

Genuine Care Homecare Services Limited

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Inspection report



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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Outstanding 

Summary of findings

Overall summary

About the service: Genuine Care Homecare Services is a home care agency that provides care and support to adults in their own homes through visits or live-in care. The service was providing personal care to 55 people in Edenbridge and surrounding areas.

People's experience of using this service:

The registered manager's (who was also the provider) enthusiasm for caring for people was highly infectious and was clearly felt by all who met them. This therefore promoted a high quality and caring culture within the service which achieved remarkably positive outcomes for people.

All feedback was overwhelmingly positive from people, relatives, health and social care professionals, commissioners and staff for all aspects of the service.

Care staff were well trained, highly caring and competent; and engaged with the provider who empowered them to provide high quality care and support with continuity for people.

People were supported to stay well and have a good quality of life in line with their wishes and relatives were confident their loved ones were safe and well cared for. The service was highly flexible, and person centred so people could have as much or as little support as they needed. People were truly respected and supported to maintain control of their lives and were involved as much as possible.

People were provided with excellent care at the end of their lives. People were enabled to have a pain free and positive death, in that a compassionate environment was created for them in line with their wishes.

The provider had earned an excellent reputation and was part of their local community. They had continued to find new ways to support people, their relatives and their local community with the development of their drop-in centre.

The home met the characteristics of Outstanding in Caring, Responsive and Well-led.

Rating at last inspection: Outstanding (report published 01 September 2016).

Why we inspected: This was a comprehensive planned inspection.

Follow up: We will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Outstanding.

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 exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led

Details are in our Well-Led findings below.

Outstanding ☆

Genuine Care Homecare Services 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector, an assistant inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service, older people and dementia care.

Service and service type:

Genuine Care Homecare is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults, people with physical disabilities and people who are living with dementia.

Not everyone using Genuine Care Homecare services receives a 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 consider any wider social care provided.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because the manager and staff were often out of

the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 25 April 2019 and ended on 26 April 2019. We visited the office location on 25 April 2019 to see the registered manager and office staff; and to review care records and related documents.

What we did:

We reviewed information we had received about the service, including feedback from two health and social care professionals and one commissioner. The registered manager had completed a Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During inspection we looked at the following:

We spoke with six people using the service, four relatives, a healthcare professional, six members of staff, other senior staff and the registered manager.

We viewed care records, medicines records, records of accidents and incidents, audits and quality assurance reports, feedback received, one staff recruitment file, staff training records and rotas.

Following this inspection, the registered manager provided us with additional information we requested around controlled medicines. We also received further feedback from one relative and a health care professional.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and policies were in place to protect people from abuse and avoidable harm.
- The registered manager was committed to safeguarding people from the risk of abuse. For example, on one occasion they returned from their holiday early, after being alerted by staff, to help a relative seek legal support where they were concerned about possible financial abuse. The registered manager worked with the relative and enabled the person to obtain an appointee from the Court of Protection promptly to ensure their best interest around their finances were safeguarded. This was above and beyond their duty to simply alert the local authority of the safeguarding concern.
- People told us they felt safe with their care workers. One person said, "I always feel safe because the care workers make me feel at home in my own home."
- Relatives told us their loved one's felt safe. One relative said, "Both my relative and I feel safe when the care workers come. There's a focus on the vulnerability of the elderly and that's important." Another relative who lived abroad said, "I could not ask for any better support whilst trying to ensure their safety."
- Staff had received training in this area and were confident the registered manager would listen and act upon any concerns quickly.
- Staff understood their responsibilities to safeguard people, were aware of the signs of abuse and knew who to inform if they witnessed or had an allegation of abuse reported to them.
- The registered manager promoted an open culture to encourage staff to raise any concerns and were aware of local safeguarding policies and procedures.

Assessing risk, safety monitoring and management

- Environmental and individual risks to people were identified, assessed and managed safely. Risk assessments were in place to provide guidance to staff how to reduce the risks to people and staff could tell us how they kept people safe. For example, from the risk of falls. Staff worked with people's GPs by following their instructions to monitor people's blood pressure where this increased the risk of them falling. Senior care workers had been trained by nurses to do general observations to enable this.
- Risk management was excellent and therefore there had been very few incidents. Positive risk taking was considered alongside the providers 'duty of care'. The registered manager had identified that involving the right professionals the person needed was key to ensuring their safety.
- Assessments were in place to ensure any equipment was used safely and staff confirmed they received training around this, for example around the use of hoists and slings.
- Fire drills had been held and people had personalised emergency evacuation plans to provide guidance on the support people needed in these circumstances.

