

Generations Care 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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Generations Care Ltd is a domiciliary care service which provides personal care to people in their own homes. At the time of our inspection the service provided support to 34 people and employed 20 care staff.

At the last inspection on 3 September 2015 the service was rated Good. At this inspection we found the service remained Good.

The office visit took place on 9 August 2017 and was announced. We told the provider before the visit we were coming so they could arrange to be there and for staff to be available to talk with us about the service.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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.

People did not always receive their care calls at the agreed time. The registered manager was taking action to address this. People and relatives spoke positively about the quality of care and support they received. There was enough suitably trained care workers to allocate all the care calls people required and to meet their needs safely.

Care plans were personalised and provided care workers with the information needed to ensure care and support was provided in the way people preferred to meet their needs. Systems were in place to manage people's medicines and staff had received training to do this.

People felt safe with their care workers and continued to receive care which protected them from avoidable harm and abuse. Risks to people's safety were identified and management plans were in place to help reduce these risks. Recruitment checks were completed on potential new staff to ensure they were suitable to support people in their own homes.

The registered manager understood the relevant requirements of the Mental Capacity Act 2005. Care workers sought people's permission before care was provided and encouraged people's independence where possible.

Care workers received training and support to enable them to provide effective care to people. The management team regularly checked care workers practice to make sure they continued to meet people's needs whilst working within the provider's policies and procedures.

People received support from care workers who they said were caring and friendly and who respected their privacy and dignity. People and their relatives were involved in making decisions about their care and had

formed good relationships with the care workers who supported them. When needed people were supported to maintain their nutrition and health care needs.

The management team regularly monitored the quality of service provided and invited people and relatives to share their views about the service. The provider used feedback to enable the service to improve.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

People did not always receive their calls from care workers at the times agreed. This was being addressed. People's care plans were personalised and informed care workers how people wanted their care and support to be provided. People and their relatives were involved in making decisions about their care and support. Complaints were managed in line with the provider's procedure.

Is the service well-led?

Good ●

The service remains 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 checked 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 comprehensive inspection took place on 9 August 2017 and was announced. The provider was given notice that we were coming because the location provides a domiciliary care service and we needed to be sure that someone would be at the office.

The inspection was carried out by one inspector.

Prior to our visit we gathered and reviewed information about the service. This included statutory notifications and the provider information return (PIR) which was sent to us on 19 June 2017. A statutory notification is information about important events, which the provider is required to send to us by law. The PIR is a pre-inspection questionnaire completed by the provider which provides us with a 'snap-shot' of the service, including, what the service does well and improvements they plan to make. We reviewed the information contained in the PIR during our inspection. We found most of the information provided reflected our inspection findings.

We contacted commissioners of the service to find out their views of the service provided. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. They had no further information to tell us that we were not already aware of. We also reviewed the 'Share your experience' information people who used the service had sent us since the last inspection.

The provider sent a list of people who used the service to us; this was so we could contact people by phone to gather their views of the service. We spoke with 11 people by phone, eight people who used the service and three relatives. We used this information to help us make a judgement about the service.

During our visit to the provider's office we spoke with the provider who was also the registered manager of the service, a senior care co-ordinator, the administrator and two care workers. We reviewed three care files,

including medicines administration records to see how people's care and support was planned and delivered. We looked at three staff recruitment files, staff training records, records of complaints and compliments, medicines administration records and records associated with the provider's quality checking systems. Following our visit we spoke with a further two care workers by telephone.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection, and the rating continues to be Good.

People told us they felt safe with the care workers who visited them. One person told us this was because care workers understood how to use the equipment the person needed to move around their home safely. Relatives agreed. One said, "I have no concerns about [name] safety with the carers. They are very good."

Staff received safeguarding training and understood the signs that might indicate a person was at risk of abuse. Staff told us they would report concerns to the management team straight away. One care worker described how they had contacted the office during a care call because they had concerns a person may be at risk. They added, "Before I could blink the registered manager arrived at the call and everything was dealt with, as it should be." Our discussions with the registered manager demonstrated they understood their role and responsibilities in reporting and dealing with concerns to make sure people remained safe.

There was a system in place to identify risks and protect people from harm. Assessments of people's care needs were completed at the start of the service which identified any potential risks to providing their care and risks in the person's home. People's care plans provided staff with guidance about how to use equipment including the number of staff needed, and the actions staff should take, to minimise risks to people's health and wellbeing. Staff demonstrated good knowledge of the risks associated with people's individual care needs and the actions they needed to take to keep people safe.

The senior care co-ordinator and care workers told us there were sufficient staff to support people's safely. People told us they were usually visited by a 'small team' of care workers who they knew. One person said, "I do get different carers but I know them. Even the new ones [care workers] get introduced to me." People who were assessed as requiring support from two staff to safely meet their needs confirmed two staff always attended their call. People and relatives told us care workers did arrive to provide care, no one had experienced a missed call.

