

Generix Associates Limited

Generixcare Luton

Inspection report

Suite C7 Basepoint Business Centre
110 Butterfield, Great Marlings
Luton
Bedfordshire
LU2 8DL

Tel: 01582433754

Date of inspection visit:
05 December 2018
21 December 2018

Date of publication:
17 January 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

Generixcare Luton is a domiciliary care service. They provide care and support to people living in their own homes so that they could live as independently as possible. Not everyone using Generixcare Luton receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, 36 people were being supported by the service.

This announced comprehensive inspection took place between 5 December 2018 and 21 December 2018.

Following the last inspection in August 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-led to at least good. At this inspection, we found they had improved the areas we had previously been concerned about. However, Well-led was again rated 'requires improvement' because further improvements were required to the deployment of staff to improve the timeliness of care visits and people's overall experience of the service. They needed to ensure that systems in place to improve this were effective to enable them to achieve this quickly.

There was a registered manager in post. 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.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or harm. There were now safe staff recruitment processes in place and there were sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. Where required, people had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services when urgent care was needed.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person-centred way. The provider had an effective system to handle complaints

and concerns. Improvements were made in response to concerns raised by people. However, further work was necessary to ensure staff knew how people wanted to be supported at the end of their lives.

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 was safe.

There were systems in place to protect people from potential abuse and harm.

There were safe staff recruitment procedures and there was enough staff to support people safely.

People's medicines were being managed safely.

Incidents and accidents were reviewed in order to put systems to prevent recurrence.

Is the service effective?

Good ●

The service was effective.

Assessments of people's care needs meant their care was tailored to effectively meet their individual needs.

Staff received regular training, supervision and support to enable them to effectively meet people's needs.

Where required, people were supported to have enough to eat and drink to maintain their health and wellbeing.

The requirements of the Mental Capacity Act 2005 were being met.

Is the service caring?

Good ●

The service was caring.

People were supported by caring and friendly staff.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

Is the service responsive?

The service was responsive.

People received person-centred care. They were supported by responsive and attentive staff.

The provider had a system to manage people's complaints and concerns.

Further work was necessary to ensure staff knew how people wanted to be supported at the end of their lives.

Good 

Is the service well-led?

The provider had systems in place to assess and monitor the quality of the service.

People and staff were enabled to share their experiences of the service. However, further work was necessary to improve the consistency of care visit times and people's experiences of the service.

The service worked closely with other stakeholders to ensure that they provided the care people required and expected.

Requires Improvement 

Generixcare Luton

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.

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

The inspection started on 5 December 2018 when we visited the office location to see the registered manager and office staff, and to review care records and policies and procedures. The office staff supporting the registered manager included an administrator and a care coordinator. Following this, we made telephone calls to people using the service and staff on 14, 17 and 21 December 2018. We spoke with nine people using the service, eight relatives and four members of staff.

The inspection was carried out by one inspector 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. Their area of expertise was in the care of older people.

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 the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us. We received feedback about the service from the local authority.

During the office visit, we looked at care records for six people to check how their care was planned and managed. We looked at three staff files to see whether the provider's staff recruitment and supervision processes had improved. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed.

We looked at information on how the quality of the service was assessed and monitored. We followed up on

breaches of regulations we found when we inspected the service in August 2017. We found improvements had been made.

Is the service safe?

Our findings

When we inspected the service in August 2017, we found the provider did not have robust staff recruitment processes. This was because they did not always check each employee's employment history, qualifications and experience. Some of the references were missing or were not always requested from appropriate people. Also, they did not always complete a risk assessment when there was information of concern in a Disclosure and Barring Service (DBS) report. At this inspection, we found safe staff recruitment procedures were now in place.

At the previous inspection, improvements were also required in the timings of the care visits so that people were not rushed and were supported at their chosen times. At this inspection, we received varied views about whether this had improved. Some people told us of recent late visits, while others said they had seen improvements in the last six months. One person said, "When I first started with Generixcare, I thought the staff rushed their visits. But as time has gone by, a better routine has been established which seems to work well."

The care coordinator showed us how they planned rotas with travelling time between care visits, so that staff could support people at agreed times. This was mostly achieved by the service, but there were sometimes unavoidable events that made it not possible. For example, when staff went off sick at short notice or had transport problems. The provider dealt with some of the travelling challenges for staff by employing two drivers to transport staff to each care visit. This was because they could not always employ staff who drove. Staff told us this had greatly improved their punctuality, as opposed to using public transport.

We saw that as much as possible, the provider tried to maintain consistency of staff when planning the rotas. Staff told us they normally worked in specific areas so that they consistently supported a small group of people. One person who had a positive experience of this said they were pleased that the small number of staff who supported them provided good continuity of care. Another person said, "All my visits take place at the agreed time that is set down in my care plan. This means I get my medication and meals at the right time. Although I see a lot of different carers, they all know what I expect of them and they all look after me really well."

