

# Genesis Recruitment Agency Limited

# Genesis Recruitment Agency Limited- Domiciliary Care East London

## Inspection report

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## 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?

**Good** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

This announced inspection took place on 15 May 2018. This was the first inspection of the service since its registration on 18 November 2015.

Genesis Recruitment Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the day of our visit there were over 70 people using the service mainly living in the London Borough of Barking and Dagenham.

On the day of our inspection a registered manager was 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.

During this inspection we found two breaches of regulations. This was because the service did not always follow correct procedures for the proper and safe management of medicines and risks were not always managed and mitigated for people using the service. We found quality monitoring systems in place were not always effective. You can see what action we have asked the provider to take at the end of the full version of this report. Overall, we have rated the service as Requires Improvement. This is the first time the service has been rated Requires Improvement.

We have made two recommendations. This was because systems did not consistently monitor staff training and the service did not always follow best practice guidelines in relation to capacity assessments for specific decisions.

People were treated with dignity and respect by staff who knew and understood their needs. They were supported to remain independent by polite and caring staff.

People were supported to eat a balanced diet that met their individual dietary needs. They were supported to access healthcare services in order to maintain their health.

Staff were supported by means of a comprehensive induction, regular supervision and annual appraisals.

People told us they felt safe using the service. Safeguarding procedures were in place and staff knew how to identify and report safeguarding concerns. Staff knew how to deal with emergencies and report incidents and accidents.

People's needs were assessed and care and support was planned and delivered in line with their individual care and support needs. People's care plans had detailed guidance for staff regarding their preferences.

People made choices for themselves where they had the capacity to do so and the service operated in line with the Mental Capacity Act 2005.

The service had robust staff recruitment procedures in place and people received their personal care and support at the time they expected it by staff who were punctual. There were cover arrangements in place for staff absence.

Staff had a good understanding of infection control procedures and used personal protective clothing such as aprons and gloves when carrying out personal care or meal preparation to prevent the spread of infection.

The registered manager upheld their responsibilities to the Care Quality Commission (CQC) by submitting statutory notifications.

The service had a complaints procedure in place and people knew how to make a complaint. Staff told us they felt supported by the management team. People spoke positively about staff.

## 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. Medicines were not always managed safely. Medicine administration records were not always completed accurately.

Risk assessments in place did not always provide guidance and information to staff to manage and mitigate risks.

The service had enough staff to support people and robust staff recruitment procedures were in place.

Systems were in place to minimise the risk of infection.

The service demonstrated how they learnt from accidents and incidents.

**Requires Improvement** ●

### Is the service effective?

The service was effective. There were systems in place to ensure staff received appropriate induction, training, appraisal and supervision in order to enable them to support people effectively. We have made a recommendation regarding systems to consistently monitor staff training.

Staff had an understanding of the Mental Capacity Act and how they applied it in their daily roles. However, capacity assessments were not always completed in line with MCA guidance. We have made a recommendation regarding best practice guidelines in relation to capacity assessments for specific decisions.

People were supported to maintain a balanced diet that met their needs.

People were supported to access healthcare services in order to maintain their health.

**Requires Improvement** ●

### Is the service caring?

The service was caring. Staff were aware of people's preferences which were also outlined within people's care and support plans.

**Good** ●

People were treated with dignity and respect.

People were supported to maintain their independence and encouraged to pursue their hobbies.

### **Is the service responsive?**

**Good** ●

The service was responsive. Care plans included information about meeting people's care and support needs.

The service had a complaints procedure in place and people knew how to make a complaint.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not always well led. Effective systems were not in place to monitor the quality of the service.

There was a registered manager in place. Staff spoke positively about the registered manager and the culture of the service.

# Genesis Recruitment Agency Limited- Domiciliary Care East 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 announced inspection took place on 15 May 2018. We gave the service 24 hours' notice of the inspection visit because we needed to be sure that someone would be available to assist with the inspection.

Inspection site visit activity started on 23 April and ended on 1 May 2018. We visited the office location on 15 May 2018 to see the registered manager, office staff and care staff; and to review care records and policies and procedures. We telephoned people following the inspection on 17 and 18 May 2018.

