to raise a complaint they would feel comfortable to do so. One person said, "No complaints at all, the carers are very good." A relative told us, "Without a doubt, if I had any concerns I would speak with the registered manager, but I don't have any concerns."

- The service gave each person a service user guide, which provided details on how to make a complaint to the service, and details of other organisations that could support people with the complaints process.
- The service had received one formal complaint in the last six months. This had been investigated in line with the service's policies and procedures, and a written response provided to the complainant. The service encouraged feedback from people and their families.
- The service completed questionnaires when packages of care ended, and regularly sent out quality questionnaires to source feedback. We saw that where suggestions and comments had been received, these were discussed with staff and changes put into practice.

End of life care and support

- Staff spoke with compassion about the support provided to people in their own homes at the end of their lives. Staff worked closely with families, GPs and community nursing teams to keep people comfortable and ensure pain management was in place.
- With agreement from people's families, staff and members of the management team attended people's funeral services as a mark of respect. Staff told us they received support and debriefing from the registered manager if a person died.
- No one was receiving end of life care at the time of the inspection. Care records contained details of protective characteristics such as people's cultural, religious and spiritual needs and preferences.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question remained rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team and staff demonstrated a commitment to providing consistently high standards of person-centred care. People were placed at the centre of care planning and delivery. Staff told us they enjoyed working at the service, and that morale within the staff team was good. One staff member said, "I love what I do, being in the community, helping people. It is very rewarding." Another staff member said, "We help people to remain living in their own homes for as long as possible."
- One relative told us, "I regularly recommend this company to anyone looking for care, its fantastic."
- The registered manager encouraged and supported staff to be open and honest, to ensure that if a mistake happened, staff felt able to talk to them about it and any issues could be addressed. The registered manager encouraged staff to take accountability for their own actions.
- Signed contractual agreements were in place for the eight care records reviewed. This ensured people and their relatives were clear on the agreed number and duration of visits, and the financial commitment of having a care package from the outset.
- Staff told us they felt listened to, and that if they gave feedback or made suggestions these were acted on, which made them feel valued.
- The registered manager spoke highly about all of their staff team, and used events such as "Cake days" held every six weeks, as an informal way of showing their gratitude to the staff for the work they had done.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear of their regulatory responsibility in relation to reporting incidents and safeguarding concerns to CQC. The deputy manager undertook this responsibility when the registered manager was on leave.
- The service had contingency plans in place to ensure they could provide a safe and consistent service in the event of poor weather conditions and had measures in place to maintain staff safety when working alone.
- The service benefited from consistent leadership and stability to identify and address shortfalls and continue to drive improvement. Staff and people using the service described the management and leadership of the service as approachable.
- Staff gave positive feedback about the support provided by the registered manager and out of hours support systems in place.

- There were forms in people's care records to alert the next staff member visiting to any key information, risks or changes they needed to be aware of. This was in addition to information being sent out to staff by the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People and staff were encouraged to contribute their views on the running of the service.
- People and their relatives could provide feedback through the compliments and complaints process in place, information relating to this was provided in the service user guide given to each person when they started using the service.
- Staff meetings and supervision sessions were being held regularly. There was a clear agenda of information being disseminated and discussed at each meeting and in supervision sessions. Staff confirmed that if they were unable to attend meetings, the minutes were shared to ensure everyone had access to the information discussed.
- The service worked closely with people's relatives to work collaboratively to support people to live safely in their own homes.