

Genuine Carers Limited

Genuine Carers - Cherwell

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Genuine Carers Cherwell is a domiciliary care agency providing care to people in their own homes in the Cherwell area in North Oxfordshire. At the time of our inspection 16 people were receiving the regulated activity of personal care from the service.

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

People were not always protected from risks of unsafe recruitment as the evidence of staff checks and conduct were not sought prior to the staff working with adults at risk. The service had systems to report and investigate concerns. However, risk assessments did not always identify how potential risks should be managed to reduce the likelihood of people experiencing harm.

There was a registered manager appointed who was supported by a deputy and the director. The provider's quality assurance processes were not effective and had not identified some of the concerns we found during our inspection. However, the registered manager was open and transparent and recognised that some of the quality assurance system needed to be strengthened and demonstrated a commitment to continuously improve the service for the people it supported.

Staff understood the risks to people and delivered safe care in accordance with people's support plans and knew how to report any suspicions concerning abuse.

Staff were knowledgeable about types and signs of abuse, and the actions they were required to take to escalate any concerns. People told us there were enough staff to keep people safe, although some concerns were raised by relatives regarding late visits.

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

People told us they were supported by caring and compassionate staff. Staff respected people's privacy, dignity and their individual needs. People felt the support they had met their needs. Staff knew people's needs well and were passionate about ensuring people felt valued and cared for.

People's individual communication needs were known to staff and staff were able to give us examples of how they adjusted communication methods where required.

People, their relatives and staff spoke highly of the registered manager; they found them approachable and supportive. There was a positive workplace culture and the team worked well in partnership with other agencies and the local social and health professionals. We received positive feedback from three professionals who praised the service's caring approach and the care provided to people.

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

Rating at last inspection

This service was registered with us on 02 July 2021 and this is the first inspection.

Why we inspected

This was a planned inspection as this new service had been registered since 2020

Enforcement

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 to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to recruitment procedures and the quality of safety and governance systems at this inspection.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Genuine Carers - Cherwell

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 Care Act 2014.

Inspection team

The inspection was conducted by one inspector and one Expert 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.

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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

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. Prior to our inspection, we reviewed information we held about the service. This included any information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

During the inspection, we spoke with two people using the service, eight people's relatives, five care staff, a manager and the registered manager. We reviewed a range of records relating to people's care and the way the service was managed. These included care records for three people, medicine administration records, staff training records, three staff recruitment files, staff supervision and appraisal records, quality assurance audits, incidents and accidents reports, complaints and compliments records, and records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We contacted three external professionals to gather their views about the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Staffing and recruitment

- The provider did not follow safe recruitment practices. The staff recruitment files did not contain the necessary checks and references. The registered manager was aware of the discrepancies in relation to missing documentation, such as verifying identity of new staff, full employment histories and references to assess applicant's suitability. During the inspection the registered manager showed the inspector new systems that were being developed to improve recruitment checks.

These concerns were a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- There was not always enough staff. People, their relatives and staff spoke about staff shortages and late visits. One relative said, "I think they have been short staffed recently. They've been quite late sometimes, they let us know now. I said, just let me know so I can let [person] know, so he doesn't worry."
- The registered manager was open and transparent about the impact staffing levels had on the service. She said, "When we are short on staff, it means myself and managers have to go out on visits, so our priorities have been focused on caring for our clients."
- The registered manager told us recruitment to three permanent vacancies was ongoing but admitted it had been difficult to recruit people in the current job market.
- Some relatives said they did not receive a rota for visits and would prefer to know in advance, and although some people reported late visits, there were no reports of missed visits.

Assessing risk, safety monitoring and management

- Risk assessments and care plans were in place for each person. Although risks to people had been identified, the steps to be taken to deal with those risks were not always clear. For example, one person's care plan identified choking as a hazard but there were no details of control measures to mitigate the risk identified.
- As staff supported regular people, they knew people's needs well. From speaking with staff, we were reassured people received appropriate support however, the lack of risk assessment meant people could be at risk or harm if they were to be assisted by a staff member who was not familiar with the person's needs.
- The registered manager and deputy managers carried out spot check visits to monitor and review safety and quality of visits completed by staff and had regular contact with service users and relatives to obtain feedback.
- Individual accidents had been recorded but there was no overview to monitor the accidents for any trends and lessons learnt.

Using medicines safely

- People received their medicine as required. A relative told us, "[Person] is supported with their medication. It's in her dosset box and they give it in a little tub. Staff puts them in [person's] hand and she takes them. [Staff] have got all the paperwork there and they do let me know if she's run out."
- Staff had received training in the safe management of medicines, and the registered manager had recently introduced further competency checks and the management team had completed checks for most staff.