Before the inspection we looked at concerns raised and information we already held about this service. This included details of its registration and notifications of significant incidents they had sent us. Notifications are information about important events which the service is required to send us by law. We contacted the host local authority with responsibility for commissioning care from the service, to seek their views.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about service, what the service does well and improvements they plan to make.

The inspection was carried out by two inspectors and two experts 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.

We spoke 28 people using the service and four relatives of people using the service. We also spoke with nine staff; this included the registered manager, care staff, two care co-ordinators, senior supervisor and auditor who was also a member of the care team. We looked at the support records for four people using the service, including support plans and risk assessments. We looked at six medicine administration records and three incident forms. We reviewed the training records for all staff and looked at the recruitment and supervision records of eight staff. We looked at medicine records of three people and minutes of team meetings. We checked various policies and procedures including adult safeguarding procedures. We reviewed the quality assurance and monitoring systems of the service.

# Is the service safe?

## Our findings

The service was not always safe. Medicines were not always managed safely. We reviewed the medicine administration records (MAR) charts for eight people using the service. The MAR charts were unclear relating to medicines taken as needed or as required are known as 'PRN' medicines. Staff gave conflicting views on the use or frequency of the inhalers for one person. This was not clearly indicated on the MAR chart reviewed on the day of inspection. We spoke with the registered manager about this. They told us they would review the way medicines were recorded.

The service had a medicines policy and procedure and supported people with their medicines. Records were seen of when people were prompted to take their medicines by staff. This showed people were receiving their medicines when they needed them. Reasons for not administering people their medicines were recorded. Medicines records for each person contained information about their allergies and the type of medicine. Records showed staff who administered medicines had the appropriate training.

Risk assessments were carried out for people using the service and contained information about the risks people faced. Each risk assessment was reviewed every six months or sooner if new risks were identified. Risk assessments contained some guidance for staff of how to mitigate the identified risks. However, we found risk assessments relating to medicines did not guide staff regarding the risks associated with some medicines. On the day of inspection, we saw the registered manager and senior supervisor had updated the risk assessments relating to medicines with guidance regarding risks associated with prescribed medicines. They began reviewing people's medicines risk assessments.

Risk assessments relating to behaviour that challenges the service were generic and not personalised. There was no information guidance for staff to mitigate and manage the risks. We spoke with the registered manager about this. They said they would review risk assessments. On 16 May 2018 the registered manager submitted risk assessment documents for behaviours that may challenge the service and had begun reviewing people's risk assessment relating to this. We were satisfied the service had addressed the concerns raised.

At the time of inspection the service had not followed correct procedures for the proper and safe management of medicines. Risks were not always managed and mitigated for people using the service. This meant people could be placed at risk of harm or inappropriate or unsafe care. These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

People told us they felt safe using the service. When asked if they felt safe using the service one person said, "Yes, I feel safe in their care." The service had systems in place to protect people from the risk of abuse. Staff had completed training on safeguarding and whistleblowing and had a good understanding of their responsibilities for reporting any allegations of abuse. Staff told us they would report safeguarding concerns to the registered manager in the first instance. They also told us they would report it to the police and local authority adult safeguarding team as appropriate. One staff member said, "We document and report any



abuse straight away." Another staff member told us, "I report any abuse and am sure the manager reports to the social worker, the police and yourselves [CQC]."

There was a safeguarding and whistleblowing policy which made clear the services responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). The policy also covered whistleblowing and made clear staff had the right to whistle blow to appropriate outside agencies.

The registered manager and care coordinators were aware of their responsibility with regards to safeguarding. They told us about safeguarding alerts they had raised with the local authority and the outcome. We had received safeguarding notifications from the service and saw management plans in place to safeguard people from abuse.

Staff were aware of and followed infection control procedures and processes to prevent the spread of infection. Records showed all staff had completed infection control. Staff were provided with personal protective equipment (PPE) including gloves and aprons. They were able to explain infection control procedures when supporting people with personal care and during food preparation. People using the service confirmed staff wore personal protective equipment.

Staff were punctual when visiting people to provide personal care and support. People told us staff were punctual. One person said, "I've never had a problem with their [care staff] timekeeping." Another person said, "Yes, they always arrive on time." Staff told us and records reviewed showed staff sickness absence, training and annual leave was covered by staff employed by the service. One person told us, "They usually phone me to tell me if someone else is coming." Another person said, "The office normally calls me and lets me know I'm going to have another carer."

