

Generations Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Generations Care Ltd is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people and younger adults with a range of needs. This includes people with physical disabilities. At the time of our inspection the service was providing the regulated activity personal care to 115 people. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Quality monitoring and checks had not always been completed to provide effective managerial oversight of the service. The provider acknowledged that improvements were needed in their governance systems and was in the process of implementing a new quality assurance system at the time of our inspection.

The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example adverse weather conditions. Staff felt supported by the management team.

Risks associated with people's care were assessed and staff understood their responsibilities to keep people safe. However, some risk assessments lacked detailed guidance to inform staff how to support people safely. Medicines were administered by staff trained in medicine management, although some records needed improvement to ensure that people were safe. Staff were recruited safely.

People and relatives were involved in their care plans to ensure they reflected people's preferences, religious and cultural beliefs and values. People knew how to make a complaint and feedback on the service was encouraged. People spoke positively about the service and were confident that any concerns would be responded to promptly and resolved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 30 August 2022) and there were breaches of regulation. The provider had received a warning notice following the last inspection and they had to be compliant with this. The provider was also required to send us an action plan telling us how they would improve and by when. At this inspection not enough improvement had been made and the provider was still in breach of regulation 17 (Good Governance).

The overall rating for the service has remained requires improvement. This service has been requires improvement for the last 3 consecutive inspections.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe, responsive and well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe, and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Generations Care Ltd on our website at www.cqc.org.uk.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the governance of the service. We found the provider failed to meet all of the warning notice we issued at the last inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Generations Care Ltd

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

Inspection team

The inspection team consisted of 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The inspectors visited the service and the Experts by Experience gathered feedback about the service from people and their relatives via the telephone.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there were 2 registered managers in post due to the size of the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the registered managers would be in the office to support the inspection.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with

key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people who used the service and 7 relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, including 5 people's care records. We looked at 3 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Preventing and controlling infection

At our last inspection, the provider's systems to manage risks relating to the health, safety and welfare of people were not effective. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12. However, further improvement was required.

- Risk assessments did not always contain the information staff needed to provide safe care. For example, people's falls risk assessment did not include guidance for staff to follow if a fall did occur. Despite this shortfall, staff demonstrated they knew what action to take if someone did fall to prevent further injury.
- We identified a person's allergy was still not documented on their medication risk assessment despite this being raised at our last inspection.
- Risk assessments were not being reviewed regularly. The registered managers told us they were working towards annual reviews; however, we identified a medication risk assessment had not been reviewed for over 25 months. This meant changes could be missed and placed the person at risk of potential harm.
- Some care records did not clearly record when non-prescribed topical creams had been applied or contained guidance for staff to ensure they knew when and how often to apply the creams being used to help relieve skin conditions and protect people's skin integrity.
- Improvements had been made since our last inspection. For example, moving and handling risk assessments and repositioning records contained detailed guidance for staff to follow to ensure they knew how to support people safely.
- People and relatives told us staff supported them safely and their care needs were fully met. One person said, "The staff are experienced, complete all the tasks and make me feel safe."
- People received their medicine as prescribed. There were systems in place to ensure this was done safely. One person said, "They always give me my medication as needed."
- Staff completed training to administer medicines and competency assessments were completed to confirm they did so safely.
- Staff received training in infection control and demonstrated the importance of this, to keep people they supported safe. One staff member said, "We had training on when and how to put on personal protective equipment (PPE) and how to dispose of it safely."

- The provider had a contingency plan in place, to minimise any risks to the service running safely in the event of, for example adverse weather conditions.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- Some improvements had been made following our last inspection. For example, the service completed a pre-assessment of people's needs before the service started, to ensure these could be met.
- The management team had completed audits and looked at incidents, however there was no evidence that learning, or themes were taken from this to improve the quality of care provided.

Systems and processes to safeguard people from the risk of abuse

- People and relatives felt safe with staff. One person told us, "I am very happy with the staff, they support me as necessary which makes me feel safe." One relative said, "(Person) is very happy with the staff and does feel safe in their care."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the registered managers. Staff were confident that their concerns would be followed up.
- The registered managers understood their responsibility to report any concerns to the local authority and to us (CQC) to ensure any allegations or suspected abuse were investigated.

