

# Genuine Care Homecare Services Limited

## Genuine Care Homecare Services Limited

### 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?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

This inspection was announced and was carried out on 15, 18 and 19 July 2016. We gave the registered manager short notice of the inspection because we needed to make sure they and staff would be available to speak with us. Genuine Care homecare is a home care agency situated in the town of Edenbridge. The service provides care and support to adults in their own homes through scheduled appointments and through the provision of live-in care staff. The service supports older people, people with physical disabilities and people who are living with dementia. The service does not provide care for children. The agency covers Edenbridge, Sevenoaks, Biggin Hill and surrounding areas.

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. The registered provider was also the registered manager of the service.

People were safe when using this service. Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns. Risks to people's wellbeing were assessed and action taken to reduce these. The service focused on keeping people safe whilst promoting their independence. People were supported to manage their medicines in a safe way. Staff responded quickly to changes in people's health and worked with other health care professionals to meet their needs. People were given support and advice to ensure they could prepare and eat a varied and healthy diet.

There were enough staff to meet people's needs and staffing levels were flexible according to people's changing needs. The registered manager followed safe recruitment practices to ensure that staff were suitable to work with people. Staff were qualified and received training that helped them to deliver a high quality service to people. The registered manager provided support and guidance to staff to ensure they were equipped to carry out their roles. Staff felt valued by the registered manager and supported in their roles.

People were asked to consent before any care was given. Where people had difficulty making decisions the principles of the Mental Capacity Act 2005 were followed to ensure people's rights were protected. People were involved in planning their care and their views about how this should be delivered were recorded and respected. Clear information about the service, the management, the facilities, and how to complain was provided to people. Information was available in a format that met people's needs.

People told us that the staff were extremely caring. Staff communicated effectively with them, responded to their needs promptly and treated them with kindness and respect. Staff knew people well and were exceptional at delivering care that made people feel valued. The service regularly went above and beyond the agreed care package to deliver sensitive and caring support to people. They had enabled people to

access their local community and do things they had previously been restricted in doing. The registered manager was passionate about promoting person centred values as the basis of the service and ensured these were followed consistently by staff. The staff understood the importance of ensuring people's emotional needs were met as well as their physical needs. Staff had been trained, through the local hospice, to provide sensitive and compassionate care for people who were reaching the end of their life. People's privacy was respected and people were supported in a way that respected their dignity and independence. The staff promoted people's independence and encouraged them to do as much as possible for themselves. Staff understood that people's needs could fluctuate daily and they were able to provide a flexible and responsive approach to changes in need. A healthcare professional told us, "Some of my clients can only remain in their home because they have this particular agency."

People received care that was responsive to their individual needs. People told us that the care they received was "exceptional". They were involved in developing care plans that reflected their needs and their preferences and staff were skilled in delivering their care in the way they preferred. The service routinely reviewed people's needs and were quick to respond when their needs changed. People received a flexible service and could make changes to their visits without additional charge.

People's views about the quality of the service they received was sought and people's views listened to. The registered manager took action to make improvements based on feedback from people, staff and other stakeholders. The registered manager was passionate about the values of the agency and committed to providing the very best service to people. This passion and commitment had been cascaded to all staff who spoke positively about people's rights and their role to enable people to live meaningful and empowered lives.

The service was exceptionally well led. One person told us "We have used other agencies before and I can honestly say Genuine Care are excellent." The registered manager was proactive in keeping up to date with relevant best practice guidance in person centred care and the care of people living with dementia. They encouraged and enabled staff to improve their knowledge and skills on an ongoing basis. The registered manager had a proactive and effective system for monitoring the quality and safety of the service and ensuring the ongoing improvement of service delivery. The registered manager was honest and transparent in their leadership of the service. A healthcare professional told us, "I find them to be helpful, considerate and honest. If they are unable to take a service user they will advise, rather than take them on and then let them down."

## 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.

Staff were trained in the safeguarding of vulnerable adults and were knowledgeable about recognising the signs of abuse.

Risk assessments were centred on the needs of the individuals and there were sufficient staff on duty to safely meet people's needs. Thorough staff recruitment procedures were followed in practice to ensure staff were suitable to work with people.

People were supported to manage their medicines in a safe way.

### Is the service effective?

Good 

The service was effective.

All staff had completed the training they required to safely and effectively meet people's needs. They had opportunities to complete other training relevant to their roles. Staff held a health and social care qualification that enabled them to deliver effective care.