The provider's recruitment process ensured risks to people's safety were minimised. The registered manager obtained references from the previous employers of potential new staff and checked whether the Disclosure and Barring Service (DBS) had any information about them. The DBS is a national agency that keeps records of criminal convictions. This ensured staff were of a suitable character to work with people in their own homes.

We looked at how medicines were managed by the service. Most people told us they managed, or received support from a family member with their medicine. Where care workers supported people with their medicines they had been trained to do so. We reviewed three people's medicines administration records. These were signed as 'administered' in accordance with people's prescriptions.

However, where people's medicines were prescribed on an 'as required' basis we found there was no clear

guidance for staff to follow about when and why the medicine should be taken. We discussed this with the registered manager and following our inspection we received assurance staff had the information needed to ensure 'as required' medicines were administered safely.

Is the service effective?

Our findings

At our last inspection 'Effective' was rated 'Good'. At this inspection people who used the service continued to receive effective care.

People and relatives told us care workers had the right skills and attitude to support them effectively. One relative said, "I don't know what training they have but they definitely know what they are doing."

The provider's induction programme introduced care workers to the fundamental standards of care as set out in the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected of care workers. The induction for new care workers also included 'shadowing' (working alongside) experienced staff, to gain an understanding of how people's care was provided before working independently with people.

Care workers spoke positively about the on-going training they received which they said supported them to update and further develop their knowledge and skills. One told us about the specialist training they had received from a healthcare professional. They explained this had been arranged to ensure they had the knowledge needed to support a person with a specific healthcare need.

Records showed staff attended regular team and individual meetings with a member of the management team to discuss people's and their own needs for support. Care workers said their 'practice' was also monitored through unannounced 'spot checks'. One told us, 'spot checks' were important to make sure staff were doing their job 'right'. The senior care coordinator explained these checks ensured staff worked in line with the providers procedure.

People told us care workers always sought their consent before providing care and support. One person said, "That's how my visit starts everyday with the girls asking what help I want." A care worker told us, "It's the clients [people] right to make decisions and we must respect that." This demonstrated care workers understood the principles of the Mental Capacity Act 2005. The management team understood the relevant requirements of the Act including their responsibilities to protect people's rights and what process to follow when someone may not have the capacity to make their own decisions. This ensured decisions were made in people's best interests.

People and relatives told us they made their own health appointments, but staff would support them with this if required. Records showed the service liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when needed.

People's nutritional needs were met by care workers if this was part of their planned care. One person told us their care worker offered a choice of meals based on their preferences and ensured they left them with a drink because the person could not make drinks independently. Arrangements were in place to assess and monitor people's dietary needs if this was required.

Is the service caring?

Our findings

At our last inspection 'Caring' was rated 'Good'. At this inspection people who used the service continued to receive good care.

People were very satisfied with the standard of care they received, and described the care workers who supported them as, 'caring', 'friendly' and 'compassionate'. A relative told us care workers were 'very respectful and considerate' in the way they provided support to their family member.

We asked care workers what providing a 'caring' service meant to them. One responded, "It's the way I would want my loved one to be looked after. Giving people time, explaining things and being kind." Another told us they had taught themselves 'some words' in a 'foreign language' so they could greet a person who they supported in their first language. They went on to say, "It's my way of being respectful and showing I'm interested. It's lovely to see [name's] face light up with a smile just by me using single words."

People's privacy and dignity was maintained. People described how care workers achieved this by 'always' ensuring doors and curtains were closed before providing assistance with personal care. A relative told us, "Privacy is a top priority for the carers. Even I can't go in the bathroom."

Care workers understood the importance of supporting and encouraging people to maintain their independence. A relative told us because of the care and support their family member received from Generations Care Ltd they were able to continue living independently in their own home.

People and, where appropriate, relatives said they were involved in planning and reviewing their care and they had a care plan. Staff we spoke with told us they had developed good relationships with people and knew the people they support well. A relative described the relationship with care workers as 'like family'. They added, "The house is full of laughter when they are here. It's lovely."

Staff understood the importance of maintaining confidentiality and said they would not discuss personal information with 'anyone' unless they were authorised to do so. Care records at the office were kept safe and secure.

Is the service responsive?

Our findings

At this inspection, we found the service was not as responsive to people's needs as it had been during the last inspection. The rating has changed from good requires improvement.

People and relatives told us the times of their care calls and the care workers who provided them were not consistent. Some people told us care workers were always 'rushing' and had limited time to spend with them at each visit. Comments made included, "That's my only issue. Everything else is good but you never know what time they are coming. It can be a worry." "The carers do a good job but they are so busy. As soon as they arrive they are worrying about getting to the next call." and, "The timings of my visits, particularly in a morning, are quite wide."

