

Genuine Carers Limited

Genuine Carers Limited - 125 St Johns Road

Inspection report

125 St Johns Road
Huddersfield
West Yorkshire
HD1 5EY

Tel: 01484506474
Website: www.genuinecarers.com

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service: Genuine Carers Limited is a domiciliary care agency, providing personal care to people living in Huddersfield.

People's experience of using this service:

- People told us they felt safe. Risk assessments were in place to reduce the risk of harm to people. Care workers completed medicines training and an assessment of their competency to administer medicines was completed. Suggested improvements to the management of people's creams were implemented immediately.
- Staff recruitment was safe. People told us care workers did not miss their calls and were usually on time. New staff received induction and there was a programme of ongoing staff supervision, spot checks and refresher training.
- Staff were caring and kind. People's right to privacy was respected and staff took steps to maintain their dignity.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people lacked capacity, support was provided in their best interests although records did not clearly evidence this.
- One of the care records we reviewed was person centred and detailed but improvements were needed to another person's care record to ensure they were sufficiently detailed.
- People and their relatives were aware of how to raise a complaint should the need arise. The management team asked people and their relatives for feedback at regular intervals. Staff meetings were held but care workers' comments had not been routinely recorded within the minutes. One care worker told us they did not feel supported by the management team and we saw noted one care worker had not had a rest day for three months.
- There were systems in place to monitor the quality of the service although these had not identified areas where further improvements could be made.

Rating at last inspection:

At the last inspection the service was rated good (published 15 October 2016).

Why we inspected:

This was a planned inspection based on the rating awarded at the last inspection.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses health and social care services.

Service and service type:

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

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 visit as we needed to ensure the registered manager would be available to meet with us. We visited the office location on 9 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Prior to the inspection we reviewed information we had received about the service. This included reviewing any notifications we had received from the service and information we had received from external agencies including the local authority and safeguarding team.

This inspection included speaking with the registered manager and care manager. We reviewed four people's care records and three staff personnel files and recruitment records. We also looked at a range of other records about the management of the service. Following the inspection, we spoke on the telephone with two people who used the service, six relatives of people who used the service and four support workers.

After the inspection we requested further information from the registered manager. This was received and the information was used as part of our inspection.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives felt their family member was safe. A relative told us, "Yes, I feel [relative] is safe." One person who used the service said, "Up until this month, I would have said I feel very safe." They told us this because their health needs were changing. Following the inspection, we spoke with the registered manager and they confirmed they had already arranged to meet with this person to discuss their care package.
- Staff had received training in safeguarding and were able to describe different types of abuse. The registered manager and each of the care workers we spoke with was aware of their responsibility in reporting any concerns they may have about a person's safety.

Assessing risk, safety monitoring and management

- Each person had a range of risk assessments in place. These included, moving and handling, falls, medicines, personal care and the environment.
- Where a risk was identified, information was recorded as to how the risk was to be mitigated. For example, two people required the use of a hoist for their transfers. Information was included in the care records as to how the hoist sling was to be applied and fitted. Another person was identified as being at risk of falling. Information included steps to reduce the risk of falls and the action staff were to take in the event the person suffered a fall. However, we noted some of the information, although detailed, was generic and not always centred around the needs and abilities of the individual.

Staffing and recruitment

- Relatives told us; "They do come on time. If they are coming late, they do give us a ring", "They come twice a day. They do send whoever's available, but [relative] likes a consistent person. The care company is really good, they will send people who [relative] gets on with" and "They do come on time. If they are running late, they will ring."
- A person who used the service told us, "I never get a call saying they can't turn up, there's always somebody here."
- The registered manager used an electronic call monitoring system to manage staff's duty rota's and schedule people's calls. This enabled them to track care workers and meant they could quickly identify if care workers were running late and to ensure care workers had completed all their scheduled calls.
- The recruitment of staff was safe.

Using medicines safely

- Some people who used the service needed help to manage their medicines. Relatives told us, "They give the medication in the morning and evening. It comes in a box from the chemist, so it's not too complicated" and "Yes, [person] gets them on time."
- Care workers told us they had completed training and an assessment of their competency to administer

medicines was completed. This was confirmed when we reviewed staff's personnel files.

- We looked at the medicine administration records for two people. The administration record detailed each medicine to be administered, the dose and time. Both people were prescribed cream, but neither record detailed where the creams were to be applied. We discussed this with the registered manager at the time of the inspection. They promptly implemented body maps which clearly highlighted where each cream was to be applied.

Preventing and controlling infection

- Personal protective equipment was available for staff to prevent and reduce the risk of infection when providing people's care and support.
- All the relatives told us staff used gloves and aprons. A person who used the service said, "[Care worker] wears gloves and a plastic apron."

Learning lessons when things go wrong

- The registered manager and care manager told us they were not aware of any accidents or incidents.
- They said, in the event of anything going wrong, the incident would be recorded, reviewed and analysed to see if changes and improvements could be made to reduce future risk.