Staffing and recruitment

- Staff were recruited safely, and all the appropriate pre-employment checks were completed by the provider to protect people from the employment of unsuitable staff.
- People told us they received their scheduled visits and that staff were generally on time and if they were running late they were informed. Comments included, "They have never missed an appointment"; "They're always bang on time." And, "They are nearly always punctual & if there's going to be a problem, let the office know who, in turn, inform me."
- One relative told us, "They have never missed an appointment and they have telephoned if they are late." Another relative said, "All tasks can be achieved in the time allocation."
- There were enough staff to keep people safe and meet all their needs. The provider had assessed the required staffing levels and had ensured these continued to meet people's needs. For example, by on-going review and using dependency assessment tools.
- Staff told us they would inform the office if they thought people needed more time as their needs had changed and to enable more time for 'a little chat'. Staff recognised that taking the time to develop positive and trusting relationships with people helped to keep people safe and the registered manager supported this by enabling staff to have the time for this.
- One care worker said, "If they need more time as they have deteriorated, you tell the manager and they make adjustments, there is none of this rushing about."
- The provider was clear they did not take on packages of care unless they had suitable staff available to support people and therefore operated a waiting list for new packages. The provider was doing all they could to recruit more suitable staff to meet the demands for their services.
- Rotas evidenced enough staff were deployed to meet people's needs. People were supported by a consistent staff team and there was no use of agency staff. People told us the care workers knew them well. Where any cover was needed senior staff including the registered manager would help.

Using medicines safely

- Medicines were managed safely. Staff received training to administer medicines and their competency was checked regularly.
- People received their medicines as prescribed. One person told us, "They help me with my meds and that's going well."
- Relatives said, "They have a full list of medicines my relative takes – that's helpful and no problems there." And, "They check on meds taken or to be taken."
- Staff could tell us when they needed to administer 'as required' medicines. Written protocols were in place for these medicines to ensure staff knew when people needed these medicines and how to evaluate their effectiveness.
- Regular audits were completed and signed off by the registered manager to ensure people received their medicines safely. No medicine errors had occurred within the service within the last year.

Preventing and controlling infection

- Staff supported people to prepare their meals and were vigilant to ensure good food hygiene practices were maintained to prevent infection. Staff had effectively managed some difficult situations with people and their relatives where they needed to ensure people's safety yet also promote their autonomy and independence. For example, they had involved relatives with the promotion of good hygiene practices and worked alongside them to ensure people were protected from this risk.
- People told us, "They wear gloves, I notice these things. In their care tasks, they're great with me." And, "The care workers always wear gloves and an apron when here."
- Staff had received training in infection control and could tell us what they do to prevent and control infection, such as wearing gloves and aprons and washing their hands regularly.
- Personal protective equipment was available for all staff to use.

Learning lessons when things go wrong

- Accidents and incidents were recorded, monitored and action taken to prevent a reoccurrence. These were minimal as there was good risk management in place.
- Staff could describe the process for reporting incidents and accidents and knew what to do, for example, in the event of a fall.
- The registered manager had logged all events to identify any trends and learning. For example, when there was a new medication prescribed or a person was unwell and needed a GP appointment. Lessons were clearly learnt as care plans were continually reviewed and support increased. Staff told us they were informed of any changes to people care plans immediately by text and that care plans were updated within hours.

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.

