Care Quality Commission

Generations Care Ltd

Generations Care Ltd

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

Overall summary

This inspection took place on 3 September 2015. The inspection was announced. We gave the provider two days' notice of our inspection. This was to make sure we could meet with the manager of the service on the day of our inspection visit.

Generations Care is a small service registered to provide personal care and support to people living in their own homes. There were 18 people using the service at the time of our inspection.

A requirement of the provider's registration is that they have a registered manager. 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. At the time of our inspection there was a registered manager who was also the provider of the service. We refer to the registered manager as the manager in the body of this report.

Summary of findings

People and their relatives told us they felt safe with staff, and staff treated them well. The manager and staff understood how to protect people they supported from abuse, and knew what procedures to follow to report any concerns. There were enough staff at Generations Care to support people safely. The provider had recruitment procedures that made sure staff were of a suitable character to care for people in their own homes.

Medicines were administered safely, and people received their medicines as prescribed.

People were supported to attend appointments with health care professionals when they needed to, and received healthcare that supported them to maintain their wellbeing.

People and their relatives thought staff were kind and responsive to people's needs, and people's privacy and dignity was respected.

Management and staff understood the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and supported people in line with these principles. People who lacked capacity to make all of their own decisions did not always have a current mental capacity assessment in place. However, staff knew people well and could explain when people could make their own decisions, and when people needed support to do so.

Activities, interests and hobbies were arranged according to people's personal preferences, and according to their individual care packages. All of the people and their relatives, had arranged their own care packages, and had agreed with Generations Care how they wanted to be supported. People were able to make everyday decisions themselves, which helped them to maintain their independence.

Staff, people and their relatives felt the manager was approachable. Positive communication was encouraged and identified concerns were acted upon by the manager. Staff were supported by the manager through regular meetings. There was an out of hours' on call system in operation which ensured management support and advice was always available for staff. Staff felt their training and induction supported them to meet the needs of people they cared for.

People knew how to make a complaint if they needed to. The provider investigated and monitored complaints and informal concerns, and made changes to the service where required improvements were identified.

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relative's, and audits. Recent audits had not identified that care records required updating, and risk assessments were not always in place to protect people from risks to their health. Following our inspection the provider acted promptly to update records and procedures.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People felt safe with staff and there were enough staff to care for people safely. People received support from staff who understood risks relating to people's care and acted to minimise the risks to people's health and wellbeing. Staff knew how to safeguard people from harm. People were protected from the risk of abuse as the provider took action to protect people. Medicines were managed safely, and people received their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People were supported by staff who received training to help them undertake their work effectively. The rights of people who were unable to make important decisions about their health or wellbeing were protected. Staff respected people's choices, and decisions were made in people's best interests. People were supported to access healthcare services to maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

People were supported by staff who they considered kind and caring. Staff ensured people were treated with respect and dignity. People were able to make everyday choices, and were encouraged to maintain their independence. People had privacy when they wanted it.

Good

Is the service responsive?
The service was responsive.

People and their relatives were fully involved in decisions about their care and how they wanted to be supported. People were given support to pursue interests and hobbies according to their individual preferences. The provider analysed feedback and complaints, and acted to continuously improve the service.

Good

Is the service well-led?
The service was well-led.

Management supported staff to provide care which focused on the needs of the individual. Staff felt fully supported to do their work, and people who used the service felt able to speak to the manager at any time. There were procedures to monitor and improve the quality of the service. When improvements were required the provider acted promptly.

Good

Generations Care Ltd

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 was 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.

The inspection visit took place on 3 September 2015 and was announced. The provider was given two days' notice of our inspection which was carried out by one inspector. The notice period ensured we were able to meet with the manager during our inspection.

We reviewed information we held about the service, for example, notifications the provider sent to inform us of events which affected the service. We looked at information received from commissioners of the service. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with two people who used the service and four relatives of people who used the service.

We visited the service and looked at the records of four people and three staff records. We also reviewed records which demonstrated the provider monitored the quality of service people received.

We spoke with the manager, a care co-ordinator, and four members of care staff.

Good

Is the service safe?

Our findings

All the people and relatives we spoke with told us they felt safe with staff. One relative told us, "[Person] feels safe and comfortable with the carers. They give me a big 'thumbs up' when I ask them." Another relative said, "Yes, we have no problems with the staff."

The provider protected people against the risk of abuse and safeguarded people from harm. Staff attended safeguarding training regularly which included information on how they could raise issues with the provider. Staff told us the training assisted them in identifying different types of abuse and they would not hesitate to inform the manager if they had any concerns about anyone. They were confident the manager would act appropriately to protect people from harm. All the staff knew and understood their responsibilities to keep people safe.

