

## Geneva Health International Limited

# Geneva Health International Limited - London

### Inspection report

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Date of inspection visit: 8 July 2015  
Date of publication: 23/09/2015

### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



### Overall summary

We carried out an announced inspection on the 8 July 2015. Our previous inspection took place on 16 October 2013 and we found the service met the regulations inspected.

Geneva Healthcare is a domiciliary care service that provides support to adults and children with physical disabilities, mental health needs and general health needs in their own home. There were thirteen people using the service on the day of the inspection.

The service has a registered manager in place. 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.

We saw that risk assessment reviews were not always being undertaken in a timely manner. There was no

# Summary of findings

policy or procedures in place relating to when risks should be assessed or by whom, therefore we could not be assured that risks were being appropriately assessed by the provider or adequate steps put in place to minimise any risks identified.

Care plan reviews were not always being undertaken appropriately in a timely way and there were no policies and procedures in place stating the frequency of reviews, therefore people may be receiving inappropriate care and support that may not meet their individual needs.

The service had a complaints procedure was out of date and hadn't been reviewed monthly as stated. The complaints log did not address how the complaint would be addressed, the outcome expected from the complainant and any learning points that may need to be shared.

Feedback received during the inspection raised some concerns that lessons learnt from situations that had not gone well were not shared across the whole organisation.

**We recommend that a clear process is put in place to respond to incidents that may arise. Including any actions taken, recommendations and how learning is shared.**

We could not find evidence that regular spot checks to assess staff performance in the field were being carried out.

There was engagement with community health and social care professionals where needed. However there was a general concern that performance information and policy updates requested by them was not always supplied and followed through in a timely manner.

Service user surveys were carried out. However We did not see any analysis of the feedback, which meant that any recurring themes could not be picked up and dealt with as appropriate.

Staff had completed a staff survey. However, there was no date on any of the returned documentation, which made it impossible to confirm which year they related to.

Regular audits of service quality and delivery were not being carried out effectively; they had not identified the shortfalls we found during the inspection.

We saw separate policies that covered safeguarding adults and children that were written in August 2013. The policies were due to be reviewed in August 2014 but we saw no evidence that this had happened.

**We recommend that policies and procedures relating to safeguarding adults and children are updated regularly to incorporate any updates to policy and practice or changes in legislation. This is to ensure best practice in safeguarding people.**

We saw evidence that staff had undertaken training in medicine administration. However there was no evidence kept on staff files of training provided by the district nurses or checks on staff to ensure their competency in this area. Administration and the Administration and Assistance of Medicines Policy had not been reviewed since January 2013.

**We recommend that there is a robust process for monitoring the competency of staff administering medicines and the Administration of Medicines Policy should also be regularly reviewed to take into account any updates in good practice and changes in legislation.**

We saw that supervision had not always been carried out regularly. The content of these supervisions was very basic and whilst there was some reference made to people using the service, there was little by way of discussion, analysis or learning recorded.

We saw there was adequate staff allocated to provide care and support for people on the staff rota. Recruitment practices ensured staff undertook relevant checks prior to employment to ensure they were suitable to work with the people using the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making.

Records we saw demonstrated that all staff had completed mandatory training in the past year. Most training was undertaken as e-learning and some courses were done face to face, such as manual handling, epilepsy and PEG (percutaneous endoscopic gastrostomy) care.

# Summary of findings

There were care plans on each record we looked at. These were drawn up as part of the initial assessment. Care plans were detailed in content and covered all aspects of a person's life. People and their relatives were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. People were treated people with dignity and respect and the care provided was person centred.

Staff had an understating of and received recent training on issues of equality and diversity.

People and their relatives told us they thought the management team, including the registered manager and the senior care coordinator, were responsive and fair. Staff told us they thought the management team were supportive and they received regular guidance and supervision through telephone calls, emails, text messages and face to face meetings.

At this inspection we found several breaches of regulations in relation to person centred care, receiving and acting on complaints and good governance. You can see what action we asked the provider to take at the back of the full version of the report.

# 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 not always safe. Risks were not always reviewed in a timely way and there was no guidance in place as to who should carry out the assessment.

Staff had a good understanding of safeguarding people and the types of abuse that may occur.

We saw there was sufficient staff employed to meet people's needs and recruitment checks were completed to ensure they were appropriately suited to work with people using the service.

People were supported by staff to take their medicines

Requires improvement



### Is the service effective?

The service was not always effective. Supervision did not always happen regularly and the content did not adequately address areas to support staff and manage performance effectively.

