

Generations Care Agency Limited

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Inspection report

Unit 29-31 Clocktower Business Centre
Works Road, Hollingwood
Chesterfield
Derbyshire
S43 2PE

Tel: 01246471991

Website: www.care4generations.co.uk

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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

About the service

Generation Care Limited is a domiciliary care provider providing personal care to people living in their own homes, so they can live as independently as possible. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were 67 people receiving regulated personal care activity at the time of the inspection.

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

People were mostly supported by a regular team of care staff and said they generally received their calls on time. People were confident care staff had received appropriate training to meet their needs; this was in line with best practice and current guidelines. When people required support with their nutritional needs this was recorded and reflective of the individual's needs.

There were enough staff to effectively meet the current packages of care. People were supported by staff who had the knowledge and skills to ensure they were safe from harm. Risk assessments were in place to help reduce risks to people. Staff were safely recruited. Medicines were managed safely, and staff ensured clear infection control practices.

The care was provided by kind and caring staff and people told us they treated them with respect. Care plans reflected individual needs and any communication requirements were identified and supported along with any cultural, or religious needs. Care staff understood the importance of respecting people's diverse needs and promoting independence.

The service supported people to receive the right care and support. Health care was promoted, by staff making prompt referrals when required to relevant health care professionals.

People and relatives knew how to make a complaint about the service if they needed to. The registered manager had followed the complaints process when a complaint had been received. The service had reflected on incidents, and lessons had been learned. People and staff were encouraged to give feedback. Auditing and quality assurance processes were completed to support the drive for improvement.

The service was working within the principles of the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection

The last rating for this service was Good (published August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Generations Care Agency Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 7th January and ended on 8th January 2020. We visited the office location on 8th January 2020. We made phone calls to people and relatives on 7th January 2019.

What we did before the inspection

We reviewed information we held about the service since the last inspection. This included statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We sought feedback from the local authority and professionals

who work with the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We took all this information into account when we made the judgements in this report.

During the inspection

We spoke with six people and two relatives on the telephone and visited one person who had agreed for us to visit them in their own home. At the registered office we spoke with six staff and the registered manager.

We reviewed a range of records which included four people's care records, along with a variety of risk assessments and daily log sheets. We also reviewed information which detailed when people had their support visits, quality monitoring, and records in relation to the management of the service including some of the policies and procedures. We looked at three staff files in relation to recruitment, training and supervision.

After the inspection

We received feedback from two health and social care professionals who been involved with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People told us they felt safe using the service. One person commented, "I have equipment, but always feel safe as they explain what to do when we're using it."
- Risks to people's safety and welfare had been identified. We saw these reflected current practice and guidelines and had been reviewed when changes occurred; to ensure they met the current need and mitigated risk as far as possible.
- A call monitoring system was in place to monitor call times and length. This meant that people could be informed if there was a delay with their call and could be updated by the office. One person told us, "When they run late, they usually let me know, but not always." The concern over some late calls was raised with the registered manager and they said whenever possible; if they are informed, the office would let people know their call was delayed.
- Procedures were in place to ensure staff knew what to do in the event of an emergency, such as not being able to access a person's home.

Staffing and recruitment

- People told us that mostly, staff were punctual and stayed their allotted time. They told us they usually had regular and familiar staff who supported them. Some people told us that on occasions when it was different staff covering their calls due to holiday, or sickness; their calls were at different times. Some people had requested information to help them know who and what time they would be supporting them the following week, we saw the office supported this.
- Some staff told us they felt they had enough time to care for people without feeling rushed, one said, "Its important to take your time – you might be the only person they see that day." Other staff commented they felt their travel time did impact on being able to get to people on time. Feedback from the call monitoring system, provided evidence for people's call times to be considered against the scheduling.
- Necessary checks were completed which included proof of identity, a minimum of two references and background checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. This demonstrated the service had safe recruitment practices in place.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt the personal care they received was safe and they were protected from the risk of abuse.
- Staff were knowledgeable about safeguarding and could explain the processes to follow if they had any concerns. Staff told us, and records confirmed they had completed training in safeguarding. They told us how they would raise concerns and follow local safeguarding procedures.