People were protected from abuse because the provider recruited staff who were of good character to work with people in their own home. Staff told us recruitment practices were followed to ensure staff were of good character before they started work. One staff member said, "Yes, they checked everything before I started work with people, this included my references and a criminal records check." Information on staff files showed the provider also checked staff had the right to work in the UK. The manager said, "We seek advice from the government website if we are unsure about people's status to work in the UK. We always check if we are unsure, people also need to have a valid National Insurance number to work with us."

People and staff told us there were enough staff to meet people's care and support needs. We saw one person needed two members of staff to assist them to move around. Their relative told us, "There are always two care staff to assist my relative. We are very happy with them."

The manager told us, "One of the challenges is recruiting staff, and finding the right staff to support people. However, we only take on clients if we have the resources and staffing numbers to support their needs."

The manager carried out assessments, to identify where there were potential risks to people's health and wellbeing. Risk management plans informed staff how to manage and minimise the identified risks and were reviewed regularly. For example, one person was at risk of developing damage to their skin as they were cared for in bed. A risk assessment and management plan instructed staff to move the person regularly, and re-position them when they were supported with personal care. We saw staff completed re-positioning charts, and recorded when the person was moved, according to the risk assessment. Staff were also instructed to report any concerns with the person's skin. Staff we spoke with were aware of the risk, and could describe how they managed the risk.

However, we found some assessments and risk management plans had not been completed. For example, one person had epilepsy, and there was no risk assessment in place so staff knew what to do if the person had a seizure. There was however a procedure in place, which was briefed to all staff, which explained how emergencies and seizures should be managed. In another instance we saw one person had diabetes, and there was no risk assessment in place for how staff should manage, or identify concerns around this. The manager agreed this had been missed, and a risk assessment for the diabetes would be put in place. Staff told us they would seek advice from the manager if there were any issues they did not understand. The manager added, "In this instance the family members of the individual are always in the home with the person, they are there for support and advice to staff if needed."

The provider had contingency plans for managing risks to the delivery of the service. For example, emergencies such as fire or staff absences were planned for. The plans had been discussed with staff members, and staff knew what to do in an emergency. These minimised the risk of people's support being delivered inconsistently.

We spoke with staff who administered medicines to people in their own home. Staff told us they administered medicines to people as prescribed. Staff received training in the effective administration of medicines which included checks by the manager on their competency to give medicines safely. The manager confirmed all staff received training in administering medicines as part of their induction.

The care records gave staff information about what medicines people took, why they were needed, and any side effects they needed to be aware of. There were procedures to ensure people did not receive too much, or

Good

Is the service safe?

too little medicine when it was prescribed on an 'as required' basis. People we spoke with told us they received their prescribed medicines safely. One person said, "They make sure I'm not in pain."

Good

Is the service effective?

Our findings

People we spoke with told us staff had the skills they needed to support them effectively. One relative said, "Yes they have the right skills, we don't have any issues with that."

Staff told us they had received an induction and training that met people's needs when they started working there. The induction was designed by Skills for Care, and provided staff with a recognised 'Care Certificate' at the end of the induction period. Skills for Care are an organisation that sets standards for the training of care workers in the UK. Staff told us in addition to completing the induction programme; they were regularly assessed to check they had the right skills and demonstrated the right approach required to support people. One staff member said, "I'm confident, following my induction and training, that I have all the skills I need to support people."

The manager had implemented a programme of staff training to ensure staff kept their skills up to date. One member of staff described how they used their training to persuade and encourage people to accept their support when they displayed challenging behaviour or refused personal care due to their health condition. Staff said the manager encouraged them to keep their training up to date. The manager kept a record of staff training and when training was due, so that attendance was monitored. One member of staff told us, "I recently identified a need for training and this was organised for me." Staff told us the provider invested in their personal development, as they were supported to achieve nationally recognised qualifications.

Staff were supported using a system of meetings and yearly appraisals. Staff told us regular meetings with their manager provided an opportunity to discuss personal development and training requirements. Regular meetings also enabled the manager to monitor the performance of staff, and discuss performance issues. The management also undertook regular observations on staff performance to ensure high standards of care were met. The manager told us senior staff went to people's houses at different times of the day to ensure staff were delivering the care expected. This was confirmed by staff we spoke with.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and to report on what we find. Staff we spoke with understood the legal requirements of the Mental Capacity Act 2005 (MCA) and that decisions should be made in people's best interests when they are unable to make decisions themselves. Staff demonstrated they understood other principles of the MCA. For example, staff understood people were assumed to have capacity to make decisions unless it was established they did not. They asked people for their consent and respected people's decisions to refuse care where they had capacity to do so. One staff member explained how they would act in someone's best interests if they refused personal care, they said, "If someone refused care I would try and encourage them, but if they still refused I would document it, inform the family, and alert the manager."