Food was well prepared and the quality of the meals was very good. Staff ensured people had a well-balanced diet.

Mandatory and specialist training was provided to ensure staff were adequately skilled to meet the needs of people using the service.

Requires improvement



### Is the service caring?

The service was caring. Staff supported the same people over long shifts in order to ensure consistency and for staff to build relationships with people.

People and their relatives were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out.

Staff had received recent training around issues of equality and diversity and there was an equality and diversity policy for staff to refer to for guidance.

Good



### Is the service responsive?

The service was not always responsive. Care plans were not always reviewed regularly and there was no guidance in place stating the frequency of reviews and who should carry out the reviews.

Complaints and incidents were not addressed appropriately. There were no systems in place to adequately record outcomes and share any learning from complaints and incidents reported.

Feedback was sought through a variety of ways including telephone calls by the registered manager and senior care coordinator, spot checks, and monitoring.

Requires improvement



# Summary of findings

## Is the service well-led?

The service was not well led. We found no evidence of any recent spot checks, to assess the health care worker's performance in the field.

We saw that service user surveys were being carried out but no analysis was made of the information from surveys, which meant that any recurring themes could not be picked up and dealt with as appropriate.

Regular audits of service quality and delivery were not being carried out effectively; they had not identified the shortfalls we found during the inspection.

We saw evidence of engagement with community health and social care professionals where needed.

## Requires improvement



# Geneva Health International Limited - London

## 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 8 July 2015 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection team included two inspectors 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.

Before the inspection we reviewed the information we held about the service, including the all notifications the provider must send to us about significant events.

We spoke with six staff including the registered manager, compliance officer and director. We spoke with three people who used the service and three relatives. We also gained feedback from healthcare professionals and commissioners

We reviewed seven case records, five staff files as well as policies and procedures relating to the service provided.

# Is the service safe?

## Our findings

People and their relatives we spoke with said they felt safe and that staff understood their needs. One person we spoke with said, "This agency, unlike others I've used in the past, started out with the question, what we can do to help you live your life? I really liked that. Whilst I'm severely disabled, I'm still a very active person and they appreciated that." Another said "It was so refreshing to find an agency that actually delivered on its promises."

We looked at risk assessments on eight records of people who used the service. We saw they included assessments for falls, general safety awareness; mobility and movement and a risk assessment of the person's property. The registered manager told us risk assessments were done at the same time as reviews, usually annually or when circumstances changed. However, there was no evidence of updated risk assessments on two files for people who had used the service for a long period of time. He explained that they rely on the commissioners or social workers to identify any changes in risks associated with people or when issues had been raised by a health care worker. As there was no clear policy or procedure relating to this or evidence provided to demonstrate this process, we could not be assured that risks were being appropriately assessed by the service or steps put in place to minimise any risks identified.

### **This is in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff told us they received training in safeguarding adults and children and we saw evidence of this in staff files and training records. The registered manager knew how to refer safeguarding concerns to the local authority safeguarding teams and was clear that they were the lead agency responsible for investigating safeguarding issues.

Staff had a good understanding of safeguarding people and the types of abuse that may occur. They were also able to tell how to report and record concerns and use the whistle blowing procedures if required. One health care worker told us it was important to understand how to identify safeguarding issues for children and adults as they were different and often needed a different approach.

We saw separate policies that covered safeguarding adults and children that were written in August 2013. The policies were due to be reviewed in August 2014 but we saw no evidence that this had happened.

**We recommend that policies and procedures relating to safeguarding adults and children are updated regularly to incorporate any updates to policy and practice or changes in legislation. This is to ensure children and adults at risk are appropriately protected from the risk of abuse and harm and that staff are aware of the steps to take should concerns arise.**

We looked at the personnel files for five members of staff and saw that appropriate recruitment checks took place before staff started work. We saw completed application forms which included references to their previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file included evidence of criminal record checks and had an enhanced Disclosure and Barring Service certificate (DBS). The provider offers a service to children as well as adults, and an enhanced DBS is essential clearance for child and adult workforce workers. Personnel files also included two employment references appropriate to the work, health declarations and proof of identification.

We saw from staff rotas and feedback from people and relatives that there was sufficient staff covering shifts on week days and week-ends. Staff were allocated to people according to their needs and usually worked twelve hour shifts over the day and night period. People told us they had regular staff supporting them and it provided them with consistency in terms of building relationships and that staff understood their needs. The registered manager told us there was an on call system which was made up of the management team and they had access to information out of office hours. Contact details were provided in the service user guide.

