

Gentle Hands Support Service

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Type of inspection:
Announced (short notice)

Completed on:
20 December 2024

Service provided by:
Gentle Hands Healthcare Limited

Service provider number:
SP2023000001

Service no:
CS2023000003

About the service

Gentle Hands Healthcare Limited, provide care at home support to adults and older people, living in the community, across various towns in Fife. At the time of the inspection, they were supporting 59 people and employed 37 care staff.

About the inspection

This was a short notice announced inspection which took place on from 16 December 2024 to 18 December 2024. The inspection was carried out by three inspectors from the Care Inspectorate. To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection. In making our evaluations of the service we:

- spoke with seven people using the service. A further three gave their views via a customer service questionnaire and five of their family members, a further two shared their views via a customer service questionnaire
- spoke with 18 staff and management
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

Key messages

- Feedback from people experiencing care was positive.
- Care staff were attentive and respectful.
- We identified strengths in quality assurance and leadership.
- Improvements to rotas and staff development were identified as being essential to supporting good outcomes for people and promoting staff wellbeing.
- Care plans were detailed, strengths based and informative.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our staff team?	4 - Good
How well is our care and support planned?	5 - Very Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

Staff we spoke with showed good awareness of their duties to report any concerns about a person they were supporting. Further review of records evidenced carers contacting the management team to report changes to people's care needs. For example, a change in the presentation of someone's skin integrity had resulted in the carer informing the senior, who then contacted the district nursing team, requesting an urgent review. This evidenced people being supported to get the right care, at the right times.

People should expect care that is respectful. People told us that they felt safe, had trust in their carers and considered them to be well trained. One relative told us, "They are gentle, take their time and use all the correct techniques" when assisting their loved one with care in bed. A service user reported, "I trust them with my life, they keep me going every day". This evidenced that people's wellbeing benefited from their care and support.

We observed practice that was unhurried and respectfully delivered. One person told us, "Gentle Hands is a good name as it stands true - they are gentle and caring". Staff demonstrated good awareness of people's needs and routines.

It is important that people are supported to meet their nutritional needs. Care plans gave good levels of detail, to guide carers when they were required to support someone with meal preparation. We observed good standards of food hygiene. One service user commented, "They ensure I eat well". Another told us, "I have been enjoying the salads they have been making me". This evidenced that carers were aware of the importance of a healthy attitude to food.

Oversight of medication management had improved since our last inspection. A live care delivery monitoring system used by the service immediately highlighted any medication administration sheet omissions. Spot checks, carried out by senior team members, reviewed medication administration standards. Errors in administration had resulted in good use of reflective practice and increased monitoring. Improvements had been made to the guidance around application of topical creams. See section 'what the service has done to meet previously made areas for improvement' section of this report. We found good systems were in place to promote safe medication management.

How good is our leadership?

4 - Good

For this key question we looked at the service's use of quality assurance to support improvement. We evaluated this key question as good. We found several strengths that supported positive outcomes.

It is important that people have regular opportunities to give feedback on their experience of the care being delivered. The service evidenced people being asked to give feedback as part of staff spot checks and as part of reviews. Yearly feedback forms were sent out to seek more formal feedback from service users and their relatives. Service users and relatives told us they had regular contact with the leaders of the service. We saw how people's experiences had been used to inform changes to service delivery and improved outcomes for people. This evidenced a service that used feedback as a driver for change.

The service had a comprehensive system for managing complaints and suggestions. We could see from records that actions were taken to address any areas of concern. People told us they felt confident that any concerns would be dealt with timeously and appropriately.

We saw strengths in quality assurance and improvement planning. Regular checks of practice and audits of care plans supported the service to consistently evaluate if people were getting the right care and support to meet their outcomes. Our review of improvement plans provided us with assurance that the service was committed to ongoing improvement for staff and service users.

Having a responsive and reflective approach to accidents, incidents and events helps to maintain safe practice. We could see that the service was prompt in making the right referrals and notifications to the Health and Social Care Partnership and Police Scotland, as they were required. The service should ensure that the relevant notifications are made to the Care Inspectorate. This was discussed with the service and the relevant guidance shared. This supports safe and transparent practice. **See area for improvement 1.**

Areas for improvement

1. The provider should ensure that appropriate and timely notifications are made to relevant agencies and individuals. This should include but not be limited to the Care Inspectorate.

This is in order to ensure that care and support is consistent with Health and Social Care Standards (HSCS) which state that: 'I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20) and 'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

4 - Good

At this inspection we examined staff recruitment as part of our core assurances and focused on assessing staffing arrangements.

We evaluated this key question as good. We found people were supported by the right number of staff who had the right level of skill to meet people's assessed needs and in a way that meant they could return and/or remain at home. One relative told us, "You couldn't have picked a better bunch of people". Although people reported knowing all of the carers who visited them, they did not all have a consistent team. This caused some people to not know who was coming. Carers also reported wishes that they could have consistent schedules that would allow them to build better relationships with people.