We looked at the system used by the service to monitor staff attendance at people's homes. We saw records of appointments covered or rearranged at people's request. The care coordinators monitored the punctuality of staff and were able to cover any appointments staff could not attend due to an unplanned absence. Staffing rotas reviewed showed changes made to cover unplanned staff absence. We observed care coordinators monitoring the punctuality of staff, covering staff absence and contacting people using the service with updates of any changes.

The service followed safe recruitment practices. The provider had a staff recruitment procedure in place. Staff were employed subject to various checks including references, proof of identification, eligibility to work in the UK and criminal record checks. The process assured the provider employees were of good character and have the qualifications, skills and experience to support people using the service. Staff told us about the checks carried out and the interview process prior to starting employment at the service. One staff member said, "I had all the checks and references back before I could do my induction." Staff records confirmed that appropriate checks were carried out before staff began their employment at the service.

The service learnt from accidents and incidents. We reviewed incident and accident records for three people using the service. Each incident was recorded giving a full description of the incidents and actions taken to prevent recurrence of such incidents. Staff were aware of the procedure for reporting accidents and incidents. One staff member said, "We fill a form if there has been an accident and this is reviewed by the manager."

## Is the service effective?

### Our findings

People using the service and their relatives told us they thought staff were trained to carry out their role. One person said, "They seem well qualified." Another person told us, "They seem well trained."

People were supported by staff that had completed the necessary training. Before staff started to work for the service they completed an induction program as well as training and shadowing of experienced staff members. This ensured they were competent to perform their roles. One staff member said, "I had training and shadowed a senior staff and they also come to check if things are going ok." We looked through induction and training records and found a comprehensive induction had taken place and training was completed. However, we saw a discrepancy between what was on the training matrix and what was on the certificates in terms of when refresher training was due. We spoke to the registered manager about this. They told us they had changed over to a new timeframe which was different to that stated on the current certificates. Following the inspection on 15 May 2018 the registered manager submitted a schedule of training for our review.

We recommend the provider develop systems to ensure that refresher training is completed in a consistent manner.

We saw evidence that annual appraisals took place to ensure staff's professional development needs were addressed. Appraisals discussed performance and any goals for the next six months to ensure all staff had a development plan. One staff member told us, "The meetings are helpful as they give me a chance to express myself."

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 using the service told us staff sought consent before meeting their care or support needs. When asked if staff sought consent one person said, "Yes, they always ask." Staff were able to explain how they sought consent from people before they delivered care. One staff member said, "We always ask and wait for a response even a simple nod or a gesture for us to go ahead."

We checked whether the service was working within the principles of the MCA. We found staff had completed mental capacity training and were aware of how this applied in practice. There was a section within the care records to assess whether people had capacity to make different decisions. However, we found that the mental capacity care plan in one of the care records we reviewed was not completed properly. On the assessment it said the person had capacity and on another part of the care record it said the person needed help to manage their finances and make financial decisions. We recommend best practice guidelines are followed in relation to capacity assessments for specific decisions.

An initial assessment was completed before people started to use the service. This included aspects of care such as communication, mobility, nutrition and continence. People's needs were also assessed relating to their physical, emotional and social needs. We saw this information was used to complete a care plan which would meet their needs.

People were supported to eat a balanced diet that met their needs. One person told us, "[Staff] will cook for me if I want her to, make sandwiches and cups of tea." Another person said, "They do toast and stuff in the morning, they always ask me if I want something to eat." Staff were aware of people with special diets and told us how they supported them to make the right choices. Dietary requirements and any allergies were noted in the care records reviewed. One staff member told us, "[Person] just needs a gentle reminder now and again that they should try and avoid sweet things because of their [medical condition]."

People were supported to access healthcare services in order to maintain their health. Care records showed contact with District nurses, GP's and social workers in order to discuss and arrange support that improved people's health. Staff told us they would call the office, facilitate calls to GP's, or collect medicines from the pharmacy when required in order to ensure people received the support they required. One relative told us staff had recommended the GP was contacted as they had noticed the person was becoming unwell. They told us this had helped with the person's recovery as treatment had been sought before the condition worsened.