- The registered manager understood their responsibilities and worked with other agencies to ensure any safeguarding concerns were dealt with appropriately.

Using medicines safely

- Where people received medicines as part of their care, this was done safely. Staff told us they would alert appropriate health professionals should there be any concerns and knew actions to take if there were short supply.
- Medicine administration records were completed by staff for each administration, these were audited by managers. Staff had received training in medication administration and their competency in this area was reviewed. Appropriate actions were taken by the registered manager in the case of any medicine error.

Preventing and controlling infection

- People told us, and we saw that staff attending calls wore company uniforms and were well presented. Staff competency was checked in areas such as infection control, this demonstrated a commitment to support people from the risk of any cross infection.
- Staff had received training in infection control practices, they had access to personal protective equipment (PPE) such as disposable gloves and aprons and these were in plentiful supply. One relative told us, "For applying the prescribed cream [name] always wore gloves and aprons and recorded it on the chart."

Learning lessons when things go wrong

- Staff reported accidents, incidents and near misses. These records identified any steps taken to reduce any further recurrence. The registered manager told us they encouraged comments and feedback as there were always improvements to be made to achieve a quality service.
- Contingency plans were in place to ensure that the service continued to run in adverse weather conditions. People whose needs were identified as being time critical had been identified, to ensure their calls were prioritised.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People told us, and the registered manager explained, how they assessed people's needs before they started the calls. This assessment considered all aspects of people's care and support needs and was used to develop a person-centred plan, to promote people's independence wherever possible. Feedback from one relative stated, "The care plan is accurate and reflects [name's] care needs."

Staff support: induction, training, skills and experience

- People were supported by staff who had undergone an induction program which gave them the skills and knowledge to care for people. A person we spoke with said, "I am happy with my staff, they appear to be well trained and always ask me if there is anything else to do before they leave."
- Records confirmed staff received regular training to ensure they kept people using the service and themselves safe. These included infection control, moving and handling, safeguarding, and first aid. These had face to face training sessions, as well as on line elements. The registered manager advised an in house moving and handling trainer has been funded, to be more flexible to support all staff in this area.
- There were regular supervision and appraisal systems in place, staff explained when they had supervision they signed a copy record to be retained on their file.
- Staff told us they felt supported in their role. We saw the out of hours procedure for staff to use for advice and support when the office was closed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink if this was included as part of their package in line with their assessed needs which was recorded in their care plan.
- Care plans evidenced information for staff to provide the dietary support people required.
- Staff were trained in nutrition and hydration which included the importance of keeping healthy and maintaining a balanced diet and staff encouraged independence for people wherever possible. This helped monitor and assess people's nutritional needs and prevent risks associated with malnutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were supported by a range of health professionals to maintain their wellbeing. Some people were supported to access healthcare appointments. We saw contact details for relevant professionals were recorded in people's care plans.
- Where people had equipment to support their needs, staff had received the necessary training to give safe support and were aware of the reporting procedures for any unsafe equipment.

- The service worked effectively with other health professionals. A healthcare professional who had regular contact with the service told us communication was good; their calls were always returned. Records showed, where changes in need were identified, referrals were made in a timely way and there was evidence of office staff following up on referrals previously made.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People we spoke with, confirmed staff asked for their consent before commencing care. Records showed that people had signed their care plans to agree with the care that was to be provided.
- Training for staff about the MCA was completed at induction, as well as ongoing during scheduled training. Management and staff could explain the process of mental capacity assessments, best interest decisions, and how they supported people.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us their care staff were kind and caring. Comments included, "Polite and friendly and keep my dignity when doing care – keeping me all covered up," and "Mine are really caring, nice and helpful and always polite."
- Most people told us they did have provision of regular care staff, which they said helped to develop supportive and meaningful relationships. Staff also told us they felt they had established friendly and positive relationships with people.
- Staff told us the importance of treating people with dignity and respect was included in their training and explained how to put into practice different ways to promote choice, independence and control. One staff said, "If someone has the ability and is physically capable, it's really important to talk them through the process, encouraging them to do what they can, instead of just doing it for them. I think it helps people still feel useful and valued and that's important."
- Records included information about people's preferences such as their preferred name and any important details. The registered manager promoted equality and diversity, there were policies in place to support this and staff had received training in equality and inclusion.