Good: 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's needs were comprehensively assessed, looked at their current situation, planned care and agreed outcomes so staff could support them effectively. The registered manager described how they worked openly and transparently with health professionals and provided joined up care. This started from introducing themselves to the persons GP. They said, "People tell us what they want but they forget things, by contacting their GP we can ensure we meet all their needs."
- One person told us. "The care workers are good – importantly, they're willing to learn from me and adapt their approach where necessary. I feel comfortable and confident about what they do."
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments. This included people's needs in relation to their culture, religion, sexuality and disability. Staff completed training in equality and diversity. The registered manager and staff were committed to ensuring people's equality and diversity needs were met. For example, for one person who was house bound, they had arranged for a priest to visit them at their home.
- One care worker told us, "We just treat people as an individual, we care for them whatever their culture, religion or belief."
- One healthcare professional described how Genuine Care promoted positive outcomes for people. They told us, "One person eventually had pink legs, rather than purple cold ones, they look like a different person, well fed and cared for." This was a good example of how Genuine Care staff implemented best practice to improve people's care.

Staff support: induction, training, skills and experience

- The registered manager recognised that ensuring the continued development and appraisal of staff's skills and knowledge was essential to ensuring high quality care and support.
- All staff had received an appropriate induction to the service and training in all the required areas. There was a training matrix in place so that when staff required a training update, this was arranged to ensure they remained compliant.
- New staff were introduced to people prior to providing any support and were supported to learn about people's needs by familiar and experienced staff. New staff shadowed experienced staff for as long as they needed to feel comfortable in their new role. Staff and people confirmed this happened. This enabled people to experience a continuity of care and minimise the distress and disruption caused by changes in staff.
- Additional training was provided to ensure staff could meet people's individual needs. For example, in peg feeding. This is a method of feeding where a tube has been inserted into the persons stomach to provide a means of feeding when oral intake is not adequate.
- Staff were competent, knowledgeable and skilled. Staff told us about training they had received which

helped them to provide effective support. For example, around manual handling and the use of new equipment. One care worker said, "One person had been assessed to need a sally hoist and I hadn't used one before, so I asked for training, which of course was provided."

- The training manager told us that Genuine Care looked at training in ways to meet the individual learning needs of the care workers. All new staff had an assessment around their training needs to ensure that they completed all the training they needed for their role and that it was given to them in a way they could learn effectively. For example, by sitting around a table and reading together rather than E-learning and the use of a variety of assessment tools.
- Staff whose second language was English were supported through additional training in English and the use of technology such as translating tools. This ensured the quality of peoples care records.
- Senior staff completed competency packs on all care staff which included detailed written observations in all areas of care, for example manual handling, catheter care, and dementia.
- One person said, "The care workers are excellent. You can tell they're well trained."
- Staff told us they were supported by the registered manager and received regular supervision, competencies and appraisals.
- One healthcare professional told us, "The staff are always nicely turned out, they are competent and well trained."

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

- Staff ensured people's dietary needs and preferences were met. Staff described how they will offer people a choice of the meals they had available and how some people were not able to eat certain foods.
- We observed staff ensured people had a drink to hand before they left their home.
- People said, "The food they prepare is good." And, "The food they heat up is fine – no problems here."
- Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. For example, from speech and language therapists.
- The registered manager told us how they had supported one person at risk of choking to remain living at home through close working with other agencies and their relative. This was a real achievement as they had enabled the person's feeding plan to be followed to support the safety of the person under some particularly difficult circumstances.

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

- Healthcare plans provided clear guidance for staff for all people's healthcare needs. Following any assessment, the registered manager contacted the persons GP (with their permission) for their medical summary to ensure they were supported with all their healthcare needs.
- People's health and wellbeing was monitored to promote early prevention and positive outcomes. For example, where people were prone to urine infections, they were monitored. Care workers acted quickly to test for any infection and ensured medicines were received immediately if needed. This was achieved by close working with people's GPs to have testing kits and antibiotics to hand. The registered manager told us how this had dramatically reduced hospital admissions.
- People were supported to maintain good health and were referred to appropriate health professionals as required. For example, speech and language therapists, occupational therapists (OT's) and the hospice.
- Detailed records were maintained for all health appointments, for example with GPs and opticians.
- One healthcare professional told us, "They will always ring if they are concerned, for advice and they will always get it in writing for a paper trail. We can't fault them, they have stepped in so many times to help. We have a close working relationship." Another healthcare professional said, "They seek appropriate medical information, with appropriate consent. Their requests for information or intervention seem considered and

well judged. They do not 'abandon ship' when the going gets tough with a patient and provide a flexible response to difficult situations."