Learning lessons when things go wrong

- There was a log to record individual accidents but there was no evidence that this had been completed. We discussed this with the registered manager who advised that communication between staff and the management team meant accidents and incidents were reported by staff, however, these were not logged onto the record by managers and therefore could not provide evidence of how trends and lessons learnt were identified.
- Staff told us they knew how to report accidents and incidents to their managers and felt supported to handle and manage incidents.

Preventing and controlling infection

- We were assured that the provider's infection prevention and control policy was up to date.
- We were not assured that the provider was accessing testing for staff. Staff told us that testing was done on "the basis of trust", and the registered manager told us that staff did not use the unique organisation number when registering test results. Staff also told us the organisation did not provide lateral flow testing kits. This was discussed with the registered manager and we have also signposted the provider to resources to develop their approach.
- We were assured that the provider was using PPE effectively and safely.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from harm and abuse. The registered manager told us that all safeguarding concerns would be recorded and investigated by the service
- Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. They were aware that incidents of potential abuse or neglect should be reported to the local authority. A member of staff told us, "If I had any safeguarding concerns, I can speak to my line manager, social services, the Police or CQC (Care Quality Commission)." Staff told us they felt confident to escalate concerns and felt supported by their managers.
- People told us they felt safe. One relative said, "I think he's very safe. I've got no worries about them."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed prior to commencing their care in order to ensure their care needs could be met in line with current guidance and best practice. These included people's preferences relating to their care and communication needs.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs. For example, relating to their religion, culture or sexuality.
- People's risk assessments and care plans considered all aspects of their lives.

Staff support: induction, training, skills and experience

- We received mixed feedback from relatives about staff skills and training. Some relatives felt the training provided to staff was not adequate while others spoke positively.
- Staff told us they felt supported during their induction and received sufficient training to carry out their role. One member of staff told us, "The team were amazing and very supportive."
- Staff received ongoing training relevant to their roles, and specific to people's needs.

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

- People were mostly independent with their meals and where support was required, it was minimal.
- People's care plans contained information about their dietary needs and preferences. Staff told us that they supported people with their meals and drinks during care calls to ensure people had a balanced diet.
- Relatives told us staff supported people as needed. One relative said, "They help prepare it and they leave it for him. There is nothing documented as to what he's eaten." Another relative said, "They sometimes help with meals while I eat my meal, it's fantastic."

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

- Staff worked with the local authority, healthcare, and social care professionals to ensure that people received support in the right way.
- A professional told us, "Up to now I have no major concerns with the way they manage their time and they are very good with the support offered to their clients. They have been very responsive and always open to help. The only one thing I would suggest for them to improve is communication. I do understand this may be difficult at times, especially under the pressure we are all working at present."

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People told us their choices were respected. People's care records highlighted the importance of people making their own decisions.
- Staff worked within the principles of MCA and ensured care provided was led by people.
- The registered manager was aware about the requirements of the MCA Code of Practice in terms of an assessment was required if there were concerns about a person lacking capacity to make certain decisions. We identified some care plans that were incomplete about People's Power of Attorney (PoA). The registered manager said that they would be reviewing all care plans to ensure accurate information was provided and follow good practice to have copies of the document to ensure the PoA was the correct one and there were no restrictions.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and their relatives told us staff were kind and compassionate. One person told us, "They treat me with dignity, respect and have a good sense of humour!". Relatives told us, "They're fantastic. They look after her" and "They have a laugh and joke with him, they genuinely care for him."
- People's diverse needs were known to staff and respected. Care and support were delivered in a non-discriminatory way and people's rights were protected.
- Staff told us there was a caring culture embedded within the team and the importance of understanding and respecting people's backgrounds, their needs and listening to what was important to them. As a result, they knew how people wanted to be supported. One staff member said, "I always listen carefully to focus on their interests and understand what makes people happy. Understanding people's mental health is very important as for the me the job is not just about physical health and personal care."
- An external professional said, "Genuine carers worked hard to support [person] despite there being lots of challenges, the registered manager tried to find person centred solutions to accommodate [person's] requests where possible."

