

Generations Care Ltd

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Inspection report

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20 June 2022

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Generations Care Ltd is a domiciliary care agency which provides personal care to people in their own homes. The service provides support to older people and younger adults with a range of needs. This includes people with physical disabilities. At the time of our inspection the service was providing the regulated activity personal care to 104 people. CQC only inspects the service being received by people provided with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People did not always feel their preferences were met, in relation to call times and the gender of staff, supporting them. People knew how to make a complaint. However, people did not always feel confident their complaint would be resolved.

Quality assurance checks were not effective and robust enough to provide effective oversight of the service. As, they had failed to identify the issues we found. The provider acknowledged that improvements were needed in their governance systems and told us that they would take action to address this.

Risks associated with people's care were not consistently assessed and well managed. Medicines were not always managed safely. People felt safe with the staff who supported them. Staff were recruited safely and felt supported by the management team.

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

The last rating for this service was requires improvement (published 13 March 2020).

Why we inspected

We received concerns in relation to the safety of people using the service. As a result, we undertook a focused inspection to review the key questions safe, responsive and well led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement.

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

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

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

Enforcement

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

We identified breaches in relation to people's safety and the governance of the service.

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

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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 responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Generations Care Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2014.

Inspection team

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

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there were two registered managers in post.

Notice of inspection

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

Inspection activity started on the 15 June 2022 and ended on the 30 June 2022. We visited the office location on the 15 June 2022 and 20 June 2022.

What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority and clinical commissioning group (CCG) 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 eight people who used the service and 13 relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

Is the service safe?

Our findings

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

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

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

- Some care plans and risk assessments lacked detailed guidance to inform staff how to support people safely. For example, one person's records stated the wrong name of their medical condition and did not include the symptoms staff needed to respond to in a medical emergency. We highlighted this to the registered managers who told us they would take action to address this.
- Repositioning charts for some people indicated they were not receiving consistent support with repositioning in line with their care plans, this placed people at risk of skin damage.
- Medicines were not always managed safely. For example, one person did not receive their prescribed, Morphine Sulphate for two consecutive days. This meant the person did not receive appropriate pain relief, which left them at risk of experiencing unnecessary pain and discomfort. Another, person's medication risk assessment failed to include their allergy to penicillin, placing them at risk of potential harm. These errors had not been identified by the provider.
- The provider had not completed risk assessments for people or staff that were more susceptible to the risk of infection during COVID-19, as per Government guidance and the provider's policies. This placed people at risk of harm.

Systems and processes were not sufficient to demonstrate risk was identified, assessed and mitigated. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other environmental risks were managed safely. For example, risk assessments had been completed to identify any potential hazards within people's homes.
- The provider had a contingency plan to minimise any risks to the service running safely in the event of, for example adverse weather.

Staffing and recruitment

- The provider did not have a robust system in place to monitor the time staff arrived and left people's homes, or to ensure people had received their planned care and that calls were not missed. The registered managers told us that an electronic call monitoring system will be in place by the end of July 2022.
- There were enough staff available to cover the calls, on the rota. However, people provided mixed feedback regarding their call times. One person said, "Staff don't turn up on time, they are all over the place." Another person said, "Staff turn up on time, I can't fault them."
- People's dependency levels, used to prioritise care calls were not in place, at the time of our visit. We

highlighted this to the nominated individual, who took action to rectify this.

- Staff were recruited safely. The provider completed pre-employment checks to ensure they were suitable.

Learning lessons when things go wrong

- Lessons had not always been learnt and opportunities to make improvements had been missed. Whilst the management team undertook audits of care records, they failed to put into place actions to mitigate the risk of for example, people not receiving their prescribed medication.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person told us, "The staff are very good, I do feel safe." One relative told us, "The care is good, I can relax now."
- Staff had received safeguarding training and understood their responsibilities to report any concerns to the managers. Staff were confident that their concerns would be followed up.
- The registered managers understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- People knew how to raise a complaint. However, we received mixed views from people about how their complaint was handled. One person said, "They deal with things immediately when asked." Another person said, "Oh, they just say sorry, it doesn't change anything."
- Records viewed during our visit demonstrated complaints were not always managed, in line with the provider's policy. As, not all complainants received a written response, this was confirmed by the nominated individual. Also, the records did not clearly document the action taken or lessons learnt.