The provider was meeting the requirements of the Mental Capacity Act 2005. People were asked to consent before care was given.

People were referred to healthcare professionals promptly when required and staff worked in partnership with them to meet their health needs. People were supported and enabled to prepare and eat a varied and healthy diet.

### Is the service caring?

Outstanding 

The service was exceptionally caring.

Staff knew people well and had developed positive relationships with them that were based on respect and empowerment. Staff consistently delivered a caring and compassionate service. They frequently went beyond the requirements of the agreed care plan

to ensure people felt valued and led meaningful lives.

Information was provided to people about the service and how to complain. People were involved in the planning of their support.

Staff respected people's privacy and promoted people's independence. They encouraged people to do as much for themselves as possible. Staff understood the importance of meeting people's emotional needs in addition to their physical care needs. The care provided was sensitive and tailored to their individual requirements.

### Is the service responsive?

Good 

The service was responsive.

People's needs were assessed before care was provided. People's care plans were personalised to reflect their wishes and what was important to them. Care plans and risk assessments were reviewed and updated when people's needs changed. People received a personalised service.

People knew how to complain and were confident to raise any concerns. The registered manager sought people's views, listened to them and acted upon them to secure improvements to the service.

### Is the service well-led?

Outstanding 

The service was exceptionally well-led.

The registered manager was passionate about providing an outstanding service to people to enable them to live meaningful lives. Their values had been cascaded to the staff who held strong person centred values and delivered care that reflected these. There was an open and positive culture which focussed on people and this was strongly embedded in the core of the service.

There was an effective system of quality assurance in place. The registered manager carried out audits to identify where improvements could be made and took action to improve the service. People's views formed a key part of the ongoing improvement plan for the service. There was a commitment to the continual development of the service to ensure it reflected best practice.

# Genuine Care Homecare Services Limited

## **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.

The inspection was carried out on 15, 18 and 19 July 2016 and was an announced inspection. We gave the registered provider 48 hours' notice of the inspection because we needed to be sure that the manager, staff and people we needed to speak with were available.

The inspection was carried out by one inspector. The service was supporting 76 people at the time of our inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information sent to us in the PIR. We also looked at records that were sent to us by the registered manager or social services to inform us of any significant changes and events. We reviewed our previous inspection reports. Our last inspection in October 2014 found the service to be meeting the requirements of the regulations. We spent two days speaking with people that use the service, their families and other stakeholders to gather feedback about their experiences of using the service. We spoke with eight people that use the service, three people's relatives and five professionals who were involved in people's care.

We visited the agency's office on the third day of the inspection. We looked at records that included five people's care plans and records. We looked at four staff employment files, staff training records, satisfaction surveys, quality assurance checks, audits and sampled the service's policies and procedures. We spoke with the registered manager, director of operations, accounts manager, training manager, compliance manager, the recruitment and training supervisor and two members of care staff.

# Is the service safe?

## Our findings

People received a service that ensured their safety. One person told us, "I always feel very safe when they are in my home." People told us there were enough staff to meet their needs and they always knew who would be arriving to provide their care. One person told us, "They always arrive on time and we always get one of the girls we know." Another person said, "I always know who the carers are and they carry ID anyway."

Staff were trained in recognising the signs of abuse. The staff we spoke with knew how to report safeguarding concerns to the registered provider and how to refer any concerns to the local authority if they needed to. Staff training records confirmed that their training in the safeguarding of adults was annual and up to date. The training included safeguarding children to ensure that staff were aware of how to identify safeguarding concerns should they come into contact with children in people's homes. Staff had completed training in equality and diversity and understood how to ensure people were not discriminated against when receiving a service. The registered manager gave examples where they had identified potential abuse and had raised a safeguarding alert on behalf of a person with their consent. There were robust systems in place to ensure that people's money was safeguarded. Where staff handled money on behalf of a person, for example to carry out shopping, they issued a receipt and kept accurate records about expenditure. The service had a policy to protect people's belongings and financial interests. This ensured that people were protected from the risks of abuse.