# Is the service caring?

## Our findings

People and their relatives told us staff were caring. One person when speaking about a staff member said, "I'm very happy they're very considerate." Another person said, "I feel very comfortable with [staff member]. We know each other well." A third person said, "We always have a laugh about something or another," Staff spoke fondly of people and addressed them by their preferred names. One staff member told us, "I love my job and have grown very fond of [person] and [person]. It's a good feeling when you leave [person] smiling." Another staff member said, "Helping is my passion and I really want to make sure every person I help feels special."

People were treated with dignity and respect. One person told us, "They [staff] make me feel very respected, they talk to me and listen to what I have to say." Training records confirmed staff had attended privacy and dignity training and understood how they applied this in practice. One staff member told us, "I always make sure that the curtains are drawn during personal care. I cover all the parts that are not yet being washed and speak to the client to make them comfortable." Care plans outlined where people had indicated they required same gender staff. This was confirmed within the daily records and the rotas we reviewed.

People were supported to maintain their independence. One person told us staff encouraged them to be as independent as can be, but supported them when they needed it. Staff told us how they kept people involved and encouraged them to be independent. One staff member said, "We always try to get people to do as much as they can. Simple things like cutting up their food so they can eat their food, letting them wash their face, eyes or privates and encouraging them to take a few steps a day."

People's care plans detailed relatives and friends who were involved in people's lives. This helped staff enable them to maintain social contacts as well as converse about people and subjects that mattered to them. One staff member told us, "We talk about their [relative] who keeps in touch via the phone." Another staff said, "[Persons using the service] relative lives with them and helps with their medication and meals."

At the time of this inspection the service was not providing care and support to anyone with end of life care needs. The service was aware of other agencies and health care professionals available should they need to provide end of life care.

Staff knew people's preferences regarding communication and support plans contained guidance for staff. Training records showed that some staff had learnt a type of sign language (BSL) to enable them to communicate with people who were deaf. Care plans in place outlining people's non-verbal means of communication. One staff member explained how they communicated using short simple phrases to a person with a learning disability that impacted their communication.

Confidential records were stored in locked cabinets and in password protected computers. The registered manager and care coordinators had access to computer records. Staff had a responsibility not to share confidential information about people with unauthorised persons. This protected people's privacy.

## Is the service responsive?

### Our findings

People told us they were happy with the support provided by the service. One person said, "Yes, I get very good care." One relative told us, "They're very good with [person using the service] they will sit and talk to [person]."

Care files we reviewed showed care plans were in place for people using the service. We noted on some care files sections were left blank. These were sections entitled "What's important to me". It was unclear if the service had assessed people's preferences. We spoke with the registered manager about this. They explained where this had been left blank because some people using the service had refused to complete this section. They immediately informed staff that where people had refused this should be specified on the care plan.

Staff knew the support people required and were guided by care plans in place. One staff member told us, "I read the care plan when I first go to the client. I also ask the person what they need." Staff built relationships with people and understood their needs because they supported the same person. This was reflected in conversations with people using the service and staff and through staffing rotas we reviewed.

Care files detailed people's life history, medical history and current medical conditions. Care plans were detailed and people using the service or their representative signed a care agreement. People's needs, such as personal care, support with meals and medicines administration or prompting was included in care plans. One person's care files stated, 'Assist with washing and dressing or undressing and encourage [person] to accept support with their personal care. Assist with breakfast preparation and a hot drink of choice'.

Care plans were reviewed every six months or sooner to reflect changes in people's support needs and we saw this reflected in care files. Support needed with daily activities was identified and people expressed how they would like staff to support them with personal care and eating healthily. Specific care plans were in place to guide staff support people living with specific medical conditions.

The service sought to meet people's needs in relation to equality and diversity. This was included in the initial assessment carried out before people began using the service. People's support files contained details of their beliefs and preferences. The service collected information about people with particular protected characteristics who used the service, to ensure their preferences were considered when meeting their support needs. This was reflected in care plans to ensure people were protected from discrimination.

People knew how to make a complaint if they needed to. They told us they would telephone the office if they had a complaint. One person told us they had telephoned the service and their complaint had been sorted very quickly. A relative told us, "I had a complaint about the weekend staff but it was sorted quite quickly." The service has a complaints policy and procedure. The policy included timescales for responding to complaints and details of who people could escalate their complaint to if they were not satisfied with the initial response from the service. We looked at records of complaints received by the service.