People told us they felt safe. This included one person who said, "I feel very safe and secure in their hands." A copy of the files in people's homes showed that they had been given information of what to do if they had concerns about how staff supported them.

There were effective systems to keep people safe, including staff training. This was evident in the knowledge of staff we spoke with because they knew what to do. They had also been provided with information to remind them how to report concerns. One member of staff told us, "I'm not worried about anyone. I know to report to the manager if I have concerns." Records showed the registered manager had appropriately reported potential safeguarding incidents to ensure that where required, action was taken to protect people from harm.

Risks were managed effectively. People had risk assessments so that potential risks to their health and wellbeing were managed well. This information ensured people and staff knew how to mitigate identified risks, without restricting people's independence. Areas such as people's mobility, nutritional needs, skin integrity and medicines had been risk assessed. One relative told us staff always used equipment appropriately to support their relative safely. Risk assessments had been reviewed regularly to ensure people continued to receive appropriate care.

There were sufficient numbers of staff to support people safely. People told us there was always staff to support them and they never had any missed visits. Staff we spoke with confirmed this. This included one member of staff who said, "There is plenty of staff to support clients. They are always looking for more staff so that we can support more clients." The provider had an ongoing recruitment programme to achieve this.

People told us their medicines were managed safely, and they told us they were happy with how staff supported them with this. One person said, "It is essential that I get my tablets on time, otherwise the pain can get so bad I could pass out. The team that support me are terrific because they get to me on time." Another person told us, "Their good punctuality means that I get my medications on time and they complete my medicines administration record (MAR) properly in my personal folder."

There were systems in place to ensure the MAR were audited regularly so that any errors could be identified and rectified quickly. The MAR we reviewed had been completed accurately with no unexplained gaps. People and relatives told us staff knew to check that people had sufficient medicines. One relative said, "The carers will always ring me if my [person] needs more tablets. I like the way they keep in touch with me, it is very reassuring."

There was an environmental risk assessment to assess each person's home to mitigate any hazards that could put them and staff at risk of harm. People were happy about how staff maintained high hygiene levels to protect them from risks of acquired infections. They said staff wore gloves when supporting them with personal care, and they washed their hands after they finished. Similarly, they said staff were hygienic in the way they prepared meals and tidied up afterwards. One relative told us how staff supported their relative who needed continence equipment. They said, "Our carers received proper training so that they could safely change and clean [equipment]. They are meticulously hygienic in the way they do this. This keeps [person] very comfortable and dry."

Records showed the registered manager reviewed accidents and incidents involving people using the service and staff. There was evidence of learning when things went wrong and systems were put in place to prevent further incidents and subsequently, protect people from harm.

Is the service effective?

Our findings

The service continued to meet people's needs effectively. Detailed assessments of people's support needs meant they had personalised care plans that considered their needs, choices, views and preferences. People told us their care needs were met by the service and that staff provided good care. One relative said, "We received full training from the local hospital team on how to move my [person] from bed to a chair using a hoist. I'm very pleased to say the carers do this extremely well, so we no longer have to do it. The care staff seem to be well trained in all the tasks they do for us." One person told us, "All the support we receive is of a very high standard. The carers know what is expected of them. The [charity] team recommended this agency and they check with us that everything is going well, and it is." Another person said, "My carers seem genuinely interested in my overall welfare. I can speak to any of them at any time or ring the manager to get extra help. I get on with [registered manager] really well. Nothing is too much trouble for her."

The provider had a mandatory training programme that all staff completed to ensure they had the right skills to support people effectively. Additional training was also provided when required to meet people's individual needs. We saw that some staff had completed training in dementia care and catheter care. Staff told us they were happy with the quality of the training they received. One member of staff said, "Training is very interesting and makes you understand your role better. I would give the trainer 10 out of 10." Another member of staff told us they had recently discussed with the registered manager about achieving nationally recognised qualifications in addition to the mandatory training. They said the registered manager was checking how this could be best facilitated.

Staff told us they felt supported in their day to day work, and they received regular supervision. One member of staff said, "The office staff and the manager are very supportive, which is very good. When I call, they answer straight away and that makes me feel supported."

Where required, people told us they were supported well to eat and drink enough to maintain their health and wellbeing. Staff supported some people with their daily meals and worked closely with relatives to ensure people had enough to eat. One person said, "They get to me on time and they make sure I am fed and watered to my liking." One relative was particularly complimentary about a member of staff who supported their relative well to eat. They said, "[Name] is outstanding because she is wonderful with [person]. She has the gift of being able to patiently encourage [person] to take eat the meals."