Adapting service, design, decoration to meet people's needs

- People lived in their own homes so naturally these reflected their preferences. Staff supported people to get any equipment they needed to ensure their needs were met within their home. For example, equipment through an OT.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. When people live in their own homes this procedure is completed through the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. No-one was being deprived of their liberty.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

- People had mental capacity assessments completed which followed the principles of the MCA, for example they involved those important to them, considered people's religions and decisions were made in people's best interest.

- Genuine care was skilled at obtaining people's consent and the registered manager actively reviewed how people were involved in their care. From the moment the person received a service they were asked to consent, for example to Genuine care accessing parts of their GP records to ensure all their needs were met.

- People were asked to consent to their care and care plans had been signed. One person said, "They always ask permission to do what they do, and they'll explain what they're going to do."

- Staff had a good understanding of the MCA. One care worker told us, "We always ask them for permission. If someone is on palliative care, when they are on their final stages that is when your job gets tricky because they can't give their consent, but their relatives know why we are there, and they know what we are going to do. But we always still talk them through each stage of what we are doing."

- Where people had a lasting power of attorney in place this was recorded, and a copy kept in people's care records.

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

Outstanding: □ People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- There was a strong person-centred culture. The registered manager had grown the remarkably caring culture of the service through their own caring approach and actions. Through demonstrating to staff their commitment in the way they often went above and beyond, for example by visiting people in their own time, staff thought nothing of doing the same, of visiting people in hospital or going to the shop to buy something for a person to make their day.
- The service was skilled at anticipating people's needs and understanding when people were likely to be distressed. This information was used to inform people's care plans to ensure care and support was sensitive and respectful to both people and their relatives.
- The registered manager described how they had supported one person in their own time during a stay in hospital to help the nursing staff with a certain medical procedure they were trained to do. They had recognised the person felt uncomfortable and therefore had carried out the procedure to reassure the person and minimise any distress to them whilst in hospital.
- People's comments about staff included, "They're always kind and caring in what they do, and willingly do extra, for example, I've needed a taxi to go to hospital...the care workers willingly organised that for me." And, "They are extremely kind and caring and they respond quickly. For example, there was a mess on the floor and without hesitation, they picked up a cloth and cleaned it up – happily." And, "They are very kind, just like a family."
- Relatives told us, "All the care workers are kind, helpful and caring." And, "The care workers are always very polite and correct in their manner...their demeanour is very nice and they 'give of themselves'."
- It was evident all staff genuinely cared for the people they supported and would often go beyond their duties. For example, one care worker told us they had a break between visits and rather than go home they visited one person an hour and a half early (who had invited them to). They said, "I go around and talk to them or have my meal with them or cook them their favourite meal."
- Staff were patient and caring with people and showed compassion. We viewed kind, friendly and respectful interactions. For example, staff informed people what they were going to do and checked if they needed anything.
- Staff told us how they had time to spend with people, just talking to them and getting to know them. One care worker said, "If I have got an extra 15 minutes, I would rather spend time talking to them, it has a massive impact on them, you can see that it does." Another care worker told us how they care for people by, "Making them feel relaxed with me and doing little things for them that they can't do...And asking them what they want...Putting a smile on someone's face and making them feel happy is worth a lot."
- Another care worker told us how they always start with making the person a drink and having a little chat. They said, "The best thing I can do is just listen, it shows that I am approachable and that I take on board

what they are saying. I think the attitude you go in with helps, we go in with a happy face, soft and gentle is the way you have to approach it."

- One healthcare professional said, "They sort out everything, nothing is too much trouble. We always get positive feedback and patients always look well cared for."
- Staff told us they would recommend the service and would be very happy for their relatives to be supported by Genuine Care and in some cases, this had happened.
- The registered manager clearly went above and beyond caring for the people using the service. They would take time to support people not using their agency to find services not in their area to ensure their needs were met. For example, they even went to visit one person a considerable distance away who asked for help, they contacted hospice services and got them support.