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

- People told us they were involved in the planning of their care. However, not everyone was happy with the care they received. Some people told us, they did not receive care at the time, they wished or by a staff member, of their preferred gender. We raised this with the registered managers, who explained they endeavoured to meet people's preferences. When this was not possible, they spoke to the person to agree a suitable alternative with them. The registered managers also informed the Commissioners, when, they could not accommodate people's preferences.
- We received mixed feedback from people about their care. One person told us, "The staff are brilliant, they are very good." Another person said, "Calls are rushed, and they forget to do things for me."

End of life care and support

- One person did not have a personalised end of life care plan in place, or guidance for staff to follow, as their health deteriorated. The registered managers told us; this had been declined by their power of attorney, as the person did not have the capacity to make this decision. A power of attorney is someone with the legal authority to act in the person's best interests, regarding their health care needs. This decision was not recorded in the care records.
- The service worked closely with the GP and district nurses, to help care for those people who were in the end stage of their lives.

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.

- Care records contained information which helped staff understand people's communication needs for

example, if they wore hearing aids.

- Information about the service was available in a variety of formats including pictorial. The registered manager told us, they ensure information was available in the appropriate format for each person, once the referral had been received.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- The provider's governance systems and processes were not effective, to ensure people received safe, good quality care and support. Audits were not always effective and failed to identify the issues we found. For example; medication audits completed in April 2022 had failed to identify the unsafe management of medicines we found. Also, the communication audits completed in April 2022 had failed to identify that some records held unprofessional entries in the notes. This placed people at risk of potential harm and opportunities to drive forward improvements had been missed.
- Some people's records in relation to their care and support needs lacked important information, for example, a person's allergy to Penicillin was not documented on their medication risk assessment. Another person's records did not record an important health condition. While other records contained conflicting information. This placed people's health at risk.
- The provider could not always evidence, actions taken in response to complaints, accidents and incidents to mitigate future risks. Or, if lessons had been learnt.
- The provider had not ensured national guidance was consistently followed to prevent and control the spread of infection. This placed people at risk of harm.

Systems were not established or operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider acknowledged that improvements were needed in their governance systems and told us they would take action to address this.
- Staff spoke positively about the registered managers and felt supported through individual and team meetings.

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

- People and relatives were encouraged to share their views and provide feedback about the service, through surveys. However, some people told us, they didn't feel listened to, as nothing changed in relation

to their call times , consistency of staff and tasks not completed by staff Other people, described the management team as 'responsive and proactive.'

- The provider did not always keep accurate and contemporaneous records of how they responded to complaints. When we asked the registered managers to demonstrate how they responded to the people, who were not satisfied with how their complaint had been managed, they were unable to provide us with the evidence. We were not assured the provider was responding to all complaints in an open and transparent manner or complying with the duty of candour. The registered managers told us, they would take action to ensure their record keeping improved, following our feedback.
- Most people told us; they were happy with the care provided. One person said, "It meets my needs, they [Staff] are flexible and change things, as I need them to. I'm happy."
- Staff felt engaged with, giving positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "I really enjoy the job, the managers are very supportive."
- The providers' policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equalities Act 2010.

Working in partnership with others

- Records showed staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Regulation 12, (1) (2) (a) (b) (c) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Safe care and treatment</p> <p>The provider did not ensure that risks relating to people and accurate recording of their needs, medicines management and infection prevention and control were completed and updated to keep people safe.</p>

The enforcement action we took:

Issued a warning notice.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 - Good governance</p> <p>The provider did not ensure that systems in place to give oversight of the service were effective in identifying errors or making quality improvements.</p>

The enforcement action we took:

Issued a warning notice.