When urgent healthcare was required, staff supported people to contact health professionals they needed support from. Staff did not routinely support people to attend appointments with health professionals such as GPs, dentists, chiropodist, opticians and hospital consultants, but would ensure people had the health support they needed. One person told us, "On four occasions, staff called the paramedics if had a higher than normal temperature. The carers have been very supportive and they stayed with me until the paramedics arrived to make sure I'm OK."

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.

We checked whether the service was working within the principles of the MCA and found these were met. Records showed that appropriate action had been taken to assess whether people had mental capacity to make decisions about all aspects of their care and support. We found most people had mental capacity to make decisions about their care and staff respected this. People and relatives we spoke with confirmed this. Staff told us that they always asked for people's consent before providing support.

Is the service caring?

Our findings

Staff continued to provide care in a caring and compassionate manner. People told us that staff were caring and friendly. One person told us, "My carers are marvellous. I am fully relaxed in their company. We get on really well." Another person said, "My regular carer called [name] is wonderful." A relative who named their three regular staff said, "They are beautiful souls who are made for looking after people with special needs. They are so lovely and patient with [person]. They are naturally committed carers."

People told us they particularly got on very well with their regular staff. Some found staff who did not support them regularly or those who did not speak particularly good English were not as friendly and chatty. However, most people said they had no concerns with staff's intentions to provide good care, in a respectful manner. One person said, "[Name], the main carer shows up some of the other carers. Nothing is too much trouble for her, but some of the carers spend a lot of time on their phones or completing the file. Some are too rushed and not really very friendly. I think it is because they don't speak English very well." Another person said, "I get on like a house on fire with most of the carers, so it was sad to fall out with one carer who reacted very rudely when I asked her if she understood my care plan. Her English was not very good, so I think she misunderstood what I had said. I rang the office and said I did not want her to support me again, and this was arranged."

One person described staff as "very well organised and friendly people". They also said, "All the jobs they are expected to do are done well. They even fetch my medication from the chemist. I like the way the manager does spot checks to ensure that everyone is doing what they are supposed to do." Another person said, "The staff are getting to know me and my [relative] very well indeed. They are making my life a whole lot easier and they are giving my [relative] a lot of free time so that she can get on with all her other jobs. She can happily go out during the day knowing that I am in safe hands. They are meeting my needs really well."

People told us they were supported to make decisions and choices about how they wanted to be supported by staff. One person who was also supported with their shopping said, "I chat with the carers about what meals I want and we talk through the various options. They suggest things that give me a bit of variety and that are easy to prepare. When I'm feeling okay, I go with them on my electric scooter. Otherwise, I just give them the cash and they collect what we've put on my shopping list. The carers give me my change with the receipts and it all works very well." Staff said they always promoted people's choices and people could say if they were not happy with anything.

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity. One relative said, "They are very respectful of [person]'s needs. The hands-on support is very good indeed." While another person said, "The carers treat me in a civil way. They are polite and efficient."

People told us staff supported them to maintain their independence as much as possible, and would only provide support when it was necessary. Some people were independent in carrying out some of their daily living tasks. Other people needed prompting and support to carry out certain tasks. One person said, "The way the carers look after me is really good. I am recovering very well from my injury and they are helping me

to be more independent." Another person said, "I like the fact I can do more for myself thanks to the support I have been given."

Is the service responsive?

Our findings

People's care needs were still being met by the service in a person-centred way. Some people told us about their care plans and that they had been involved in developing these. They said the care plans reflected their care needs. We saw that care plans were reviewed regularly and updated when people's needs changed. This was to ensure these were up to date and reflected people's current needs.

People appreciated the support staff provided to enable them to live well in their own homes. This included one person who said, "The carers certainly make my life easier. I have no cause for complaint." Another person said, "Everything is going really well. I like the way that the manager pops in to see how I'm doing. She does a spot check to make sure everything is going well." One relative told us, "The carers are well aware of [person]'s needs and work hard to deliver what is expected of them."

Another person described how staff always ensured they supported them well with their personal care. They took pride in their appearance and they said staff were very good at making sure they looked and felt good. They added, "They make a real fuss about my appearance. I have long hair and they love to brush it for me. I couldn't want for anything better." A relative who was grateful about the support staff provided to their family described the care tasks staff carried out at each visit. They concluded by telling us, "They always leave her very comfortable and relaxed."

Our conversations with people revealed many positive comments about staff and these included: 'They are patient and professional'; 'They are gentle and courteous'; 'The care is done with plenty of conversation and humour that works well with [person]'; 'They always ask if there is anything I want them to do before they leave. It seems that nothing is too much trouble for them. They have given me and my family real peace of mind'; This showed the provider had continued to promote a service that was caring and responsive to people's needs. Staff's comments were overwhelming positive too, with all of them telling us that the registered manager's caring approach to them had translated in the way they cared for and interacted with people they supported.