Staffing and recruitment

- There were enough staff to provide people's planned care calls. People told us they were happy with their call times and staff were on time. One person told us, "I am very happy with the staff who come on time and complete all their tasks."
- Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- Previously, complaints were not always managed in line with the provider's policy. During this inspection feedback gathered demonstrated improvement had been made. One person told us, "Management were very responsive, and the matter was rectified to my satisfaction."
- Where people or their relatives had made complaints, these had been recorded and responded to by the management team in line with the provider's policy and procedure.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised and responsive care. One person told us, "The staff are lovely, I have reduced my calls to once a day and they still phone me at tea-time to check I'm ok." Another person said, "I am very happy with the staff, they go out of their way to help me."
- People told us they were involved in the planning of their care and their choices and preferences were respected. One person said, "My preference is for a female carer and that's who I get."
- The staff team demonstrated a shared commitment to providing good care. One relative told us, "The staff are kind and compassionate, they chat to (person) which helps calm them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew how to communicate effectively with people. One relative told us, "The staff use basic words as English is not (person's) first language, so they can understand what is being said. They are patient and always wait for a response."
- The registered managers demonstrated a good understanding of the AIS. Information was available in the appropriate format for each person, such as large print and available in different languages.

End of life care and support

- Staff were not currently providing end of life support. However, where known people's end of life wishes had been recorded in their care records.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

At our last inspection, the provider had failed to ensure governance and service oversight was effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection not enough improvement had been made and the provider remained in breach of regulation 17. The provider had failed to fully meet the warning notice we issued at the last inspection.

- The provider had not taken all the actions required to demonstrate people always received high quality, safe care and support.
- Managerial oversight of the service required further improvement to ensure people consistently received effective care and achieved good outcomes. For example, checks of care records had failed to identify staff were not always measuring and recording urine output as instructed within people's catheter risk assessments. This placed people's health at risk of potential harm and opportunities to drive forward improvements had been missed.
- The provider's systems and processes to monitor the service were not always effectively operated or embedded. As they failed to identify the issues we found, for example, some care records did not clearly record when non-prescribed topical creams had been applied or contained guidance for staff to ensure they knew how to apply the creams safely.
- Some people's care records in relation to their care and support needs lacked important information, for example, a person's allergy was not documented on their medication risk assessment. While other records contained conflicting information. This placed people at risk of potential harm.

We found no evidence that people had been harmed. However, the provider failed to make enough improvements to the service to comply with regulations and the warning notice we issued. Governance and the service oversight were not always effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People spoke positively about the service. One person said, "They are aware of all my care needs and are very responsive," another said, "I consider them to be well led and organised, I would recommend them."

- Staff felt supported and received the guidance they needed to fulfil their roles through individual and team meetings.
- At the time of our inspection, the management team were in the process of implementing a new quality assurance system to improve the oversight and monitoring of the service.
- The registered managers understood and complied with their responsibility to report incidents to the local authority and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Following our last inspection, the provider had introduced regular 'courtesy calls' to people and relatives to gain their views about the service. People told us they found these calls useful and "felt their views were encouraged and listened to."
- People were happy with the service provided. One person told us, "I am very pleased and satisfied with the staff and what they do." Another person said, "This company is fantastic, I would recommend them."
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "I really enjoy my job, training has improved since the last inspection and the managers have been supportive and helpful."
- The providers' policies and procedures promoted inclusion and diversity and reflected the Equalities Act 2010.

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; Working in partnership with others

- The management team had an improvement plan in place which aimed to continuously improve the service. The registered managers told us they were committed to drive forward the quality of the service. One said, "We have made improvements, I know there is still work to do, we want to be very good."
- The provider understood the need to be open and honest when things went wrong in line with their responsibilities under the duty of candour.
- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, monitor and improve the quality and safety of the service provided.</p>