

Generations Care Agency Limited







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Inspection report

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Ratings

Overall rating for this service	Good	
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?	Good	

Overall summary

Generations Care Agency provides personal care to people in their own homes in the Chesterfield area.

This inspection took place on 2 and 4 February 2015. It was announced with 48 hours notice because the service was a domiciliary care agency and we wanted to make sure the registered manager was available.

There was a registered manager at the service at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Since our previous inspection visit in February 2014 we had received a significant amount of information of concern. The key issues from this information concerned calls being late or missed. We looked into these issues as part of our inspection. The registered manager confirmed that the information we had received had been correct in most cases. We found the provider had taken action to improve this. Feedback from people using the service confirmed that the service had improved and was reliable.

People using the service were protected from the risk of abuse because the provider had provided guidance to staff to help minimise any risk of abuse. Decisions related to people's care were taken in consultation with them, their representative and other healthcare professionals, which ensured their rights were protected.

We found the provider had not identified what action staff were to take in risk assessments to ensure risks to people's safety and welfare was minimised. We have made a recommendation about the management of risk.

People told us the care staff were caring and kind and they received the support agreed in their care plan. They were involved in the planning of their care and support and independence was promoted. Complaints were well managed.

The registered manager at the agency was familiar with the needs of the people using the service and staff felt supported by the management team. There were systems in place to enable people to give feedback on the service and auditing systems monitored the quality of the service.

Summary of findings

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 consistently safe.

People using the service and their relatives told us they felt safe but there was insufficient guidance for staff on how to minimise identified risks to people's safety and welfare. People received their medication correctly.

Requires Improvement



Is the service effective?

The service was effective.

Staff had completed relevant training to enable them to care for people effectively.

Staff understood the principles of the Mental Capacity Act and ensured people were involved in making decisions about their care. Staff knew what to do if people did not have the capacity to make decisions.

Good



Is the service caring?

The service was caring.

People were treated with kindness and compassion. Care plans were written to ensure they met individual needs. Staff were aware of people's choices, likes and dislikes and this enabled people to maintain their independence.

Good



Is the service responsive?

The service was responsive.

People were encouraged to express their views and concerns were well managed. People received their care at the times they needed it.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service and staff told us they would not hesitate to raise any concerns. Systems were in place to monitor the quality of the service. These included health and safety audits and audits of care records.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 2 and 4 February 2015 and was undertaken by one inspector and an expert-by-experience of older. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of services providing care and support for people.

Before our inspection, the provider completed a Provider Information return (PIR). This is a form that asks the

provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information included in notifications sent by the provider. Notifications are changes, events or incidents that providers must tell us about.

We spoke with twenty-two people using the service or their relatives, six care staff, office staff, and the management team including the registered manager. We spoke with four external health and social care professionals including social workers and health specialists.

We looked at three people's care records. We looked at a range of other records relating to the care people received. This included some of the provider's checks on the quality and safety of people's care, three staff training and recruitment records, and medicines administration records.

Is the service safe?

Our findings

At our previous inspection in February 2014 we asked the provider to take action so that people had assessments completed where risks had been identified. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that action had been taken and risk assessments were completed although further improvements were required.

People we spoke with confirmed they felt safe when being supported. A relative we spoke with told us that care workers were required to provide support to their family member to ensure their safety. They said “And by jingo, there are always two. There is always one who knows [family member’s] routine and she teaches the one who is not so familiar.”

We found the provider was undertaking a range of risk assessments prior to care and support being provided. We saw in the three records we looked at these were up to date and had guidance on specific conditions. However, the information for staff to minimise potential risks, such as how to keep people safe when assisting them to move, was brief and standardised following a ‘tick box’ format with no personalised details. We also saw one person’s medication risk assessment had not been updated since 2012. We did not see any evidence on the risk assessments to indicate people had been involved in identifying risks to their health and welfare. This did not ensure people’s safety was fully addressed.

We recommend that the service seek advice and guidance from a reputable source about the management of risk.

At our previous inspection visit in February 2014 we asked the provider to take action so that the Local Authority safeguarding procedures were always followed and we were notified of incidents. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that action had been taken to improve reporting procedures.

We had received information about a significant number of issues referred to the local safeguarding authority since our previous inspection in February 2014. These were mostly related to missed calls and late calls that had had an

adverse impact on the provision of people’s care and support. We saw steps had been taken by the provider to ensure that the possibility of such incidents occurring again was minimised.

We found the provider had procedures in place to safeguard people from abuse, which staff followed in the event of them either witnessing or suspecting the abuse of any person using the service. The PIR we received stated that the procedures had been reviewed in December 2014. Staff also told us they received training for this and had access to the provider’s policies and procedures for further guidance. They were able to describe what to do in the event of an incident occurring. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority.

All the people we spoke with told us they felt safe when the care workers were in their homes and that their possessions were also safe. One person said, “I’d trust them with my life”.

