

Genius Care Limited

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Inspection report

1 Restoration House
Norham Road
North Shields
NE29 7TN

Tel: 07340096828

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Genius Care Limited is a domiciliary care service providing the regulated activity of personal care for people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection four people were receiving a regulated activity.

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

Right Support: The model of care and setting that maximises people's choice, control and independence. 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. Systems were in place to support the safe administration of medicines. We have made a recommendation about the recording of some medicines.

Right Care: Care is person-centred and promotes people's dignity, privacy and human rights. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood how to protect people from abuse. There were enough trained staff to meet people's needs and keep them safe. Care records promoted people's dignity and independence. Some were more detailed than others. We have made a recommendation about support planning.

Right Culture: The ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. People received good quality care from staff who values included person-centred care, openness and transparency. People, relatives and staff said they were well supported and would recommend Genius Care Limited. They said they had no concerns about the service.

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 30 July 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Genius Care Limited

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 2008.

Inspection team

The inspection was completed by one inspector.

Service and service type

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

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 was a registered manager in post who was also the nominated individual.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 4 August 2022 and ended on 9 August 2022. We visited the location's office on 4 and 8 August 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals 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 three people and three relatives by telephone. We spoke with the registered manager who is also the nominated individual and provider. The nominated individual is responsible for supervising the management of the service. We also spoke with five care workers.

We reviewed a range of records. This included care records for three people. We reviewed two staff files and information relating to training and induction. We reviewed a range of records relating to the management of the service, including policies and procedures and audits.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. People and their relatives told us they felt safe with the care staff.
- Staff had attended training in safeguarding and understood how to identify potential risks and signs of poor care or abuse.
- The registered manager understood their responsibilities in relation to raising and investigating concerns.

Assessing risk, safety monitoring and management

- Risks were assessed, monitored and managed.
- People, and appropriate family or friends, were involved in managing risks to themselves and in taking decisions about how to keep safe.
- The safety of the environment was assessed and staff checked all equipment to ensure it was safe prior to use.

Staffing and recruitment

- Safe recruitment practices were followed.
- People said they were supported by a small team of care staff who they knew well. One person said, "I have a little team of staff so I know them, they are all very nice, come on time and don't rush me." A relative said, "They are a small team and we are always introduced to new staff (registered manager) works alongside them until she is comfortable with how they work."

Using medicines safely

- The registered manager said they were not currently administering medicines as part of providing a regulated activity. Staff had attended training in the safe management of medicines.
- Staff were applying prescribed topical medicines (creams) to support people's skin integrity. This was not being recorded on TMARs (Topical Medicine Administration Records). The registered manager immediately updated care records and put this in place.

We recommend the provider review best practice guidance in relation to the management of topical medicines in community settings.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff had received training in IPC and the use of PPE. Some staff were not following the correct procedure

for doffing PPE. The registered manager said they would address this in supervisions and immediately reminded all staff of the correct procedure to follow.

- A range of policies and procedures and guidance were in place to support staff practice.

Learning lessons when things go wrong

- There had been no incidents, accidents or concerns since the service had registered.

The registered manager explained how they were learning and developing the service. For example, they shared how they had learned that people's wider circumstances had to be taken into consideration to ensure their wellbeing, including supporting family members or pets.

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 by the registered manager prior to the planning of support. They said, "I need to meet people, and see what needs they have to make sure we can support them safely."
- Assessment information included people's needs and preferences as well as a little about their history and life story.

Staff support: induction, training, skills and experience

- Staff had the training and support they needed to meet the needs of the people they currently supported. Care staff said they had attended an induction and had the training they needed to support people safely. One staff member said, "I think I actually have all the training I need as I don't support anyone whose needs are complex."
- Staff had not yet completed training for all the population groups the service was registered to support, including people with a learning disability and autistic people. Staff were not supporting anyone from these population groups. The registered manager said, "We would not support anyone whose needs hadn't been assessed and who staff weren't trained to support."
- Staff were well supported, with regular one to one meetings to discuss their performance and offer feedback.

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

- The registered manager assessed people's nutritional needs and staff had attended training on nutrition and hydration.
- Care staff did not currently support anyone with eating and drinking.