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

- People were involved in the care they received on a day to day basis by the care workers supporting them. People told us they were asked about their views in care plan reviews.
- People were asked to complete a survey about the service they received. The feedback was all positive.
- People's communication needs were known and understood by staff. People's care plans included details which helped new staff learn about how people expressed their needs. Information was shared with people in formats which met their communication needs. For example, documents were produced in larger print and people were asked if they needed this.
- Staff showed a good understanding of people's needs and preferences and told us all this information was in people's care records.
- The registered manager and senior staff had worked directly with people to ensure they knew people's views on the care provided.
- No-one was using advocacy services at the time of our inspection as people's families were involved. However, the registered manager informed us they would support people to access advocacy services if needed. Advocacy services offer trained professionals who support, enable and empower people to speak up.

Respecting and promoting people's privacy, dignity and independence

- People's confidentiality was supported and information about people was held securely.
- Respecting people's privacy and dignity was central to the service values. Staff respected people's privacy, listened to people, respected their choices and told us how they upheld their dignity when providing personal care, for example using a towel to cover someone up when they were undressed.
- One person said, "They close the door and shutters are shut in the morning call, when I come out the shower they make sure there is a towel over me."
- People were encouraged to maintain their independence where possible. One care worker said, "Its simple things like, people will say to me, you do the buttons as you are quicker than me and I will say, I'm not in any hurry, you have a go." Another care worker described how they will encourage people to walk to their toilet using their walking frame or encourage people to put their hand in the water and wash themselves.
- People were supported to regain and maintain their independence which had prevented people moving to residential care services and enabled them to remain in their own home. For example, one person's mobility had improved as care workers had supported them with their exercises recommended by their occupational therapist and to use equipment to aid their mobility. They were now able to go upstairs and out and about.

Is the service responsive?

Our findings

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

Outstanding: □ Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care and support tailored to their needs which ranged from short visits to live-in care. The registered manager promoted supporting people with any need they had even when this went beyond what they were paid to do. For example, they had lent people a hospital bed to enable people to be discharged from hospital back to their care at home.
- The registered manager matched live-in care workers to peoples' needs and preferences. For example, one person was born in another country and had lived there for many years, the registered manager therefore recruited a live-in care worker of the same nationality to ensure their needs were met.
- Staff used information about people's life histories to engage with them. For example, one care worker told us how they had looked up and shared information about a country one person lived in for many years and what happened in that area the year the person got married there. This had a significant impact on the person as they were living with dementia. They talked at length about the place and events. The staff member then went in their own time to buy a related jigsaw from a charity shop which the person did.
- People were given care and support how they wanted and were given choice and control of the care and support they received. For example, people told us they chose what gender of staff cared for them. One relative told us, "My relative has a female care worker and we were given a choice."
- People told us their care records were always completed and up to date. One person said, "They write down every day in the care record what I've done, every meal and the food I've had." People's care and support was regularly reviewed and updated to reflect their changing needs. People's relatives and other professionals were involved in person centred reviews and information was shared about people's care appropriately to promote positive outcomes for people.
- People were encouraged to go out or do activities they enjoy. One care worker said, "We try to encourage people to attend care centres and to mix with other people or just to sit out in their garden or have the TV on rather than just sitting."
- The provider put on special events at no extra cost for people such as Christmas parties and Bingo evenings.
- Peoples likes, and dislikes and daily routines were recorded to ensure staff supported them in the way they liked. For example, one care worker described how one person loved to watch TV and read so they always ensured their TV remote, magnifying glass and all they needed was within their reach.
- The registered manager described how they provide live-in care for one person with complex health needs and how their family has described this as life changing. They said, "We talk with the person about Crystal Palace and cataracts and let them forget their more complex physical needs."
- The registered manager was committed to responding to people's changing needs and provided an out of hours contact for people and staff. For example, they told us how they had gone the extra mile to find a live-in care worker for one person on a Sunday, the same day it was identified as needed.