Most people we spoke with, their relatives, and staff told us there were sufficient staff to meet individual needs. People told us they thought there were generally enough staff to meet their care needs and that calls were rarely missed. We looked at staff rotas and saw that there were sufficient staff to manage the calls and that travel time was accounted for.

We found that the provider had systems in place to ensure suitable people were employed at the service. The records we looked at showed us that identity information, Disclosure and Barring Service (DBS) checks, and references were obtained before a person commenced working in the service.

People who received medicines from care workers told us that their medicines were administered correctly. A relative told us that their family member’s medication was always the correct dosage, the staff were very thorough and it was always given on time.

Staff had been trained in medication administration and the provider was introducing competency assessments as part of staff supervision. Staff we spoke with told us they felt confident in dealing with medication and one told us the guidance provided was done ‘really well’.

We saw the provider had a system in place to audit medication administration record charts and check any discrepancies. For example, we saw that there were some

Is the service safe?

missing signatures on two of three medication administration records (MAR) charts we looked at. This made it unclear whether or not the medicine had been

given as prescribed. We discussed this with the registered manager who showed us audits that had identified the issue and what had been done about it. This helped to ensure risks of repeat errors were minimised.

Is the service effective?

Our findings

People commented that care staff were skilled enough to undertake the tasks required. A relative said in relation to their family member “They seem to know her likes and dislikes and her ways of things being done.” Another commented they felt confident to leave the workers to provide the support required as they did this competently. One person felt the staff had enabled their family member to be as independent as possible. They said, “[Family member] has always been independent, and you know what? The girls (staff) really try hard not to take that away from her, even though there are so many things she cannot do. They help her to help herself. They are great.”

Staff described situations where they believed their input had made a difference to people’s well-being. One told us they had gained the person’s trust to help them achieve improvements in their home situation. Another told us a person they worked with had grown in confidence and was more independent as a result of their support.

We discussed staff induction and training with care workers. They confirmed their induction contained in depth training including essential health and safety training, with regular updates when required. They told us the training equipped them to do the job asked of them. One staff member told us “I was impressed with the training” and another described it as “good.” Another staff member said “It made me feel more confident.”

Staff also told us other courses in subjects relevant to care, such as end of life care, tissue viability, nutrition and dementia were available including assisting people with specialist nutritional needs. External health care professionals we spoke with confirmed that staff were knowledgeable about people’s individual needs. One told us they provided a “very good service.” Training records we looked at confirmed that staff training was up to date in most essential areas and identified those who were due for refresher training. Records also showed us that staff supervision took place, which included appraisals and direct observation of care practice. Staff we spoke with told us they received supervision and that it was useful. Another staff member told us “There is always someone to talk to.”

Staff told us they had received training in the Mental Capacity Act (MCA) 2005 and associated Deprivation of Liberty Safeguards (DoLS). The MCA is a law providing a system of assessment and decision making to protect people who do not have capacity to give consent themselves. Records we saw showed that not all staff had undertaken this training. Senior staff understood the basic principles of the MCA and those staff responsible for assessing people’s capacity to consent to their care demonstrated an awareness of the MCA.

Staff were able to describe how they would ensure people were in agreement with the support they were providing. They told us if a person made a decision not to accept support this was respected. They told us they would record this and monitor the person to ensure they were safe if they refused support. They would report this to the management team who would involve other professionals to ensure any decisions made were in the person’s best interests. Records we saw showed people had given their consent to the care provided by signing a consent document.

No-one we spoke with said they received support at mealtimes. The registered manager told us that, where relevant, staff were required to do basic cooking, reheat meals and ensure they were accessible to people who used the service. Those staff who supported people with their meals told us they had received training in food safety so they were able to carry out food preparation hygienically. Training records we saw confirmed this.

Most people using the service and their relatives said most of their health care appointments and health care needs were co-ordinated by themselves or their relatives. However, staff were available to support people to access healthcare appointments if needed, and they liaised with health and social care professionals if people’s health or support needs changed. One person told us their care worker had been diligent in identifying when medical advice was required.

Is the service caring?

Our findings

All the people we spoke with told us staff were caring and kind. One person said staff “Are always so very personable and polite” and another told us “I’d give 11 out of 10 for the workers at Generations.” Relatives also praised the staff for the way they carried out their family member’s support. One relative told us “They have a good relationship. So friendly but so professional too.”

People told us that their privacy and dignity was maintained when personal care was being carried out. One person said “Not that I’m bothered at my age, but they do preserve my dignity.” Staff told us that they always ensured that personal care was provided in a dignified manner and that they respected people’s decisions about how support was provided. One staff member said “I always ask and involve people.”

External social care professionals we spoke with told us they thought staff provided a good service and one described the support provided to the person they were involved with as “excellent”.