Staff had undertaken training in medicine administration. The registered manager told us that health care workers prompted people to take their medicine and that most people who used the service had their medicines in blister packs. Since the provider supported people with more complex needs, whose medicine regime was also complex, we asked the registered manager about the level of training

## Is the service safe?

they received. He told us the district nurse provided on-site training in this area, specific to the needs of the person who used the service and they verified the care worker's competency. Health care workers we spoke with also confirmed this. We asked to see a record of this verification of competency and were told it was kept in the service user's record in their home. The manager acknowledged that such information should also be kept on the personnel record of the care worker as proof of their ability to manage complex administration of medication.

We also noted that the administration and assistance of medicines policy had not been reviewed since January 2013, but had been due to be reviewed in January.

**We recommend that there is a robust process for monitoring the competency of staff administering medicines. The provider should also ensure that medicines management policies are regularly reviewed to take into account any updates in good practice and changes in legislation.**



# Is the service effective?

## Our findings

One person explained that the carer was well trained in how to deal with their child's behavioural issues as well as explaining why a particular behaviour was not appropriate. They said about the health care worker that "Their training is very good, sometimes they manage him better than I do". Another person explained that because the service were able to support people with complex needs they felt well supported. They told us "I don't have to worry about my health needs anymore because I know they are being addressed professionally."

The registered manager told us staff received supervision every three to four months, based on the amount of hours they worked. They told us there was an annual appraisal for each staff member. We looked at five staff files and on one health care worker's record we saw how the last recorded supervision was November 2014 and on February 2015 on another. The content of these supervisions was very basic and whilst there was some reference made to people using the service, there was little by way of discussion, analysis or learning recorded. However, staff we spoke with told us they received formal supervision every three to six months but all stated they would discuss issues with the registered manager and the care coordinator each time they visited the office. They also confirmed that discussions regarding how to deal with different situations were held during training sessions and resolutions were often found.

We discussed the gaps in supervision that we found with the registered manager. He told us it was sometimes difficult to get the staff team together either individually or as a group because of the long shifts they worked but that he was considering using part of the training sessions for group supervision and recording them as such.

We also found there were inconsistencies in whether spot checks of health care workers were carried out on a regular basis. The registered manager told us "they are happening, but only for the last six months, on an ad hoc basis." Of the five staff records we looked at, we found no evidence of any recent spot checks, to assess the health care worker's performance in the field.

**This is in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The registered manager told us that there was an initial meeting with people and their relatives to conduct an initial assessment and explain about the service. He told us that staff were trained to deal with all aspects of care and support, particular more complex care like, percutaneous endoscopic gastrostomy (PEG) feeds, colostomy care and tracheotomies.

We saw training records and noted that all staff had completed mandatory training in the past year. Most training was undertaken as e-learning and included basic life support, food hygiene, health and safety, lone working and Safeguarding Vulnerable Adults and Children (SVA and SOCA). There was also evidence of induction training completed on the five staff files we looked at. The manager told us how certain courses were done face to face, such as manual handling, epilepsy and PEG care. He also told us that specialist training courses were made available to staff providing more complex care and support. For example, later in the week of the inspection, there is training on tracheostomy care and stoma care. Staff we spoke with told us they received adequate training to enable them to support people safely and effectively. One health care worker said, "I received training on PEG feeding and was also shown by the district nurse. I used to work on the wards and the community as a health care assistant and have lots of experience."

People we spoke with and their relatives told us they were happy with the way their meals were prepared. They told us that because health care workers worked long shifts, they were able to prepare food from scratch and the quality of the meals was very good. One person said, "We have home cooked meals every day. People their relatives told us they were attracted to the service because of the areas of specialist training that the staff undertook and staff were able to manage PEG feeding and ensure people had an appropriately balanced diet and sufficient hydration to keep them well. Staff followed individual guidance prepared by the speech and language therapist and training in PEG feeding included shadowing an experienced staff member and then being signed off as competent by the district nurse."

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how to support people who lacked the mental capacity in line with the principles of the act and particularly around decision making. They were aware of what to do if a person

## Is the service effective?

lacked capacity to make a decision and told us they would always involve relatives as well as health and social care professionals and consider what was in the best interest of the person. We saw that that the service sought local authority mental capacity assessments when they were required.