We found the service recorded, acknowledged and responded to complaints in writing within the timescales specified in the complaints procedure. Staff knew about the complaints procedure. One staff member said, "We let the manager know if there is a complaint." Another staff member said, "I try to help the person with the complaint and tell them I will call the office to log the complaint." This showed the service had systems in place to respond to complaints.

## Is the service well-led?

### Our findings

The service was not always well-led. We found quality assurance systems were not effective to identify shortcomings in the quality of the service. The service had not identified the issues we had identified during our inspection. The service carried out various quality audits of records. These included care planning and risk assessments, medicine administration records and daily report records. The quality monitoring systems in place had not identified the issues such as the system for recording medicines administered, guidance for staff to manage and mitigate risks associated with people's medicines or behaviour that challenged the service, capacity assessments for specific decisions and monitoring of training.

We also found policies referred to another service registered by the provider, namely the complaints policy and business continuity plan. The focus was not solely on Genesis Recruitment Limited and some information may not be relevant for staff and people using the service. The initial assessment referred the obsolete essential standards rather than the current fundamental standards of care. Following the inspection, the service had begun the process of amending the policies and initial assessment document. The systems in place had failed to identify this.

Effective systems were not in place to seek feedback from people using the service. People using the service told us, the service did not call or send out surveys to seek their views. They said staff visited to discuss their care during care plan reviews and spot checks. The service carried out unannounced spot checks to ensure staff were adhering to visit times and delivering care according to people's preferences. However, the service did not send surveys to people or their relatives or seek people's views through telephone calls. We discussed this with the registered manager who told us they preferred to seek people's views face-to-face during care plan reviews.

The care coordinators explained they spoke with people using the service on a regular basis and sought feedback. However, records were not kept of these conversations or actions taken as a result of feedback given. The service did not seek feedback through surveys from stakeholders and partners they worked with. This meant the service could not effectively analyse feedback in order to improve the quality of the service.

Although the service acted promptly to address our concerns at the time of our inspection the above findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014.

The service had a registered manager in place. Staff told us they felt the service was well led and the registered manager and office staff were approachable and supportive. One staff member said, "I can call the office at any time. I also come in regularly and find the manager and all the staff to be very helpful."

People using the service and their relatives were positive about the leadership of the service and contact they had with the service. When asked if they thought the service was well led one person said, "Yes. All I can say is that Genesis was recommended to me and I've not looked back, I've also recommended them to other people."

People we spoke with were satisfied with the service. When asked if there was anything they felt the service could do better, one person said, "I'm satisfied with everything." Another person said, "They're on the ball with everything." A third person said, "No, I don't. I'm quite happy with what they do for me."

Staff spoke positively about the culture of the organisation. One staff member said, "It's a good place to work as they listen." The registered manager spoke positively about the care and office team and the quality of support staff delivered to people using the service. The service operated a 24-hour on call system which meant senior staff were available to provide guidance if required.

Staff meetings took place every eight to 12 weeks over three days. This was to allow all care staff to attend regardless of their schedules and gave staff the opportunity to contribute to the running of the service. We looked at meeting minutes for October 2017, January 2018 and April 2018. Discussions included staff conduct, supervision and appraisal, staff safety and training. Staff were positive about these meetings. A member of staff told us, "We have regular meetings and messages sent of any updates."

The provider submitted statutory notifications relating to significant incidents that had occurred in the service. The statutory notification is a notice informing the Care Quality Commission of significant events and is required by law.

The registered manager worked with other agencies to develop best practice. They told us they liaised with other social care organisations to share up to date information on the social care sector and best practice. The registered manager attended 'Provider Forums' run by the local authority to share information and best practice.

During the inspection the registered manager was open about areas of improvement. Throughout the inspection we requested records and information which was provided promptly and with detailed explanations. All staff we spoke with were helpful, co-operative and open.



This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not follow procedures for the proper and safe management of medicines. 12(1)(g)</p> <p>The provider did not do all that is reasonably practicable to mitigate risks to people using the service. 12 (1)(2)(b)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was failing to take proper steps to ensure an effective system was in place to assess, monitor and mitigate the risks to the health and safety of people to improve the quality and safety of the services provided. Regulation 17(1)(2)(a)(b)(c)</p>