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

Good: 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

- The registered provider or manager assessed people's needs to ensure they could meet their requirements prior to accepting a new care package. They told us they would decline a care package if they were unable to meet their needs.
- People's care and support needs were reviewed at regular intervals or in the event a person's needs changed.
- People spoke positively about the care and support they received from Genuine Carers.

Staff support: induction, training, skills and experience

- Most people felt staff had the necessary skills to meet people's needs. One relative said, "Yes, they are skilled." Another relative said, "Yes. They've done their training, I know they do send them out for training, because they're had to change [call] times with us to do it."
- Staff told us all new care workers received training and shadowed a more experienced care worker. We also saw evidence new care workers completed a programme of induction.
- Both initial and refresher training was provided by an external provider and was predominantly face to face. This was corroborated when we spoke with staff and from staff's personnel files.
- The registered manager told us care workers received regular management supervision as well as two field-based assessments of their competency. We saw evidence of this in each of the personnel files we reviewed.

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

- People and relatives were happy with the meals their care workers provided for them.
- Relatives told us care workers topped up water and made drinks for people. One relative told us, "The carers will do [person's] breakfast, at lunch they will warm up the food we've prepared. They make sure there's something left on the table for snacks during the night... [Relative] needs soft food, so they always make chapattis fresh when they come, otherwise they get too hard to eat."
- One person told us, "I'm happy with the food. It has changed since [care worker] has been with me to softer food. [Care worker] asked me how I like it and if I'd like it this way. [Care worker] makes sure I always have a drink, leaves me with fluid and a coffee, and even feeds the dog."
- Care records included the support people needed to eat and drink, along with any specific likes or dislikes.

Staff working with other agencies to provide consistent, effective, timely care

Supporting people to live healthier lives, access healthcare services and support

- Relatives told us staff would inform them if they felt their relative was unwell. One relative said, "If they have any concerns, they will let me know. Another relative said, "They are able to identify when [relative] has a

urine infection and make us aware and then we inform the doctor."

- Care records included contact details for other healthcare professionals involved in people's care. For example, GP, district nurse and pharmacist.
- One of the care workers we spoke with told us they would report any concerns about a person's health or well-being to the registered manager and the person's relative.

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. We checked whether the service was working within the principles of the MCA.
- The registered manager and staff were clear in their understanding of people's right to make their own decisions. The registered manager told us, "Each person has right to make own decision, even if you don't agree with the decision... Everyone has the right to live their own life." A care worker told us, "Everybody has a right to speak, I have to ask them, they can choose. It is to protect and empower the person."
- Where people had capacity, we saw evidence they had signed their consent to receive care and support from the service.
- We reviewed the care records for one person who lacked capacity regarding some of aspects of their care and support. The care records noted the person's relative had consented to their relative receiving the care package 'in their best interests'. But there was no evidence an assessment of the persons capacity had not been completed. Although from our discussion with the registered manager we were satisfied the service was acting in the person's best interest and this was a records shortfall.

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

Good: 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

- Everyone we spoke with told us staff were caring and kind. Relatives told us, "The carers are brilliant. Just speaking to [person] in [person's] own language. You don't get that with a lot of care companies", "They are kind to [person]. My [relative] treats them like one of the family. They are very polite, and they call [relative] auntie, so it makes it more personal. It's just more respected and welcomed in our culture" and "My [relative] is very happy to see them."
- A care worker told us, "I treat everyone equally, no-one should be discriminated against."
- Both the office based staff and the care workers we spoke with spoke about the people they supported with respect. Care workers were knowledgeable about people's needs, likes and preferences.
- Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and people's rights were respected

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

- Staff encouraged and enabled people to make choices about their daily care and support. A care worker told us, "[Person] has hearing aids, we put them in first. Then [person] chooses, we ask and we show [person] and then [person] chooses."
- Relatives told us they felt involved in planning the care and support needs for their relative. A relative said, "I don't know if they've discussed it with [person]. They have spoken to [person] on occasion. It's mainly discussed with me. The care plan is updated every six months, I think." Another relative told us, "They do care plan reviews with us, they include [relative] in that and speak to [relative] in [relative's] own language."
- However, one person who used the service told us they only had an annual review. They told us they had asked their care worker to ask the registered manager to review their care needs.

Respecting and promoting people's privacy, dignity and independence

- A relative told us, "They do respect [person's] dignity when they help with a bath and stuff. They will leave [person] in the bath briefly so they can wash themselves, and the carer waits outside until [person's] done." Another relative told us care workers stepped out of the room so their relative could use the commode in private.
- Staff gave us examples of how they respected people's privacy and maintained their dignity. One care worker said, "I close the door, I close the curtains. We don't let the family come in if [person] is undressed."
- Staff told us how they encouraged people to complete tasks independently or with staff support. One care worker told us how they supported a person so they could brush their own teeth.
- Computers and hand-held devices were password protected to reduce the risk if unauthorised people accessing confidential information.