People did not always have a mental capacity assessment completed where they lacked the capacity to make decisions for themselves. In one person's records we saw they did not have capacity to make some of their own decisions. A specific mental capacity assessment had not been undertaken about which decisions they could make for themselves, and which decisions needed to be made on their behalf. Immediately following our inspection the manager provided us with updated paperwork and confirmed that each person would have a mental capacity assessment where there were concerns around people's capacity. Staff told us they had the information they needed about the person's ability to make decisions through other information in their care plan, and their knowledge about the person.

The provider understood their responsibilities to ensure that people were not unlawfully deprived of their liberties. Where people's liberties are restricted the provider has a responsibility to assess whether a Deprivation of Liberties Safeguard (DoLS), agreed by the local authority, is put in place. Whilst no-one had a (DoLS) in place at the time of our inspection, we saw the provider knew the principles under which DoLS applications to the appropriate authorities should be made.

Staff had an opportunity to read care records at the start of each visit. Staff explained the records supported them to provide effective care for people because the information kept them up to date with any changes to people's health. People confirmed the staff kept records up to date in their home. One relative said, "The records are all kept up to date. They communicate well, and leave extra information for the family if they need to keep us updated about

Good

Is the service effective?

anything." The care records included information from the previous member of staff as a 'handover' which updated staff with any changes since they were last in the person's home. Staff also had regular meetings that all staff attended to review changes to people's care.

Staff and people told us they worked well with other health and social care professionals to support people. One relative told us, "They follow the directions from the nutritional specialists, and prepare thickened drinks for my relative as they should." Staff supported people to see health care professionals such as the GP, dentist, district nurses and nutritional specialists where this was part of their support plan. After health professionals were consulted regarding people's health and wellbeing, information from health professionals was shared with staff to keep them up to date. Care records instructed staff to seek advice from health professionals when people's health changed. This showed the provider worked in partnership with other professionals for the benefit of the people they supported.

People told us staff supported them with food and nutrition to maintain their health. For example, staff provided support to people with dementia, diabetes, or people who were on a 'soft diet' by supporting them to prepare food that met their health needs.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them with kindness, and staff had a caring attitude. One person said, “They are lovely with me, they do anything I ask them to do, they are always polite and cheerful.” Another person told us, “They look after me well.” One relative told us, “The care staff are really lovely, they’re fantastic.”

People told us they were cared for by a team of regular care staff, who knew them well and had a caring attitude. One person said, “They are regular care staff. They take care of me.”

Staff told us Generations Care was a nice place to work. One staff member said, “I really like my role and building relationships with people.” Another member of staff said, “Yes I really enjoy my role. It’s a nice place to work, Generations Care are very good to work for.”

People told us staff supported them to maintain their independence. For example, one person had limited mobility. We saw staff helped them to keep their independence by using a range of mobility aids rather than being transferred by staff. Staff were briefed to give the person extra time to move on their own, rather than rushing the person. The person was encouraged to do as much for themselves as possible, to maintain their independence.

People were able to access information in a number of formats, including documents in ‘easy read’ formats in pictures and large text sizes. For example, the service user guide and the complaints policy. This helped people to maintain their independence as information was accessible to everyone who used the service.

People told us staff treated them with respect, privacy and dignity. People said care staff asked them how they wanted to be supported, and respected their decisions. A staff member told us, “I ensure people’s privacy by knocking when I enter people’s homes, I always introduce myself, and ask family members to leave the room when I deliver personal care to people.” Another member of staff told us, “When I’m going to deliver personal care I always make sure we are alone, and the doors are closed to give privacy.”

Good

Is the service responsive?

Our findings

People told us they and their relatives were involved in planning and agreeing their own care. One relative said, “They involve me but also [Name] to make sure the support meets their needs.” Another relative told us, “They involve family members as well as [Name] in care planning and deciding what support is required.”

People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, we saw people had given their preferences as to whether they wanted to receive care from male or female care workers, and staffing was organised accordingly. In another person’s care records we saw they preferred to shower rather than have a bath, and they received this support according to their preference.

One person’s care record in the office was not up to date as the number of daily calls had been changed as their health improved. This was not reflected in the care records kept at the office. However, staff and the manager confirmed that an up to date care plan was in the person’s home. The office record had not been updated to reflect the changes. The manager immediately updated the records at the office.