Risk assessments were centred on the needs of the individual and were effective in promoting people's safety. They included clear measures to reduce the risks to people and appropriate guidance for staff, for example steps to take to reduce the risk of pressure wounds in a person who spent much time in a wheelchair. We saw that detailed guidance was in place, including the use of photos and diagrams, to ensure staff understood the correct way to safely move people using hoisting equipment. Where risk assessments identified that further advice may be beneficial referrals were made, with the person's consent, to relevant health professionals. We saw records that showed that this had happened, for example a referral had been made to the falls prevention team for one person. Advice had been obtained, equipment arranged and a detailed plan implemented. The records showed this had resulted in less frequent falls and injury for the person. Where people used catheter bags these had been signed and dated when they were changed to ensure the frequency of replacement could be monitored. This reduced the risk of infection for the individual. The service provided staff and people with relevant and up to date information on managing risks. For example, a memo had been sent out giving advice on staying cool and hydrated in warm weather. Staff wore ID badges to ensure people knew who was arriving at their property. Records showed that staff ensured that people were safe before they left them after providing care.

People were kept safe because staff carried out risk assessments of their home environment and took steps to reduce any risks. This included ensuring gas and electricity safety checks had been completed, appliances were checked and any possible trip hazards were reduced. A record was held in each person's care file showing staff where to find the mains supply points for utilities in the event of an emergency. Each person had a personal evacuation plan to ensure staff understood how to help them evacuate their home in the event of an emergency. People were asked to ensure that equipment to be used in their care was

serviced regularly. If they were unable to do this or unsure about doing so support was provided. In some instances the registered manager arranged for the equipment to be serviced under their own equipment servicing contract.

The risk of working alone in the community was assessed for each staff member on an annual basis. Staff were issued with equipment to ensure their safety and the safety of the people they provided care to. This included a torch, food labels and personal protective equipment such as gloves and hand sanitiser. The registered manager had a contingency plan to ensure that people continued to receive support in the event of an emergency or staff absence. The registered provider had two vehicles for use by staff in the event of vehicles breakdown. There was an agreement in place with the red cross for transport support to reach people in the event of inclement weather. This ensured people received a consistent service at all times. The provider ensured that the office premises were secure. The offices were locked and covered by security surveillance cameras. All staff were trained in fire awareness. Fire drills were practised six monthly and all fire protection equipment was regularly serviced and maintained. Evacuation plans were clearly displayed in the office.

There were sufficient numbers of skilled and competent staff to meet people's needs. The registered manager reviewed the staffing levels whenever people's needs changed to determine the staffing levels needed and they increased the number of staff accordingly. Rotas showed that staff were provided consistently to support people in line with their agreed care package. A staff member told us that they were, "never rushed on calls, if we need to stay with a person longer we call the office and they arrange for cover for the next call. The manager or care coordinators will go out if needed." Staff rotas were organised in a way that allowed staff sufficient time to travel between people's home so that they arrived at the allocated time. The registered manager told us they regularly undertook visits to provide care to people as this helped them to stay in touch with people's needs. The registered manager had visited a person before our inspection visit that morning. Each senior staff member's job descriptions detailed a secondary accountability so that they had the skills to cover for another staff member in their absence. This ensured continuity and consistency of service to people at all times. There was an out of hours system to respond to people's needs and people told us they knew how to get help or advice when they needed it. The registered manager told us that they were always happy for people to call at any time of day or night if they were worried about anything and gave examples where this had happened.

Safe recruitment procedures ensured that people were supported by staff with the appropriate skills and character to carry out their duties. Recruitment procedures included an interview with the registered manager, checking employment references and carrying out Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff had a criminal record or were barred from working with people that need care and support. Gaps in employment history were explained. Prospective employees were asked to shadow a care visit, with the consent of the person receiving support, to ensure they understood the role they were applying for. The registered manager told us this also allowed them to seek feedback from senior staff and people using the service about the attitude of the person and their suitability for the role. All staff received a comprehensive induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probation period before they became permanent members of staff and staff told us they had a visit from the registered manager after one month to check their work.

People were given the support they needed to manage their medicines safely. The medicines policy for the service was clear and gave staff instruction on how to support people through prompting, assisting or administering their medicines. Where they required assistance, staff administered medicines that were supplied in a monitored dose system. Staff had completed training in the safe handling of medicines and



kept accurate records of any medicines administered. Where people wished to manage their own medicines an assessment of their ability to do this was carried out and advice and support given to help them manage this as independently as possible.

