Genesis International Solutions Ltd

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Inspection report

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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

This inspection was announced and took place on 16 January 2018. We gave the provider 48 hours' notice because we wanted to be sure someone would be available to speak with us. This was a comprehensive inspection. This was the first inspection for this service.

Genesis International Solutions provides domiciliary care services for four people. There was a registered manager in post. 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.

Relatives told us people were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and provide a flexible service. Staff knew the people they supported and provided a personalised service. Care plans were in place detailing how people wished to be supported and families were involved in making decisions about their care.

Staff received regular training in topics the provider considered mandatory and were knowledgeable about their roles and responsibilities.

There were suitable recruitment procedures and required employment checks were undertaken before staff began to work for the service. Staffing levels and skill mix were planned, implemented and reviewed to keep people safe at all times. Any staff shortages were responded to quickly and appropriately.

The staff understood their role in relation to the Mental Capacity Act 2005 (MCA). People told us staff gave them choices and respected their decisions.

People were prompted by staff to take their medicines safely. The manager completed regular checks to ensure medicines were safe. People managed their own meals, however staff had information in care plans about peoples eating and drinking requirements, to ensure people's nutrition and hydration needs were met.

Assessments were undertaken to assess any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks due to the health and support needs of the person. The risk assessments we read included information about action to be taken to minimise the chance of harm occurring.

Staff told us the provider and manager were accessible and approachable. Staff felt able to speak with them and provided feedback on the service during staff briefings.

The registered manager and the provider undertook regular audits and spot checks to review the quality of

the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were aware of the processes in place to help make sure people were protected from the risk of abuse and were aware of safeguarding adult's procedures.

Assessments were undertaken of risks to people who used the service and staff. Plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected from the risks associated with poor staff recruitment because a full recruitment procedure was followed for new staff. There were enough staff to meet people's needs.

Staff prompted people to take their medicines as they had been prescribed.

Is the service effective?

Good

The service was effective.

People were supported by staff who had skills and knowledge to meet people's needs. Staff received regular training to ensure they had up to date information to undertake their roles and responsibilities.

People's rights were respected, and the service was following the best interest's framework of the MCA. People's choices were supported.

People's changing needs were responded to promptly and healthcare professionals involved if necessary.

Is the service caring?

Good

The service was caring.

People told us their needs were met by staff who addressed and related to them in a friendly and positive manner. Staff respected people's individuality and spoke to them with respect.

People told us staff were respectful of their privacy.

The service had links to local advocacy services to support people if required.

Is the service responsive?

Good

The service was responsive.

Staff had guidance from care plans which identified people's care and support needs. Staff were knowledgeable about people's interests and preferences in order to provide a personalised service.

People could be confident concerns and complaints would be investigated and responded to.

Is the service well-led?

Good

The service was well-led.

Staff were supported by their manager and the provider. There was open communication within the staff team and staff felt comfortable discussing any concerns with their manager.

Regular audits were completed to check the quality of the service.

People were consulted about their views on how the service could be improved during care reviews.

Genesis International Solutions

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 16 January 2018 and was announced. We gave the provider 48 hours' notice. This was because the service was a small domiciliary care service and we wanted to be sure someone would be available to talk with us. It was carried out by an 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 this type of care service. The Expert by Experience made phone calls to people and staff after the inspection.

Before the inspection, we looked at information we held about the provider. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also looked at three people's care and support records.

During the inspection, we spoke with three people and three relatives. We also spoke with four members of staff; this included the nominated individual and care staff. We looked at records relating to the management of the service such as the staffing rota, policies, incident and accident records, recruitment and training records, meeting minutes and audit reports.

Good

Is the service safe?

Our findings

People told us they felt safe. People said, "Yes definitely they are fine" and, "Yes, I do [feel safe]." One relative said, "I believe [my relative[is safe; they'd tell me if they didn't feel safe." One person told us, "I have had a number of different agencies and this is the most settled I've been." People benefited from staff who understood and were confident about using the whistleblowing procedure.

Staff told us, and records confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. Staff said, "I would report it to the appropriate office", "I have to protect people from abuse and make sure no one abuses them" and, "I would put the clients safety first and call social services or the CQC." All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe. There had not been any safeguarding concerns. Staff had not missed any calls to people, however the provider said they would report this as a safeguarding incident if a call was missed. People confirmed this and said, "They call me if they are going to be late" and, "They're very good and will call me if they're running late."

Risk assessments in place helped to ensure that people were cared for safely. The assessments we looked at were clear. For example, people had risk assessments in place for their mobility and health needs. If people had been assessed while they were in hospital, a second assessment was carried out when they returned home. Risk assessments were also in place for individual risks such as mobility or health needs. They provided details of how to reduce risks for people by following guidelines or the person's care plan. Both the care plans and risk assessments we looked at had been reviewed regularly.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns about people's changing needs. The provider had a policy and procedure for recording and monitoring accidents and incidents. There had not been any accidents or incidents recorded. The provider said, "We're always reviewing risk assessments for validity, and make changes as soon as we notice anything."