People were asked what they liked to eat, how they wanted to dress and their preferences for care delivery. People's consent was obtained about decisions regarding how they lived their lives and the care and support provided. One care worker said, "I always encourage people to make their own decisions, as much as possible but if it's clear that this is a problem, I would advise the office to contact their advocate or social worker."

The registered manager told us how a new member of staff shadows an experienced worker prior to being assessed as fit to work independently. The registered manager said "If the issue arises where the care worker cannot be assessed, then they will continue to shadow until such time as they have been assessed by the district nurse or occupational therapy." There was no evidence of these assessments for us to view on health care workers records on the day of our inspection although feedback from parents confirmed assessments were carried out at their homes.

# Is the service caring?

## Our findings

People who used the service, parents and relatives, told us they thought the service was caring. One said, "They listened to me, took on board my needs and were honest to say that it might take time to find the right match of carer to support me." They went on to say that it took two changes of health care workers to find the right one as they just didn't click but now they are very pleased with the person they have now. Another said, "They are very caring and I certainly don't have to worry about explaining the basics to them".

People and their relatives told us they were involved in developing their care and support plan and identifying what support they required from the service and how this was to be carried out. They told us that once the care plan had been agreed, their support was delivered in a person centred way and they felt in control of how and when things happened.

The registered manager and care workers we spoke with all told us about the importance of treating people with dignity and respect and making sure people are seen as individuals and have their needs met in a person centred way. One senior health care worker said that they are responsible for training new staff and described being caring and showing dignity and respect as an essential part of the role. They told us, "When I'm training new people, I always check with people first before I do anything and always explain what I'm doing".

The registered manager told us that health care workers supported the same people every day in order to ensure consistency and for staff to build relationships with people. He told us that the twelve hour shift system was effective in terms of promoting the building positive caring relationships with people, which was fundamental for the wellbeing of people and staff.

People we spoke with confirmed that the shift system worked well and that health care workers knew them well and they felt confident in the care and support was delivered in a caring way and dignity and privacy was always upheld. One parent told us that issues to do with their child were "dealt with sensitively". They went on to say that the health care workers make sure that procedures are carried out done smoothly so that it causes the least disruption to her child as possible as well as ensuring they consider the rest of the children and family when their providing care.

Staff told us they respected people's wishes and encouraged people be as independent as possible. One staff member told us, "I support a child and I always make sure I encourage him to do as much for himself as possible, it also builds his confidence."

Staff had received recent training around issues of equality and diversity. We saw a copy of the equality and diversity policy which detailed the rights of people using the service and the responsibility of staff. However, the policy had not been reviewed in September 2014 as stated.

# Is the service responsive?

## Our findings

We saw that where a person had been receiving a service for some time, we could find no evidence of any up to date review of their needs being made. We noted on one care plan where a review was done in June 2014, with a new date set for June 2015, but the manager confirmed that this had not happened. We spoke with the director, who told us "I don't believe we have a policy about frequency of reviews." The registered manager told us the majority of reviews were done by the local health authority. We saw evidence of this on some files. However, these reviews only pertained to those in receipt of continuing care funding and had a medical rather than social care focus. We asked how frequently the service reviewed their own care plans in order to ensure they were responding to any change in needs. The manager told us "Care plans are reviewed annually and amended to reflect changes in need, for example, following hospital admission." We asked to see examples of care plans which had been amended to reflect such a change. The registered manager was unable to provide us with any such examples by the end of our inspection. This meant we could not be assured that care plans were being regularly reviewed or reviewed when there was a change in circumstances, therefore people may be receiving inappropriate care and support that may not meet their individual needs.

### **This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

People told us that the service they received was responsive and met their needs. One person said, "I've used the agency for some years. I look forward to the review because it gives me an opportunity to feed back any concerns I have and also to discuss any changes needed to my care plan." Another said, "They listened and took time to understand my needs and whilst it took time for them to find me the 'right' care worker, once they had done, they fitted right in with me and importantly, my lifestyle."

Staff knew how to support people to make a complaint. One said, "I would ask them to speak to the manager and they can also talk to CQC if the issues hadn't been

resolved." The service had a complaints procedure which had been written in November 2013. It was due to be reviewed monthly but we found no evidence of this. Although there was a complaints log, the log did not address how the complaint would be addressed, the outcome expected from the complainant and any learning points that may need to be shared. We saw that a recent complaint had not been added to the log.