## Is the service effective?

### Our findings

People received an effective service. They told us that the staff understood how to meet their needs and were skilled to do so. One person told us, "I am very confident in what they do, they look after me very well." The relative of a person who had recently used the service told us, "They really did look after my husband most beautifully. He needed lots of care and they managed everything with great skill and attention to detail."

Healthcare professionals involved in the care of people using the service were positive about how the service had met people's needs. One professional told us, "All staff appear to be trained to a high level and the manager and her team are superb at ensuring they offer the best service to their clients, whilst maintaining professionalism." Another professional told us, "They have very well trained staff."

Staff received training and support to ensure they had the knowledge and skills necessary for meeting people's needs. All staff completed an induction and demonstrated their competence before they had been allowed to work on their own. This included 'shadow shifts' where the staff member worked alongside a senior care staff to learn about people's needs and their care plans. The induction was based on the 15 standards of the Care Certificate and included training sessions, discussion groups and workbook learning. The Care Certificate is an assessment based learning programme designed for all staff starting to work in care roles. Staff went on to complete the full Care Certificate after they had completed their induction. Records showed that the training manager and registered manager made detailed observations of staff practice to ensure their competence as part of this award. Three staff had completed this award and a further two were near completion. One member of staff had been asked by 'Skills for Care' the national social care training organisation, for permission to use their completed Care Certificate as a case study for other employees in the sector. Staff we spoke with were able to tell us about the 15 standards and give examples of how they had used the knowledge they had obtained in their induction to care for people effectively. Staff told us that once they had completed their induction a supervisor visited them to see how they were getting on in their role.

Staff completed additional training relevant to their roles. The training manager told us, "When a new staff member starts with us we know who they will be allocated to work with so we tailor their training to the needs of those people. Some staff have completed training in diabetes or Parkinson's disease because that was relevant to the people they would be caring for." Staff were matched to work with people based on their skills and interests. For example, one staff member had been allocated to work with a person as they shared an interest in aircraft. The staff member had supported the person to attend local air shows. We saw that staff had completed a range of training courses including, dementia, stroke, nutrition and Parkinson's disease. All staff had completed training in the safe moving and handling of people. This included a practical session using equipment such as hoists, which the agency provided in the training suite. There was a range of information and training materials available to staff in the training suite. This included detailed information from Alzheimer's Society about caring for people living with dementia. A staff member told us, "If I ask for extra training they are more than happy to support me." Senior staff also completed training in blood sugar testing, blood pressure monitoring and reading a pulse. The registered manager told us this

allowed staff to check people's health and provide accurate information to primary healthcare providers. They said this had also reduced unnecessary hospital admissions. Records showed that all essential training was provided annually and was current. The training record was updated monthly by the training manager to ensure that staff were scheduled for refresher training as required. Staff were supported to undertake training and qualifications appropriate to their roles to increase their knowledge and skills. Most staff had either completed, or were working towards, a relevant health and social care qualification, such as an NVQ or a diploma.

Staff told us they were given the support they needed to carry out their roles effectively. All members of staff received a one to one supervision session four times a year and six spot checks whilst they worked with people in their homes. Records of these meetings and spot checks showed that staff were given positive feedback about their performance, the opportunity to discuss their work and development needs and guidance on areas they could improve further. Additionally, all staff had an annual appraisal.

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and staff. They demonstrated a good understanding of the process to follow when people did not have the mental capacity required to make specific decisions. Staff were trained in the principles of the MCA and were knowledgeable about the requirements of the legislation. The registered manager provided staff with a pocket size 'Mental Capacity Act 2005' guide as a constant reminder to the staff of the importance of consent, choice and decision making. Staff confirmed they had a copy of this. A system was in place to assess people's mental capacity for specific decisions. We saw that this had been completed in respect of a person who needed to use bed rails to prevent them falling out of bed. They had been unable to consent to the use of the rails and therefore the registered manager had followed the correct procedure for ensuring a decision was made in the person's best interests. Staff sought and obtained people's consent before they supported them.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For care agencies such as Genuine Care the process for this is managed by the Court of Protection. The registered manager understood the application process to the Court of Protection where a person's liberty was being restricted, and had followed this as and when necessary. They had supported people and their legal representatives to obtain the necessary orders and ensured staff were familiar with them and followed them.