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. People told us they were supported by the same staff; this meant they felt staff knew them well. People said they felt staff respected their property. People said, "It's mostly the same carer" and, "They never just walk in; they ring the buzzer and wait till I get there."

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with adults. The provider said, "Staff all work well together; this is because we're very careful about recruitment to ensure we get staff with the qualities we need." Staff files included application forms, records of interview and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records confirmed that staff members were entitled to work in the UK.

Peoples' medicines were managed and administered safely. People ordered their own prescriptions and used prescription collection or delivery services. Most people were either able to take their medicines independently, or their relatives helped them. One person told us, "Staff help me with the blister pack, they are absolutely brilliant. They have even chased meds for me when they hadn't been delivered, really excellent." Medicine administration records (MAR) were current and recorded where staff had prompted people to take their medicines.

The provider monitored outbreaks of infections and any actions taken. Staff spoken with confirmed they had completed infection control training, records confirmed this. Staff also received regular updates regarding any current infection risks. Audits showed staff were using the personal protective equipment provided. Where people had infections, appropriate precautions were being taken to prevent the spread of infection. This meant staff were aware of any risks and followed correct guidelines to prevent cross infection.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. People told us, "Staff seem knowledgeable" and, "I have complex needs but we talk about these." One relative told us, "They wash and change [name] and use a hoist, no issues." Staff told us they had the training they needed when they started work, and were supported to refresh their training. We viewed the training records for staff which confirmed staff received training on a range of subjects, including manual handling, lone working and personal safety and record keeping. The registered manager, who was a registered mental health nurse, had identified a need for staff to complete training in looking after people with dementia. At the time of the inspection, this was being booked. Where people had complex needs such as Parkinson's disease, staff had specific training for these.

People were supported by staff who had undergone a thorough induction programme which gave them the basic skills to care for people safely. Staff told us their induction had been thorough. All staff had either completed, or were working towards the Care Certificate. The Care Certificate is a nationally recognised standard which gives staff the basic skills they need to provide support for people.

People were supported by staff who had supervisions (one to one meetings) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The provider said, "Supervision is important for learning." Staff told us they felt supported by the registered manager, and other staff. Comments included: "I'm really very happy; they are always here for us" and, "Managers support the staff very well." The service opened a year ago, so appraisals were in the process of being arranged. Annual appraisals give both managers and staff the opportunity to reflect on what has gone well during the year and areas for improvement or further training required.

Everyone was able to make most decisions about what care or treatment they received. People told us staff sought consent before any intervention. Everyone we spoke with confirmed they were involved in decisions about their care. People's consent to treatment and support was recorded in their care plans.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. Staff said, "I ask [name] if they are ready before I help them." 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.

Families where possible, were involved in person centred planning and "best interest" meetings. A "best interest" meeting is a multidisciplinary meeting where a decision about care and treatment is taken for an individual, who has been assessed as lacking capacity to make the decision for themselves. The registered

manager ensured where someone lacked capacity to make a specific decision, a best interest assessment was carried out. The provider explained, "We had a best interest meeting with a district nurse and other professionals for one person."

People were able to eat independently and made their own arrangements for meals. Everyone we spoke with told us they managed their meals themselves or with minimal staff support. No-one needed their weight to be monitored, or food charts to be completed. Care plans contained assessments and guidance for staff about people's eating and drinking requirements, should staff need to support anyone. Staff told us they always made sure people had a drink left with them.

People's changing needs were monitored to make sure their health needs were responded to promptly. Staff prompted people to see health care professionals according to their individual needs, such as district nurses and GP's. People said, "They've called a GP for me when I've been unwell" and, "If they notice something they advise me to call the GP." People made their own arrangements if they needed to see a chiropodist. One member of staff said, "Once a client hurt their hand trying to get out of bed so I called the district nurse to check that they didn't have an infection and it was dealt with quickly."

Good

Is the service caring?

Our findings

People told us they were being cared for by staff who were knowledgeable and who understood their needs. People said, "Yes very kind, they take their time and tell what they are going to do next" and, "I sometimes get different carers when they are on holiday and they are all kind." One person said, "They are quite gentle with me and ask if I am comfortable because I have a skin condition." One relative said, "Staff are quite nice."

Staff knew people's individual communication skills, abilities and preferences, although there was minimal information in care plans about people's likes and dislikes. The provider explained they had asked people and their families for information about people's likes, dislikes and their life histories and were waiting for this information to be provided.

People were able to say how they felt about the caring approach of the service. The provider showed us staff rotas, which showed people were given an additional 15 minutes when staff visited them; this was to ensure staff were not rushed and gave people time to talk. People were told if staff were running more than 15 minutes late for a call. The provider told us they were able to respond quickly when people requested any changes to the service they received, such as cancelling a call if they had a doctor's appointment.

Everyone said that staff respected their needs and wishes and they felt that their privacy and dignity were respected. They told us staff closed doors and curtains before carrying out personal care. People said, "When they bed wash me they close the curtains, keep me covered so I am warm" and, "Yes, no problems there." Staff we spoke with were able to give examples of how they promoted and ensured dignity and respect for all people. One member of staff said, "I do give them their privacy when they want their space during personal care I knock on the door, close windows and curtains and ask if they are ok."