Care records reflected people’s preferences. People and their relatives told us, the manager regularly checked with them that the care provided was what they wanted, and this was changed if required. Staff we spoke with had a good understanding of people’s needs and choices and were meeting their preferences. One staff member told us, “We always use people’s preferred name, as people request.” Another staff member told us, “We know about people’s care and support needs because we are fully briefed about the person before we support them. The care records on site are also kept up to date.”

People felt staff were able to respond to their requests. One person told us, “They do anything I ask.” A relative of one person told us, “We recently needed a time of one visit changing, and they have been able to do this for us.”

People told us they were supported to take part in activities and interests that met their personal preferences when this was part of their support plan. For example, some people had agreed to have a member of staff sit with them to hold conversations and take part in activities in their own home as part of their care package. One person liked to play chess, and staff described how they played games with the person or sat and chatted to them.

The provider had a written complaints policy, which was contained in the service user guide which each person had in their home. People who used the service and their relatives told us they knew how to make a complaint if they needed to. One person said, “I have no complaints.” The manager kept a log of complaints that had been received. We saw that where complaints had been logged, appropriate investigations had been conducted into people’s concerns. The provider analysed complaint information for trends and patterns, and made improvements to the service following complaints. For example, following a recent complaint the provider had reviewed one person’s care plans to make sure they had the appropriate amount of time allocated to each call to meet their needs.

Good

Is the service well-led?

Our findings

People, their relatives and staff told us they could speak to a manager when they needed to because the manager and members of the management team were approachable. One of the senior managers worked alongside care staff to provide support to people, and regularly visited people who used the service. One relative told us "Yes the manager is approachable, and the communication is really good." They added, "I would definitely recommend them." A commissioner of the service said, "I find them to be responsive, and the services provided by them to be good quality."

There was a clear management structure to support staff. The manager was part of a management team which included a care co-ordinator and a second senior manager. Staff told us they received regular support and advice from their manager via the telephone and face to face meetings. Staff were able to access support and information from a manager at all times as the service operated an out of office hours' advice and support telephone line, which supported them in delivering consistent care to people. A member of staff told us, "It's a good place to work, the manager is supportive, and takes actions when we raise any issues."

Staff told us the manager supported them by giving them the time they needed to complete their work. For example, we saw staff were allocated to each call for the appropriate amount of time, and time was allowed for staff to travel from one call to the next. The manager told us, "Staff are given the use of company cars so that they don't have any trouble with transportation and can arrive on time." People told us staff were usually on time, were given the time they needed to support people. One relative said, "They are on time, and look after [Name] well."

Staff had regular monthly scheduled meetings with the manager and other team members to discuss how things could be improved. Staff meetings covered discussions on a range of topics, for example, staff rotas, visit times, and people's care and support needs. The meetings were recorded and where improvements or changes had been suggested, these improvements had been written into an action plan which was followed up by the manager at subsequent meetings. One member of staff told us, "We have regular meetings. Staff are asked for their opinion about things, and our feedback is listened to." This showed the provider responded to feedback from staff.

People, their relatives, and staff were asked to give feedback about the quality of the service through frequent quality assurance surveys. People confirmed they were also asked whether things were meeting their expectations through regular contact with the manager. One person said, "They came about two weeks ago to check on me, and check I was getting good quality care. They look after me well." Some of the comments we reviewed were, "Very good." "I'm happy with the care." "The quality is excellent." "My privacy is respected." Feedback was analysed for any trends or patterns in the information received, so the manager could continuously improve the service. We saw the provider acted on the feedback they received. On one person's feedback they stated they would like to be called if staff were going to be late for any reason. We saw following this feedback that staff had been briefed to call the office, even if they were only a few minutes late, so that people could be informed.

The provider had sent notifications to us about important events and incidents that occurred. The provider also shared information with local authorities and other regulators when required, and kept us informed of the progress and the outcomes of any investigations. Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the manager completed an investigation to learn from incidents. The investigations showed the manager made improvements, to minimise the chance of them happening again.

The provider completed checks to ensure staff provided a good quality service. The provider made unannounced visits to people's homes to check quality. The provider also completed audits in areas such as medicines management, and care records. We found that audits needed to be improved. Audits into care records were not documented to show an analysis of issues found on the audited records. We also found that audits had not picked up that some risk assessments were not in place, and that records were not fully up to date in the office. Following our inspection the provider acted promptly to update records and risk assessments and enhance auditing procedures.

Good

Is the service well-led?

Where issues had been identified in audits action plans were put in place to make improvements. Action plans were monitored by the provider to ensure actions had been completed and the service continually improved.