There were effective systems in place to plan and manage calls which meant there was good communication within the staff team. People told us, "My carers are excellent", "They make my day" and "Could not ask for better carers". People and their relatives told us their care was mostly delivered on time and one service user stated, "They are always very professional". This told us that although care was not always provided by a consistent carer, people experienced care from staff that were skilled, with the right values. The service advised that from January 2025, a new rota system would be implemented that sought to provide consistency and support staff wellbeing. This would help to ensure that staffing arrangements meet the needs of people.

Office based staff and supervisors understood their role and contribution to the overall quality of the service and how they play an important part in building the staff team. Improvement plans and discussion with the leaders of the service evidenced a commitment to supporting staff wellbeing. Improvements could be made to how staff contribute to service improvement and freely share their views. This was particularly relevant to overseas staff who were supported on a sponsorship arrangement and expressed to us that they did not always feel confident in voicing their views. **See area for improvement 1.** Improvement in this area would help to strengthen teamwork and safe practice.

We found people using the service were protected by safer recruitment checks carried out before staff took up post. People could be assured that staff were recruited in line with best practice guidance.

Areas for improvement

1. Service should effectively involve staff in service development. The leaders in the service should identify barriers to staff giving feedback and evidence having facilitated meaningful participation. This will increase staff confidence, promote a learning culture, and ensure service users are delivered a safe and outcome focussed service.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My care and support is consistent and stable because people work together well' (HSCS 3.19).

How well is our care and support planned?

5 - Very Good

We found significant strengths in aspects of the care provided and how these supported positive outcomes for people, therefore we evaluated this key question as very good.

People should benefit from dynamic care and support plans, that effectively direct care delivery. Care plans we reviewed were personalised and reflective of people's strengths. Attention was given to detailing people's history and preferences. This promotes care that is meaningful.

Risk assessments detailed factors that may impact positive outcomes. Guidance to reduce risks were clear, personalised, and respectfully written. This included where people may be distressed and we saw techniques recorded that were person specific, to support staff to manage this safely. Care staff told us that plans gave them all of the information that they needed to provide the required supports.

People and their families should be involved in directing their care. Regular reviews were conducted, and people's feedback and outcomes were clearly recorded. Where possible, people's voices were captured and used to evaluate the effectiveness of the service. Out with formal reviews, we saw that people's needs were consistently monitored either through informal phone calls or via spot checks that were carried out by senior staff. This meant plans reflected people's current wishes and outcomes.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support people's wellbeing, the provider should ensure people's support plans contain sufficient information to guide staff on how to best meet their needs.

This should include accurate information on the application of topical medications including the name of medication and the exact body part it is to be applied to.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'My personal plan (sometimes referred to as my care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

This area for improvement was made on 29 January 2024.

Action taken since then

Care plans for people who required topical medications were clear on the type of medication, where this was to be applied and why this was to be applied. In addition to this information, body maps were in place to act as a visual indicator to guide staff as to where this needed to be applied on the body.

Area for improvement is MET.

Previous area for improvement 2

To support a culture of responsive and continuous improvement, which meets the health and wellbeing needs of supported people, the provider should ensure that people's views, suggestions, and choices are gathered on a regular basis and that this information is used to improve people's outcomes, inform improvement planning and support staff development.

This area for improvement was made on 29 January 2024.

Action taken since then

We saw evidence of people's views having been gathered on a consistent basis. Supervision records, recruitment records and spot checks all recorded people's experiences and opinions on the care they had received.

Reviews were carried out regularly to ensure people's outcomes were being met and feedback gathered. Feedback questionnaires were sent out by the service annually. We could see how feedback from people had been used to inform staff training and improve service delivery.

Area for improvement is MET.

Previous area for improvement 3

To support good outcomes for people the provider should ensure staff access training opportunities appropriate to their role, their learning needs, and the needs of service users. The provider should then regularly monitor practice to evidence how the training received is being implemented, taking into account current best practice guidance.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that: 'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

This area for improvement was made on 29 January 2024.

Action taken since then

We found very good oversight of staff induction and supervision during probation periods. Staff told us induction was helpful, and shadow shifts were thorough. A combination of face-to-face and e-learning was required of all care staff. Our review of training records found good oversight, and most were up to date. Staff told us they felt well trained to carry out their role.

We saw examples of training that had been arranged specifically to meet the needs of a service user, who's care was more complex.

Spot checks were carried out regularly. These were thorough and staff told us they found these to be beneficial in supporting their development.

Area for improvement is MET.

Previous area for improvement 4

To promote responsive care and ensure that people have the right care at the right time, the service provider should ensure that people have person-centred care plans in place. They should offer clear information to support staff, that reflects best practice guidance. In addition, people should have easy access to their care plans and be able to contribute to them.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that: 'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15) and 'I am fully involved in developing and reviewing my personal plan, which is always available to me' (HSCS 2.17).

This area for improvement was made on 29 January 2024.

Action taken since then

We found care plans to be detailed, and person centred. They offered good guidance to care staff. Plans were accessible to people, and their next of kin, via the care planning app and people also had paper copies within their homes. See section "how well is our care and support planned" section of the report for more details of the evidence gathered.

Area for improvement is MET.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	4 - Good
3.3 Staffing arrangements are right and staff work well together	4 - Good
How well is our care and support planned?	5 - Very Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	5 - Very Good

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