People's dietary needs and preferences were documented and known by staff. People's care plans and records showed that they were given the assistance they needed to eat their meals. Staff told us that, "We offer advice and support to people so they can prepare and eat a varied and healthy diet. If they need us to prepare meals for them we will do so." The registered manager told us they had provided staff with a cook book and practical demonstrations of how to prepare popular meals. The registered manager said, "Often we employ staff who have a different cultural background to the person they are supporting. We are mindful of this and provide them with advice on how to prepare typical British meals they may not have cooked before. We have also provided staff with instructions on how to use an Aga oven as one person has one of these in their home." We saw that the staff induction programme included learning about food and nutrition. This included ensuring staff understood important information such as how certain food can interact with a person's prescribed medicines.

People's care records showed many health and social care professionals were involved with in their care. We receive positive feedback about Genuine Care Services from the local GPs, who told us that the staff communicated effectively with their surgery and followed any advice given about people's health needs. We saw that people's care plans included clear and detailed guidance for staff about their specific health needs

and how to respond to health emergencies. The registered manager told us that once a care package was agreed they contacted the person's GP, with the person's consent, to inform them they would be caring for the person. They told us this allowed the GP to share any important information and to enable joint working to meet the person's needs. The registered manager and senior staff had made referrals to other health professionals as needed on behalf of people. This included to occupational therapy for advice on equipment, physiotherapy, dieticians, Parkinson's specialist nurse or to the falls prevention clinic. Staff had been trained to deliver a physiotherapy exercise programme that had been prescribed for a person. Records showed this had been completed consistently with the person in line with their care plan. When staff had concerns about people's health this was reported to the office, documented and acted upon. Staff were quick to respond to people's health needs.

## Is the service caring?

### Our findings

People received a service that was exceptionally caring. They told us the staff were consistently kind and caring and went above and beyond the duties detailed in their care package. One person told us, "I really can't say enough good things about them." Another person told us, "The carers are always really polite, friendly and helpful. They do anything I ask and go out of their way to help me. They listen to me, respect what I say and don't make me feel like I am a burden. They really are exceptional." People told us they had positive relationships with the staff that cared for them. One person told us, "I enjoy spending time with them when they come. I love all my girls, they have become like family to me." Another person told us, "They are very kind and they have a good sense of humour which is important to me."

Healthcare professionals involved in the care of people gave positive feedback about their experience of the service. One professional told us, "Genuine Care is known for their very caring ways of managing their care package and are always willing to go the extra mile for the benefits of the Service Users." Another professional told us, "I have always found Genuine Care to be extremely helpful. In my experience with them they have always gone above and beyond for my clients." Another healthcare professional told us, "Some of my clients can only remain in their home because they have this particular agency."

The service had a strong, visible person-centred culture and staff were exceptional at delivering care that made people feel valued. Positive caring relationships were developed with people and their families. Staff told us that before they were allocated to work with a person they were required to read their care plan. The registered manager said this was, "to ensure they take into account all the things that define the service user and their requirements." People were asked about their life history and what was important to them during the assessment process. This information had been documented in the care plans. When we spoke with staff they were able to describe this information and demonstrate that they knew people well. Staff told us that they supported one person to chat about their life using a life story book they had helped them to develop. They told us they always made time to talk with people when visiting to provide their care. The agency operated a keyworker system so that people had an allocated main carer as their first point of contact. Staff told us that their keyworker role included "just being available to have a chat with them." Staff recruitment records showed that the registered manager matched staff to work with people based on staff skills but also shared interests. People's care plans showed this had enabled them to enjoy social activities together as part of their care plan. One person was regularly supported by staff to pack up a picnic and go out to the park for the day as they enjoyed walking. Another person had a keen interest in cycling and although they could no longer physically take part in the activity, their allocated staff member supported them to go to watch cycling races and take part in any cycling events as a spectator. Staff told us how they had supported a person to visit their local pub. Through this they had found old friends and rekindled their friendships and expanded their social circle.

People had frequently received support that was over and above the agreed care package. For example, one person had been isolated at home and unable to get out and enjoy social activities. The registered manager purchased a car for their use and their live in carer supported them to go out for day trips and to socialise. Staff told us that the person now regularly went to the local dementia café and for trips to the coast. Another

person was unable to get out of their home and go out independently due to their physical disability. The registered manager arranged and paid for a ramp to be fitted so that the person could get out. This meant the person could go out independently and visit their local shops. The registered manager told us "We also arrange food shopping online for people if they would like us to. This means we can take the pressure off them and spend our time in a more valuable way with them doing trips out socially rather than them having to shop." Staff told us that the computer system used by the agency alerted office staff the week before a person's birthday and they then sent out a birthday card. Records showed that the registered manager and staff regularly arranged appointments on people's behalf, such as dental, GP and hairdresser appointments. The registered manager told us "We don't just do our visits to people. We will often be the first point of call for people when they are worried or have a problem at home. We have arranged pest control services, boiler repairs and fallen tree removal for people. We care about the people we support and will do whatever they need."