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

- Where relevant staff worked with other agencies to ensure people's health and welfare needs were met in a timely manner.
- Staff worked with people and family members when appropriate to agree who would liaise with GPs, district nurses and other services.

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 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 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.

- Everyone who was supported had the capacity to make their own decisions.
- People had signed consent forms in relation to various things, including having care records in their homes and information sharing.
- Staff had attended training in the MCA.

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 received kind and compassionate care from staff who respected them. One person said, "They are very respectful. The girls are all lovely." Another said, "[The registered manager] is well trained, she is very experienced and makes sure the girls are trained, kind and respectful. I have no criticisms."
- A relative said, "We have a small team and we know them all well. We are always introduced to staff and we are all very comfortable with each other. There are always really cheery hello's and lots of laughter, they create a lovely atmosphere which is always a huge help."

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

- People, and their relatives where appropriate, were involved in decision making about their care. One person said, "I was involved, and the girls always follow the care plan."
- A relative said, "We are all very involved in the care planning. There was a robust assessment completed. The manager was fabulous."
- People, a family member or friend and the registered manager signed all care records.

Respecting and promoting people's privacy, dignity and independence

- People's independence, privacy and dignity was promoted. One person said, "I know my staff well. They always have a laugh and a joke but are very professional. They maintain my dignity and distract me from things I don't like being done by singing or something."
- A relative said, "They support [person's] privacy and dignity. I always know what they are doing, but we don't need to see so they always close the door and the curtains. It's really important to maintain [persons] dignity."
- Care records included information about things people could do independently, so they weren't over supported. One person said, "I sometimes have to say, I can do this or that myself as they try to do too much for me. They are very helpful and kind."

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

- Staff provided personalised care and support to people. One person said, "They are all very good, anything I ask of them they will do for me. They help me get washed and dressed, they are just brilliant!"
- Care plans were in place. Some included very individual and personalised information about people's preferences as well as how they wanted and needed to be supported, others lacked detail. The registered manager immediately re-wrote care plans to include far more detail about how people needed, and wanted to be supported.

We recommend the provider review best practice in relation to support planning.

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. 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.

- A detailed policy and procedure was in place in relation to how the service would meet the Accessible Information Standard.
- Communication needs were discussed with each person during the initial assessment and where relevant a care plan was developed.

Improving care quality in response to complaints or concerns

- At the time of the inspection there had been no complaints or concerns raised.
- The registered manager was aware of the procedure to follow to investigate any complaints.
- People, and their relatives, told us they had no concerns or complaints about the care they received.

End of life care and support

- At the time of the inspection no one was receiving end of life care. People were given the opportunity to discuss their end of life wishes during the initial assessment.
- A policy and procedure was in place however staff had not yet completed end of life care training.

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 good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was visible in the service, approachable and took a genuine interest in what people, relatives, staff and other professionals had to say. They worked directly with people and led by example, commenting, "We see people in the wider context and understand that feeding the cat might improve someone's happiness. That's important."
- Staff commented on how "family oriented" the registered manager was, and one commented, "They really do care about clients and staff, both professionally and personally."

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 registered manager understood the duty of candour and said, "It's about apologising, investigating and learning. I would also speak to people and update them and follow up in writing."

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

- Staff understood their role and one said, "The manager is clear about what they expect from us, they have very high standards."
- Quality assurance measures included audits and observations of practice.
- Audits were not completed routinely, however there was no evidence that this impacted on the quality of the service as the registered manager provided direct care to people and was involved in all aspects of service provision.
- The registered manager explained that as a new business there was always room for improvement. Their focus was to remain small and provide high quality, personalised support for people. They said, "I want flexibility in client care, to be empathic, flexible and accommodate any changing needs."

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

- Feedback was actively sought from people, their family members and staff. No one we spoke with had any concerns about the service. Comments included, "there is nothing I would like them to do differently" and "they are brilliant, nothing needs to change."
- Staff said they attended regular team meetings and one staff member said, "They are really useful, we can learn from each other, and share things about the business."

Working in partnership with others

- The registered manager was developing partnerships and was a member of the Skills for Care registered manager network and the local authority provider forum.