People's concerns were handled effectively. Most people told us they were happy with their care and they had no reason to complain. Some people were not always happy about the timings of the care visits and had complained to the provider. Where complaints had been raised, we saw that the registered manager took appropriate action to investigate these. We also saw that the provider was regularly reviewing their systems to ensure that late visits were very rare. Staff told us they tried hard to ensure they worked in accordance to their rota as they did not want to let people down. One member of staff said, "It's normally okay, but there is a bit of a problem with evening shifts as there is a lot of traffic." Another member of staff said, "We always have open chats at team. I feel we will come up with a way to resolve travelling issues that can lead to late visits."

Only people requiring end of life care had these care plans. We discussed with the registered manager that they needed to have this information for everyone they supported and they told us they would add this information as soon as possible. This information was essential so that staff knew how people wanted to be

supported at the end of their lives.

Is the service well-led?

Our findings

When we inspected the service in August 2017, we found the provider did not have robust quality monitoring systems to ensure they provided consistently safe, effective and good quality care. Some of the records were not up to date because they did not have office staff to help the registered manager to review these in a timely way. They also did not have robust staff recruitment processes.

At this inspection, we found improvements had been made to ensure the service was safe and they provided good quality care. Thorough pre-employment checks were now being completed for all staff and records were up to date. The registered manager was now being supported by two office staff, an administrator and care coordinator, who ensured care visits were planned properly and staff appropriately allocated to these. They also had another senior staff who carried out some of the 'spot checks'. These are unannounced visits to people's homes to check if staff were carrying out their roles properly. Several people commented about these checks and they said they found it to be assuring that the provider regularly assessed staff's competence.

However, the provider needed to make further improvements in how they deployed staff to minimise the number of late care visits. Some people told us the unreliable visit times meant they were not always able to get on with their day as they did not know when staff would arrive. Three people told us they had to cancel lunchtime visits because staff were not always able to arrive at their preferred times. Some people also commented about some of the staff not being able to communicate clearly in English, although they said this did not affect the quality of care they received. They said this did not promote more open and free conversations that would help them to build relationships with staff.

We discussed these issues with the registered manager and they told us of the major challenges of recruiting staff in the social care sector. They told us they had an ongoing recruitment programme since the previous inspection and would only accept new referrals if they had enough staff to provide the care. In addition to their own monitoring system, the provider had recently started using an electronic monitoring system recommended by the local authority. However, there were still some teething problems with how this worked. They assessed staff's level of spoken and written English during the interview to ensure they were able to provide safe care. Further work was also necessary to ensure that care plans contained information about how people wanted to be supported at the end of their lives.

Everyone told us the registered manager was approachable and always available to provide support if they needed this. Despite some frustration with the timings of their care visits, fifteen people and relatives told us they would recommend the services of Generixcare to other people in similar circumstances. This was because of the caring approach shown by the registered manager and staff. Staff were also quite complimentary about the quality of the service, with all of them telling us that the service was 'very good'. They also said the registered manager promoted good teamwork, so that they worked well together to provide good care to people they supported.

Staff told us that they felt listened to and their views valued. They also said they were comfortable making

suggestions about ways to develop the service and their views were considered. We saw that staff had monthly meetings where they discussed issues relevant to their roles. The service also used an electronic 'chat' system to communicate urgent issues that could not wait until the next meeting. The registered manager showed us some of these chats that ensured staff had up to date information about changes to rotas, people's needs and guidance. They have also introduced a conference calling system so that they could speak to many staff at the same time. Staff told us all these systems promoted good communication.

The provider gave people opportunities to provide feedback about their experiences of the service. There was an annual survey, annual care reviews and telephone interviews which all allowed people to rate and comment about the quality of the service. People we spoke with told us about these. They also said they were able to speak with the registered manager when they visited to monitor staff practice. They found office staff responsive and helpful, although two people commented about the out of hours phone not always being answered. This is an area the provider needs to improve on.

The provider had systems in place to regularly assess and monitor the quality of the service. The registered manager and other senior staff regularly carried out a range of audits to ensure that any shortfalls were identified and dealt with quickly. Positively, the provider was already aware of the concerns raised by people about inconsistent visit times and had put processes in place to improve this.

The service worked closely with other stakeholders such as people's allocated social workers and the local authority to ensure that people's needs were met. The registered manager appropriately reported relevant issues to the local authority. The service had also received compliments including from some of the people using the service. This showed that overall, people received the support they required and expected.