People were involved in making decisions about their care and support. They all told us they were aware of their care plans and involved in reviews of their care. They told us they were given choice and control to get the right care and that their disabilities were taken into account when care was provided. One person told us “I have no problem with my workers.”

The majority of people we spoke with had capacity to make their own decisions at the time of our inspection. They told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. Where people lacked capacity, family members confirmed that staff offered choices and explained what they were doing. A relative told us “I think they do an excellent job.”

Records we saw showed that people’s preferences in how their support was to be provided were respected. For example, one record identified how staff were to approach a person on arrival at their home.

Is the service responsive?

Our findings

We had received information in 2014 about late or missed calls. The registered manager told us they had taken action to improve this. Feedback we received confirmed this.

People told us they mostly received their care at the times agreed. One person said that the care couldn't be faulted and that "By and large, they are always on time."

Most people told us they were informed if their call was going to be late. However, one relative told us they did not always get informed and as a result had occasionally had to cancel a private appointment. We reported this to the registered manager who agreed to address this concern

Staff told us they were provided with travel time so that they were able get to their calls on time. This lessened the risk of staff not being able to make the agreed call times. One staff member told us "I'm always able to get to people on time."

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. The records we looked at identified individual needs, such as social support and increasing

independence and included details about people's mental, physical and social needs. This meant staff knew what was needed to meet people's needs. There was information about what personal care tasks people could do for themselves and where they needed support.

All the people we spoke with said they were actively involved in developing their care plans and were also involved in reviews of their care which they thought occurred on an annual basis. This ensured they had choice and control on how their support was provided. They told us care staff read their care plans so they knew what support to provide. Staff we spoke with also confirmed they were given time to read people's care and support plans before commencing support work with them.

All the people we spoke with knew how to complain and had a good knowledge of the process. We looked at the complaints record and saw that formal complaints were recorded. It was clear what action had been taken to resolve them and most indicated whether or not the complainant was satisfied with the outcome. Most people had not felt the need to make a complaint. One relative told us that a complaint they made was resolved in a respectful and timely fashion.

Is the service well-led?

Our findings

At our previous inspection visit in February 2014 we asked the provider to take action so that feedback received from people using the service was acted on. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we found that action had been taken and contact was maintained with people using the service via monthly telephone calls. The provider also told us that travel time and continuity of care were the main issues raised on surveys and they had identified this by use of a management analytical tool. They had addressed this by ensuring sufficient travel time for staff and reviewing staff rotas.

There were opportunities for people to provide feedback about the service and suggest possible improvements. People told us they were asked their opinion of the service and could remember receiving a satisfaction survey. We saw the most recent survey had been conducted in November 2014. Feedback was mostly positive and several surveys noted that there had been an improvement in the reliability of the service. The provider had analysed the findings of the survey and this showed that improvements had been made with regard to people receiving consistent care workers and having the correct amount of time for their calls.

There was a registered manager at the agency, which met the registration requirements of the Care Quality Commission. The management team had defined roles and there was clear accountability and responsibility for different aspects of the service. For example, there was a designated person responsible for staff training and recruitment.

We discussed the leadership of the service with the management team. They told us they wanted to provide a quality service and were “100% committed” to this. They acknowledged they had experienced difficulties during 2014, which had resulted in some people not receiving a satisfactory service. They told us they had taken steps to address this by ensuring that they did not take on work without having sufficient staff availability. .

The provider was taking additional steps to improve care practice by reviewing all policies and procedures and

commencing the use of recognised common induction standards and a staff competency framework. Spot checks on staff were also undertaken on an ongoing basis. This aimed to ensure best practice guidance was being followed.

All the people we spoke with said that there was a general feeling openness in the organisation. One person told us, “I genuinely feel the company wants to help you and do the best they can.” Staff also told us they were pleased with the support they received from managers. One said “They are behind us 100%.”

Records showed that staff supervision took place either by direct observation or through a face to face meeting. This gave staff the opportunity to review their understanding of their job role and responsibilities to ensure they were adequately supporting people who used the service. Staff told us this was useful and one said “We get a lot of support.” Staff also told us they had regular meetings to discuss any issues within their specific team.

We saw a range of records, such as medication records and care records were audited by the registered manager so that they were up to date and any necessary changes and amendments were made. For example, we saw inappropriate recording had been addressed by the registered manager. Processes to check for any medication errors were in place and errors were investigated.

The provider notified the Commission of important events and incidents affecting the service, as legally required. Records were stored securely and were in good order.

We saw the provider took steps to ensure the agency’s offices were safe. We saw fire safety was checked regularly. For example, fire alarms were checked weekly and the emergency lighting was checked monthly. Portable electrical appliances were tested for safety annually.

The registered manager told us they tried to maintain links with other community services to enhance people’s lives. They had arranged social trips and utilised other specialist services in the community, for example, a local resource for people with dementia. They also maintained professional contacts with relevant agencies such as the local authority and local medical centres.