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

- Care plans were developed with people and their relatives, where appropriate. Relevant health and social care professionals and the staff team who knew people well also contributed to care plans.
- Staff demonstrated they followed a person-centred approach to the care they provided to people.
- People's relatives told us they were regularly contacted by the service. However, people's relatives pointed out that some information was not always passed to them.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to describe how they respected people. This included, asking to enter the person's home and considering how they like to be supported. Relatives also told us that staff were considerate in respecting people's privacy and dignity. One relative said, "They're brilliant, they use towels to cover them up."
- Care plans documented and promoted people's goals to maintain their independence with support from staff. For example, one person's care plan stated the goal was to maintain their independence by remaining to live at home for as long as possible with the support from Genuine Carers.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People had individualised care plans that supported a person-centred approach. We saw there was clear guidance on how to meet people's individual needs. People's care files included information about their personal histories and what was important to them.
- People told us the care and support they received met their needs. One person said, "They are good when they come. They are not rushed and seem to have enough time."
- Staff told us the team worked hard to ensure people were treated as individuals and their unique wishes and circumstances were considered when planning the level of support needed. A staff member said, "It's like a family. We are caring and compassionate, we take an approach to understand people's needs both physical and emotional."

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.

- People's communication needs were outlined in care records. This included details about people's eyesight, hearing and communication needs, as well as guidance for staff awareness on body language and orientation for people with impairments.
- Staff were knowledgeable about people's communication support needs and people were given information in accessible ways such as providing service user handbooks with key contact information.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to raise any complaints or concerns about the service. A relative told us, "The registered manager always asks if I'm happy or need to change anything. She is really approachable."
- The registered manager had a system in place to record complaints and compliments. We viewed the log and saw complaints and compliments had been logged and had been responded to verbally. The registered manager was knowledgeable about the outcome of complaints and recognised further areas to improve by documenting the outcome following verbal resolutions.

End of life care and support

- Information about people's end of life wishes such as a resuscitation status were included in their care records.
- No people received end of life support at the time of our inspection visit.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The providers systems and process were not always effective. Records were not always complete, accurate or up to date. We identified training records, supervision monitoring and some risk assessments that were not completed or in place. The registered manager had created action plans, but actions were not always completed. For example, some of the risk assessments were not fully complete in identifying risk but did not include risk management plans or whether risks were classified as low, medium or high. The registered manager said, "We have to hold our hands up on that and realise we have not completed them fully."
- The oversight and monitoring risk in relation to covid-19 testing was not robust as the registered manager did not have systems in place to evidence testing of staff. The registered manager told us that while testing kits were issued to staff, these were not logged at an organisational level using the government website via the unique organisation number.
- Audits were carried out on a monthly basis to monitor compliance and while the audits identified issues such as gaps in completing medication administration records (MARs), the specific actions from these audits lacked detail to address the issues and subsequent audits showed similar issues were repeated in subsequent months.

These concerns were a breach of Regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff told us there was a good team and they felt supported by the registered manager and managers. Comments included; "Managers are very responsive, it's a great team." and "The managers are always available to help, and I really appreciate the opportunity to work with Genuine."
- The management team praised their staff team and their commitment, especially of working throughout the pandemic, they said, "The staff had been absolutely amazing and worked so hard."
- The registered manager was known to people and their relatives. Relatives told us they communicated with the registered manager and people used her first name. The other managers also spent time working among staff which enabled them to monitor and observe staff practices.

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 Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager was aware of her responsibilities and kept people's relatives informed as required.
- The registered manager was responsive to issues and concerns; they completed investigations and understood their responsibility to be open and honest if things went wrong.
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer a good service. They engaged with the inspection in a positive way and reflected on how staffing levels had impacted on her management and quality assurance work which conflicted with supporting staff on day to day operational tasks such as managers carrying out care visits. A relative told us, "They need more carers but there is a shortage anyway at the moment. They are there if you need them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager operated an open-door policy and was approachable. An annual satisfaction survey had been carried out.
- People had opportunities to share their views and be an active part of the care planning process via an ongoing engagement with staff and managers. A relative told us, "We had an assessment with Genuine Care to find out about [person] and took notes on what he liked."

Continuous learning and improving care

- Although some of the quality assurance systems were not fully implemented or actions from audits being all completed, the registered manager and staff were passionate and committed to improving the service delivered for the benefit of people using it.
- Staff told us, "We know we have to improve, but we are 100% committed to learn and take on board feedback from the inspection process."
- The registered manager demonstrated enthusiasm to improve the service and said, "Our focus has been on the people we care for and we realise the work we have to do in the office on some of the paperwork and systems to support people more effectively."

Working in partnership with others

- Staff worked in partnership with the local external health and social care professionals as required.
- External professionals' feedback complimented staff and improvements made in relation to communication. One professional said, "Communication from Genuine carers was brilliant, it was always easy to get hold of the registered manager via telephone and email and she would respond quickly to any queries." Another professional told us, "I feel that they have improved since [person] started working with the registered manager, I no longer need to chase them up repeatedly for information or feedback."

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Actions identified from audits had not been completed or followed up.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider did not follow safe recruitment practices Staff recruitment files did not contain the necessary checks and references as per requirements in schedule 3.