- Technology was used to support people's needs. For example, one staff told us how they used their phone to play old music the person talked about. This led to the person spending over an hour enjoying themselves dancing to the music.
- All feedback from health and social care professionals was remarkably positive. For example, one told us, "The services that Genuine Care were providing for my client were really good and the client was happy because they informed me the care workers were very good, they understood their needs and carried out the tasks professionally." Another health and social care professional told us, "Their responsiveness is second to none, I am always impressed to receive a weekly update on my clients via email, and if there are any issues whatsoever with my client's health or wellbeing, I am always alerted."
- One commissioner told us, "This care provider has a history of going that extra mile to ensure that service user's needs and wishes are met."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place for people, relatives and visitors. There had not been any complaints. However, there were two boxes of compliments and thank you cards in the office.
- People and relatives told us they had not needed to complain but they would be able to speak to someone in the office easily if they needed to.
- One relative told us, "The office staff have come to the house for a chat and to check all is well."
- Analysis of surveys completed showed that the provider did not sit on their laurels with all the positive feedback and still searched for any improvements to be made, no matter how small. For example, the need to continually encourage feedback to ensure everyone can express their opinion of the service.

End of life care and support

- The service supported people at the end of their life. People's wishes and arrangements for the end of their life were recorded in detail and therefore staff had the guidance they needed to support people in line with their wishes.
- Where people had chosen, they had a Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) order in their care records. This helps to ensure a person's death is dignified and peaceful.
- One relative had written to thank the service for the care they received. They had said, "Without exception everyone from your agency has been the epitome of kindness and have often gone beyond the bounds of mere duty to ensure that they have been kept with the best quality of life that it was possible to achieve, given a set of very trying circumstances. Nobody complained...in fact they all generated positivity that enabled us to enjoy moments even of these final days."
- Staff told us they had received training in end of life care and this had given them a better understanding of people's cultural differences. One care worker said, "It's about being compassionate, being there and being gentle."
- One care worker described how when a person is commissioned for care at the end of their life the manager sets up a meeting with the person and their family and they complete a detailed assessment. They said, "It went over everything, their favourite colour, their first memory, everything. The paperwork then gets to us girls and so when we make the first call we already know some things about them and what they want."
- One care worker said, "When people die, we tend to get invited to the funeral as we have become an important part of their lives and they have become important to us." Staff described how they were shown empathy and cared for by the service when a person they were caring for had died. For example, they were given time off work to grieve.
- The registered manager talked passionately about supporting people to have a positive death by ensuring they were pain free and allowed to forget. For example, they went during a weekend in their own time to support a live-in care worker with one person who was at the very end of their life. They said, "We put a

candle on...they liked Frank Sinatra, the last thing to go is people's hearing so I said, let them hear Frank."

- The service was very responsive in enabling people to achieve their preferences at the end of their life. For example, one person in line with their wishes was in a hospice on a syringe driver for pain relief. The registered manager said, "They were sending me funny jokes and pictures on my phone, until four o'clock in the morning, they died at seven o'clock. The registered manager had stayed awake throughout the night responding to this person as they wanted to ensure they had a good death.

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

Outstanding: □ Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a caring culture in the service. The registered manager had embedded their values around high-quality care right from the recruiting and induction of staff and these values clearly shone through. All people, relatives, staff and health and social care professionals were all highly positive about the registered manager and said they were supportive and approachable.
- One care worker described the service values as, "We provide good quality of care. We do what it says on the tin...genuine care. It comes through with my colleagues, I can't think of anyone who just does it for a job."
- The registered manager demonstrated a strong commitment to ensuring they provided person centred and high-quality care and was responsive to feedback during our inspection. Their duty of candour was demonstrated in the way they kept relatives informed and worked openly with other professionals.
- The provider had been involved in the recent parliamentary review of care. They had advocated strongly for the need to work collaboratively with other health service providers and shared their success with how this had led to less hospital admissions; the need to include a more complete sense of wellbeing to provide quality care by creating an enjoyable atmosphere when providing care and how experiencing care is also a form of social interaction.
- The provider was proactive in finding ways to continually develop their services. For example, they were in the process of opening a drop-in centre next to their office to enable people they supported with mobility issues to socialise outside their home. This was also for the local community to be able to drop-in for advice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The governance framework had ensured the delivery of high quality and safe care. Risks had been identified and managed to mitigate the risks. Record keeping was of a high standard and included good monitoring records. Healthcare professionals had complimented Genuine Care on the quality of the person-centred records they maintained.
- People told us they thought the service was well managed, that anything raised is dealt with promptly and that they were very happy with the service they received.
- Relatives told us they thought the service was 'definitely' well managed. One relative said, "It's all good and I'm very, very happy!" Another relative said, "I was initially very anxious about care workers at home as a relatively new experience for me but I've been genuinely surprised at how well it works and how I now feel about it."
- The registered manager had received a care award for 'putting people first in the community' and was a

runner up for the national award.