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives confirmed they were involved in their care by making their own decisions whenever possible. People said they were encouraged to discuss their care provision and any changes they felt may be required.
- Staff were motivated and keen to support people to the best of their ability, treating them with dignity and respect. Staff gave us examples of how they offered people choices to ensure people felt involved in their care.
- Records demonstrated regular reviews were held. Records demonstrated these involved contributions from people, and those who were important to them, with further input from other professionals if required.
- The registered manager told us they would signpost people to advocacy services if they needed help in making decisions (an advocate is someone who supports people to express their needs and wishes).

Respecting and promoting people's privacy, dignity and independence

- People and their relatives were complimentary about the staff and told us they felt their privacy and dignity was always respected. One person told us, "Staff always knock before coming in, and call out to say they are here."
- People were encouraged to be as independent as possible. Most people we spoke to, told us they did not

feel rushed, one person said, "If they do finish before their time, they always ask if there is anything more to do, or we spend time having a chat, I really enjoy that."

- The service was aware of their responsibilities in line with the General Data Protection Regulation (GDPR). This is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were encouraged to contribute to their own assessment and care plans. Some information was checked further, if people were unsure of their needs, to ensure correct information was recorded.
- Staff told us they were kept informed of changes to care, through information in the person's care record, face to face at the office, or by a telephone call to ensure they had a current understanding of people's needs.
- Care records were sufficiently detailed, giving staff up to date information for the people that used the service. People had told us their information was reviewed and we saw evidence plans were updated as their needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication requirements were included in care records. The registered manager showed us examples of flash cards used to support specific needs for some people's communication.
- Information was available in a range of different formats to support people with their understanding. This enabled people to be informed and involved in their care, ensuring no discrimination due to disability, or sensory impairment.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- When included as part of their overall care package, people were supported to access community or social activities with the support of staff. Where possible, staff supported people to maintain levels of independence and involvement in activities.

Improving care quality in response to complaints or concerns

- Most people we spoke to were aware of the complaints procedure and how to make a complaint if required. Some people told us they would telephone the office to let them know and that they had received a positive response from the office when they had rung in.
- We saw a copy of the complaint's procedure in place. When a complaint had been raised, it had been considered and responded to in line with the policy and procedures.
- One professional told us they were aware of a complaint which had been raised, but advised this had been

addressed in a timely manner.

End of life care and support

- Some people had received end of life care in their own homes, however at the time of the inspection no one was receiving this level of support.
- Staff received end of life training and told us they felt supported by the management and would be able to provide this level of care with the support of community healthcare professionals.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us how the support they received helped them to remain in their own homes. Most people knew they could ring the office if they had concerns and said they received a timely response when questions had been raised.
- People and staff, told us they would and did, recommend the service to others needing care. A professional who had knowledge of the service told us, "I have always found the providers to be accommodating and proactive in their approach."
- The registered manager spoke about the priorities of trying to ensure a committed, stable staff team, they promoted this by acknowledging the importance of treating their staff well, with good pay and conditions.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was an on-call rota in place, which gave clear lines of responsibility and accountability. Staff told us this supported them as they could always access support. Staff told us they had opportunities during supervision, to discuss any concerns.
- A registered manager was in post. The registered manager was aware of the responsibility of reporting significant events to us and to other outside agencies.
- Records showed organisational arrangements and quality audits were completed, and a system was in place to ensure any themes or trends was considered.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the provider's office address and on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Questionnaires were completed from people using the service and staff, these were audited, and any feedback considered for improving the quality of the service.
- The service had a system in place to monitor staff performance through supervision, appraisals and spot checks.

Continuous learning and improving care; Working in partnership with others

- Staff were committed to improving care provided for the benefit of people using the service. The registered manager and senior leaders were determined for best practice to be carried out.
- Discussions were held with the registered manager and care co-ordinators to monitor any issues and highlight what was happening across the service. Accident, incident and reports of near misses were reviewed to monitor and assess the quality of the service provided.
- The registered manager and staff worked in partnership with a range of health and social care professionals. This helped to achieve good outcomes for people using the service.