Care workers told us they did complete care calls at the planned times. One said, "We have a rota with the times of each call which we follow." Another told us care calls were provided at the planned time unless they got held up by traffic or an emergency. They added, "I ring the office to tell them I'm running late, so they can let clients know." People and relatives told us they 'sometimes' received a telephone call to inform them care workers were delayed.

We reviewed the call schedules and daily notes (records completed by staff when they arrive and leave a care call) for three people. Daily notes showed us care workers had not recorded the times they left care visits which meant we could not be assured they stayed for the agreed amount of time. Recorded arrival times demonstrated care workers had not always followed the set call times on the call schedules. This meant people's visit times varied and did not match the times agreed. For example, one person's call was scheduled for 8.30 pm. Care workers completed the call between 6.45 pm and 7.10 pm which was more than an hour earlier than had been agreed. Another person received their call from care workers at 7.55 am. This was over two hours early because their call was planned for 10.15 am. The inconsistencies in call times corresponded with what people and relatives had told us.

Records confirmed people were allocated regular care workers where possible, taking into account the need for staff to have a day off.

We discussed people's dissatisfaction about their call times with the management team. The registered manager and senior care co-coordinator told us they had already identified this issue which was being addressed. We saw minutes of a staff meeting held in July 2017 informing care workers of the importance of following the call schedule so 'clients were not left waiting'. The registered manager told us because they had secured a contract with the local authority they were investing in an electronic monitoring system (EMS). They told us the system should be operational within the next four weeks and would accurately monitor the times care workers arrived and left people's homes. They went on to say this information would be used to address any discrepancies between planned and actual call times with care workers.

People told us they received care and support based on what they needed and in the way they liked. A relative told us, "They always act in a very concerned manner to make sure [name] is dealt with exactly as

she wants." When we asked people if they thought they received good care they told us, "I'm very happy. The agency are very good." and, "We are really pleased with the service."

Care workers had a good understanding of people's care and support needs. They told us this was because they regularly visited the same people and read the information contained in care plans. The senior care co-ordinator explained staff were updated about changes in people's care needs through texted messages and telephone calls. Staff told us this form of communication from the office 'worked well'.

People and their relatives confirmed that prior to receiving a service from Generations Care Ltd a member of the management team had spent time finding out about their preferences, needs and how they wanted to be supported. People's care and support was then planned with them when they started using the service. People we spoke with said they had a care plan in their home for staff to follow.

A copy of the person's care records was also kept at the office. We reviewed three people's care records. They were person centred and contained information about people's backgrounds, needs and preferences so care workers could support them in ways they preferred. Plans contained clear instructions for care workers about what to do on each care call. People had signed their care plans to confirm they had been involved in planning and reviewing their care and support. Staff told us that care plans contained up to date information and were easy to follow.

We looked at the service's complaint record. The service had received seven complaints in the past eight months, four of these related to care call times. Records showed people were satisfied with the way their complaints had been responded to and resolved. Complaints had been managed in line with the provider's complaint procedure.

The service also kept a record of compliments. Recent compliments received from people, included, "Thank you. Carers always make sure my husband is comfortable and I am very grateful for that." and, "Lovely ladies doing a good job."

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by a management team who were committed to providing a good quality service. The rating continues to be Good.

People and relatives felt overall the service was well managed and described the management team as 'approachable'. One person told us, "Any problems and I can talk to the [registered manager]."

Care workers said they were able to access support and information from the management team at all times as the provider operated an open door policy, and an out of office hours' telephone service for advice and support.

There was a clear management structure within the service; this included the registered manager who was also the provider of the service, a senior care co-ordinator, a co-ordinator and an office administrator. Each person had a clear understating of their individual role and responsibilities and worked together as a team to support each other and the care staff.

People and relatives were invited to share their views about the service through 'service user well-being' forms (completed at service reviews) and annual satisfaction surveys. An analysis of the most recent survey from 2016 showed 92% of people were satisfied with the service they received. We saw 32% of respondents commented they did not receive regular contact from the management team. The registered manager had addressed this through telephone calls and home visits to people. This showed the registered manager used people's feedback to improve the service.

The management team also completed regular audits and checks to ensure they provided a good quality service, including audits of care plans and medicines. Where improvement was needed these had been identified and action planned. For example, the introduction of an electronic system to improve the monitoring of people's call times.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had submitted statutory notifications to inform us about important events and had displayed their latest CQC rating in the office. However, they had not added a link on their website to the services CQC inspection report. This is a legal requirement to ensure the public have information about the services rating. The registered manager took immediate action and confirmed to us this had been addressed.