- The registered manager and senior staff regularly worked closely and hands on with the staff to monitor the care provided and completed spot checks.
- Quality assurance systems, such as audits and checks were used effectively. For instance, audits were completed on medicines records and contact log books. Actions were identified as a result and used to make improvements. For example, to remind staff to use black ink.
- Any lateness over 15 minutes was logged onto an electronic monitoring system along with any incidents, accidents and alerts such as a person needing a GP appointment, or a new medicine had been prescribed.
- Staff were knowledgeable in their roles and had easy access to the providers policies. Staff told us managers ensured they understood what they were doing and why to ensure the quality of care during all training and that they were encouraged to do additional training.
- Staff told us they felt well supported and received feedback from senior staff. One care worker said, "We have something once a month where you can sit with your supervisor and offload. They will always tell you where you are going wrong, what you need to correct and as a company what we need to do. They give you positive feedback and it gives you a good boost."
- Staff morale was clearly high as all staff feedback was extremely positive. One care worker told us, "There's been so many times I've gone to a call and the person you are working with helps you. I remember the first time I was working with palliative care and I had never seen someone die before, and my colleagues gave me a cuddle and talked to me about it and they let me have a couple of days off."
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. No such events had been notified to us as none had occurred. The registered manager clearly understood their role and responsibilities and had met all their regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Working in partnership with others

- People and those important to them were engaged with the service. One person told us, "We have a good relationship with the manager, (Name) is accessible so you can ask a question or give feedback."
- One relative told us, "The owner really listens to you!" Another relative told us, "I have been asked for my opinion...I have absolutely no complaints." Another relative told us, "I have been working with (name), owner of the company who has worked very closely and cooperatively with me to ensure they remain safe... (name of registered manager) was amazing, they worked tirelessly with me over the Easter holidays ensuring that there was close liaison between ourselves and the hospital. They kept in regular contact both by email as well as telephone, very impressive given that I live 7000 miles away and they were on holiday at the time!"
- Surveys had been completed with relatives and feedback was positive, for example around staff consistency. These showed that 100% of people felt their needs were being met, felt safe and secure in their home and that they could contact the manager to discuss any problems.
- Newsletters and team meetings were used to share information and the registered manager had an 'open door' policy. This enabled good formal and informal communication between the managers and staff team. Regular social gatherings were also held to enable staff across the regions to get to know each other.
- Care workers were clearly valued by senior staff and the provider and told us they felt valued. This was promoted in many ways, from care workers having access to free snacks in the office to the provider using awards for 'outstanding achievements' and 'employee of the month' to recognise good practice.
- The registered manager had continued to help relatives of people even when they were no longer providing a service to them. For example, they supported one family after their loved one had moved to a care home to ensure their loved one remained safe. In this instance they had supported with some complex MCA issues, had visited the person to complete a mental capacity assessment and facilitated a best interest decision. The relatives had described this support as, "Genuine care's quick response and effective actions, for which we have never been charged, resulted in another positive and happy result for my (name of

relative)."

- Staff spoke very highly about the registered manager and provider and told us they felt involved and listened to. Comments included, "I can't rate the company high enough and it's not just because I am working there." And, "The way they approach their staff, it makes you want to give outstanding care. You know you are always supported, you never feel alone. The only way I can describe is that (name of registered manager) is one massive big bird and she is always hugging her babies." And, "(Name) is amazing... Incredible person, really wants to get job done really well, nothing to do with making money, got a passion for getting a really good service for people."
- The registered manager attended a registered managers network to ensure they remained up to date with best practice. They worked closely with other local domiciliary care agencies to support the promotion of good practice and to meet people's needs.
- Genuine Care had a strong community presence. For example, they had participated in charitable events to support fund raising. The registered manager was well respected in the local community and told us how it took them an hour to pop to the local post office as so many people stopped to talk to them. Local people had even asked the office staff to ensure they kept their blinds open, so they could wave at them as they walked past.