Is the service responsive?

Our findings

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- A relative told us, "They came and sat down with us at the beginning, told us about the service and what they will and won't do. One of the main partners, came over with us, they spoke English with us and Punjabi with [relative], so everyone understood what was going on... The reason we went with this agency is that they do speak [relative's] language, which is what [relative] needs."
- The service identified people's information and communication needs by assessing them. People's communication needs were identified and recorded in their care records. These needs were shared appropriately with others.
- Care records were generated and recorded electronically. One of the care records we reviewed was person centred and detailed. For example, the hygiene section recorded, "I would like one carer to wash me while the other carer will dry me up. I prefer to have my upper body washed and dried and then have my legs and feet washed. For my face and upper body, I would like carers to use my one flannel and for my lower body to use other flannel, both flannels would be found in my shower room." However, the same section for another person simply noted, "Client wants support to shower to improve hygiene." We brought this to the attention of the care manager at the time of the inspection. They assured us they would ensure all records were sufficiently detailed and person centred.

Improving care quality in response to complaints or concerns

- People were aware of to raise a concern and felt issues raised were addressed by the registered manager.
- Relatives comments included; "If there's any problems they are rectified straight away", "I think I would ring the manager... It might take them a couple of days to sort stuff out, but they get there" and "I've got the manager's mobile number. I don't think twice before ringing them."
- The registered manager told us they had not received any formal complaints and any minor issues were promptly addressed.

End of life care and support

- At the time of the inspection the service was not supporting anyone who was approaching the end of their life.
- The registered provider was aware of how to access additional support and guidance to enable them to provide safe and effective care in the event a person required end of life care.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives were positive about the management of the service. They told us, "I find they are best from other companies. I've been in care ten years, and I'm happy with them", "I'm just happy with it. It's always easy to communicate with them, and they are very caring" and "At the moment I think they are brilliant. The carers are good, they come on time. Everything goes fine with this company."
- However, one person told us, "I'm not sure the support is there [for staff]. Are they able to go back and ask questions? I get the impression that the door's not open and welcoming. Another person also told us, "Some of the carers could need more training."
- Three of the care workers we spoke with thought the service was well managed. However, one care worker told us they did not feel supported. They said issues raised by staff were not always resolved. They also felt personal matters relating to staff were sometimes inappropriately shared by the management team with people who used the service and their families.
- Not all care workers had been given a rest from work. One person was prescribed their medicines three times each day. We saw the same care worker had signed each record, every day from January 1st to March 31st 2019. This meant they had worked for ninety consecutive days without a break. We brought this to the attention of the registered manager at the time of the inspection. They assured us they would take action to prevent this occurring again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager told us they regularly monitored the quality of the service people received. This was done through monitoring electronic call records, monitoring of staffs' performance, feedback from people who used the service and auditing of records.
- Each of the medicine administration records we reviewed included a date and signature to indicate they had been audited. However, the audits had not identified the lack of information regarding the application of creams and had not identified a care worker had worked for three months without a day off.
- We did not see any evidence people's care records had been audited although they were reviewed and updated at frequent intervals.

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

- People and their relatives told us they had regular contact with the registered manager and the care manager and were asked for feedback regularly. Relatives told us, "Yes, we get questionnaires on a three to

six monthly basis... Just a general set of 10 to 12 questions, like do they come on time, are they doing what needs to happen, are they wearing their uniform", "I have done a questionnaire a few times" and "They did send [questionnaire's] by post every year. We did fill in and send them back."

- We reviewed six feedback questionnaires dated 2018. All scored the service highly, comments were positive. One person had commented that the electronic records made it difficult for other health care professional to access records completed by the care workers. The care manager told us as a result of this feedback, they used both paper and electronic records for this person. Although we were satisfied with the response from the care manager, there was no record on the feedback survey of the action taken to address the issue.
- We saw evidence in each of the care records we reviewed of regular contact between the management team, people and their families.
- Staff meetings were held regularly. We saw details of the agenda and care workers had signed to confirm their attendance. We saw a range of topics were discussed although the information we were provided with at the time of the inspection did not include evidence of two way dialogue between the management team and the care workers. Following the inspection, the registered manager emailed us care worker feedback from a meeting held on 18 August 2018. They also confirmed that future staff meeting minutes would include details of discussion between themselves and their care workers.

Continuous learning and improving care

- The registered manager and care manager demonstrated a positive approach to learning and a desire to continually improve the service people received.
- At the time of the inspection we gave feedback to the registered manager and care manager about further improvements to the quality of people's care records, managing care workers hours and improving staff meetings. However, we found the overall standard of care people received was good.

Working in partnership with others

- The service worked in partnership with families of people who used the service and other relevant health care professionals to ensure people received appropriate and joined up care.