### **This is a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at seven care records of those who used the service. We saw how each had the provider's policy statement which explained their safe recruitment process and what the person should expect from the service. We noted how some outdated terminology was used, for example, it spoke of an Enhanced Criminal Records Bureau [CRB] check and the Protection of Vulnerable Adults list [POVA]. These have been replaced in December 2012 by the Disclosure and Barring Service (DBS). The provider policy also included statements about equal opportunities and a person's right to take risks.

There were care plans on each record. These were drawn up as part of the initial assessment which the registered manager told us were largely done by the senior care coordinator.

These care plans were detailed in content and covered all aspects of a person's life. We saw on record where a person wanted assistance at a certain time, for example, 'not too early, around 10:00 please'.

People who used the service and their relatives told us they were able to contact the office at any time. There was an on call system in place for out of office enquiries and contact details were provided for people using the service in the service user guide.

The registered manager told us that monitoring visits, including spot checks and phone calls were made to people using the service and/or their relatives in order to obtain feedback about the staff and the support being provided. We saw evidence of feedback from people on the care records we looked at.

# Is the service well-led?

## Our findings

People we spoke with told us they thought the service was well run. The registered manager and the chief executive told us they were committed to ensuring the service was equipped to meet the needs of people using the service. Feedback from people and their relatives was largely positive, however, two people we spoke with, told us they were concerned that lessons learnt from situations that had not gone so well were not shared across the whole organisation. These issues were raised with the registered manager who agreed to review the processes in place for responding to incidents.

**We recommend that a clear process is put in place to respond to incidents that may arise. This should demonstrate how an incident was investigated, any actions and recommendations identified and how learning is shared.**

We were told a service user survey was carried out every six months and we saw evidence of two such forms on one person's record. We asked how any issues raised were dealt with and we were told by the registered manager "I speak directly to the client." We saw no analysis made of the information from these surveys, which meant that any recurring themes could not be picked up and dealt with as appropriate.

We also saw evidence that care workers had completed a staff survey. However, there was no date on any of these returned anonymous questionnaires, and there was no date in the heading of the questionnaire, which made it impossible to confirm which year they related to. We asked the manager whether these responses would be analysed and he told us he would be reviewing them.

The arrangements for reviewing the administration of medicines were not fit for purpose. No audits or spot checks were undertaken and the provider could not demonstrate that medicines were administered safely and appropriately. There was also no process in place to check the competency of the staff administering medicines.

The above audits to monitor quality and delivery, as well as checks on risk assessment and care plan reviews, were not

being carried out effectively; they had not identified the shortfalls we found during the inspection. This meant that a high quality service could not be evidenced and people may be at risk of receiving inappropriate care and support.

**This is evidence of a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

We discussed the issue of audits and regular checks with the registered manager and the director. They told us they had recently recruited a compliance inspector to manage the quality assurance processes at the service. We saw an audit completed for June on five staff records. This included aspects such as eligibility to work documentation, two references, knowledge based assessment and completion of mandatory training. An action plan was in place with outcomes and targets. The compliance officer, told us they had begun to audit a random sample of staff records each month "To make sure documentation is in order." She also made clear that all aspects of staff files would be audited to ensure appropriate checks were being carried out.

We saw evidence of engagement with community health and social care professionals where needed and health and social care professionals we spoke with confirmed this was the case. Feedback was largely positive, however there was some concern that performance information and policy updates requested by them was not always supplied and followed through in a timely manner, which meant a delay with regards to monitoring the performance of the service.

People and their relatives told us that the management team, including the registered manager and the senior care coordinator were responsive and fair. People spoke highly of the senior care coordinator and one person said, "She always gives me confidence that she understands the issues we face each day and is committed to making our care plan work."

Staff told us they thought the management team were supportive and they received regular guidance and supervision through telephone calls, emails, text messages and face to face meetings.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person did not carry out, collaboratively with the relevant person, an assessment of the needs and preferences for care and treatment of the service user to ensure services and appropriate and met their individual needs.</p> <p>Regulation 9 (3) (a)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The registered manager did not ensure staff were appropriately supported to carry out their duties they are employed to perform.</p> <p>Regulation 18(2)</p>

Regulated activity	Regulation
Personal care	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The registered person did not establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity.</p> <p>Regulation 16</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Action we have told the provider to take

Personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person did not assess, monitor and improve the quality and safety of the services provided, in the carrying on of the regulated activity and securely maintain an accurate, complete and contemporaneous record in respect of each service user.

Regulation 17