People said that they would feel confident to speak to a member of staff if they were worried about anything and one person told us, "If they don't understand something they ask me again or ask me to show them." One relative said, "There's no discrimination."

The service had links to local advocacy services to support people if they required. Advocates are people who are independent of the service and who support people to make decisions and communicate their wishes.

People and their relatives were given support when making decisions about their preferences for end of life care. Where necessary, people and staff were supported by palliative care specialists. The home had links to a local hospice and district nurses visited daily if necessary. Services and equipment were provided as and when needed.

Good

Is the service responsive?

Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People told us, "It's a great service" and, "They're very good." People were supported by the same staff consistently, because the service was small and staff had not changed very much since the service started. Everyone we spoke with said staff knew them well. People's needs were assessed before they began to use the service and reviewed regularly thereafter. People told us they were involved in care planning and one person said, "Myself and my husband were both involved."

Care plans provided information about the person's care and support needs, such as their communication needs, mobility, continence and sleep routines. Plans had also been completed for dietary needs, skin integrity, moving and handling and other needs specific to each individual. The outcome or goal was also identified, together with the care the person required. For example, where people needed creams to be applied to protect their skin, this information was available. Staff we spoke with knew people's needs well. Staff we spoke with also knew about people's life histories, personal interests and preferences although there was very little information available in the care records.

The care records seen had been reviewed on a regular basis as people's needs changed. This ensured the care planned remained appropriate to meet people's needs.. Other professionals had been involved in a timely way, when required, to ensure the health and well-being of people. Formal reviews with funding authorities had also been arranged.

People who used the service and their families had been made aware of the complaints procedures. No-one spoken with had made a formal complaint; however, all said they would know how to raise a concern if there was a need. People said, "I've never had to make a complaint" and, "I'd phone [registered manager]." One person told us they had raised a concern and this had been satisfactorily resolved. Complaints were analysed to identify patterns and trends.

People and their families had been asked about their wishes for the end of their lives. Although no-one was reaching the end of their lives, a policy was in place and staff had received end of life and palliative care training.

Staff were provided with mobile phones which they used to log in and log out when they visited people's homes. Staff were able to see the care notes on their phones, and were given details of what they needed to do. This meant if there were any sudden changes to the support a person required, staff were informed and the care provided could be updated quickly.

Good

Is the service well-led?

Our findings

Everyone told us they knew who the owner and manager were and said they found them easy to talk with. People told us they would be able to tell them if they had any concerns. People said, "I think the service is well managed" and, "I definitely think it's well managed, the staff are fantastic, even the office staff, they're all really good."

People's experience of care was monitored through reviews of their care plans. Feedback from people during their reviews showed they felt they always had good quality care and support. Other comments showed that people trusted the staff who supported them, they felt staff respected their privacy and dignity and staff were kind. Feedback also showed people felt their care was mostly provided the way they wished and staff helped them to do things for themselves. However, people and those important to them were going to be given the other opportunities to feedback their views about the service and quality of the service they received. The service opened a year ago, the provider had therefore arranged for surveys to be sent to people using the service, staff and healthcare providers.

Staff were encouraged to contribute to improve the service. The provider told us, "We have a 'no-blame' culture; we encourage staff to share any difficulties and challenges so we can learn from them." Staff briefings were held regularly and staff had been able to discuss topics such as the values of the service, challenges, records and people's needs. Staff confirmed meetings were held regularly and said, "We have weekly discussions on the phone and monthly meetings face to face" and, "Their [registered manager and provider] support is very nice. We have a meeting once a month."

The provider had a clear vision for the service which was to provide personalised care to meet people's needs. The provider was passionate about giving people person-centred care and said, "We want to give the best of care, to put a smile on people's faces and involve them in their care." Staff were aware of the values of the service and told us, "They [registered manager and provider] are flexible and have empathy so we can carry on with the job. It's fantastic. I am very happy to be working here and they are doing very well" and "I've never had any care like this before for staff and clients." The vision and values were communicated to staff through staff briefings and formal one to one supervisions. Supervisions were an opportunity for staff to spend time with a more senior member of staff to discuss their work and highlight any training or development needs. They were also a chance for any poor practice or concerns to be addressed in a confidential manner. The provider said, "We have an open door so staff can come to us any time, for anything."

There were effective quality assurance systems in place to monitor care and plan on-going improvements. The registered manager employed a company to manage quality assurance. A variety of monthly, quarterly, six-monthly and annual checks took place including medicines and safeguarding audits. The company also regularly provided updated policies and procedures. The registered manager worked alongside staff, which meant they were able to monitor the care provided on a daily basis. All staff we spoke with confirmed they received feedback about their performance.

The service worked in partnership with the local authority, the mental health team, district nurses and local GP practices. The registered manager was a registered mental health nurse and attended regular conferences and training sessions to keep their learning and development up to date.

According to the records we inspected, the service has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.