Records demonstrated that the service had also met the needs of friends and family of the people they cared for. Training had been arranged for some family members in the safe moving and handling of their relative. The registered manager told us "Our staff know how to safely move the person, but we wanted his wife to know too so that they were both safe when we were not there." The agency had supported relatives to complete applications for relevant benefits they may be entitled to and had provided information about services that could offer support to them as carers. Staff told us that a neighbour of a person they supported was having trouble with rogue contractors visiting and demanding money. The agency supported the neighbour to contact trading standards and the police.

Staff were extremely sensitive to people's emotional needs and were skilled in meeting these. The staff we spoke with understood the importance of ensuring people's emotional needs were met as well as their physical needs. The service supported people who were living with dementia and staff demonstrated they had an excellent understanding of sensitive and effective ways to respond when people were anxious, distressed or confused. Staff described situations where they had responded by respecting that the person may have another reality at that time to their own. For example, staff said that one person liked to watch old movies and would assume the role of a character from the film. It was important to the person that the staff went along with this and it distressed them if they did not. Therefore, staff told us, they would often be role playing mopping the ships decks whilst a pirate movie was on as this alleviated their anxiety. Staff gave another example where they supported a person who had Post Traumatic Stress Disorder (PTSD) from the war. They told us, "If they shout 'Get Down' they genuinely believe we are at risk of attack. To not do so would cause great stress for them, so you get down." A further example was given where a person became anxious and felt they had to leave to 'go home' each day. They would pack their bags and staff would enable this and then offer a cup of tea. This respected the person's feelings and allowed them to do what they felt they needed to. People's care plans gave clear information about these types of support.

People were involved in making decisions about their care. Information was provided to people about the services the agency could provide to enable them to make an informed decision about agreeing their care. People told us that they were given a brochure and could ask questions about the service before they made their decision. We saw that the brochure was available in large print if people required this. The registered manager told us they were able to arrange translation to other languages when required. If a person decided to use the agency they were involved in the assessment of their needs and asked their views about the care they required. The agency had provided a large print version of the care plan to a person to enable them to read and agree this. Other information was provided to people including about advocacy services, trading standards scam bulletins, local voluntary support services and information about meal delivery companies.

People were cared for by staff who respected confidentiality and discretion. People told us their privacy was respected and they were supported in a way that promoted their dignity. People's care records showed that staff understood the need to respect people's privacy by ringing on their door before entering and leaving people in the bathroom to do the parts of their personal hygiene routine that they were able to independently. A staff member told us "I always make sure I am as discreet as possible when giving personal care. I use towels to cover people and give people space and privacy when they need it." We saw that confidential information, for example addresses, telephone numbers or keysafe numbers were not included on rotas that were issued to staff. Staff told us they were required to obtain the information from the office or the on call manager when they needed it. People's confidential information was stored securely at the agency's offices. Staff ensured that completed records were returned to the office for monitoring and safe keeping.

Staff promoted people's independence and encouraged people to do as much as possible for themselves. People's care plans included information about what they could do for themselves so that staff only provided the care that people needed. For example, one person's plan noted that their mobility fluctuated daily. The plan instructed staff to assess each day, with the involvement of the individual, their ability to mobilise so that it could be agreed whether a full hoist would be used or whether the person could use a stand aid hoist which allowed them to do more of the movement for themselves. The care plan gave clear guidance for staff about how to assess this, but also instructed them to listen to the views of the person. Some people's plans noted that they had been supported to obtain advice and equipment to help them eat independently. The registered manager had arranged for occupational therapy assessments for people who would benefit from equipment to promote their independence. People's records showed that this had often resulted in handrails or raised toilet seats being fitted. People's care plans instructed staff to provide support at an appropriate pace to enable them to do as much for themselves as possible. Staff had been trained, through the local hospice, to provide sensitive and compassionate care for people who were reaching the end of their life. People's care plan documents included information about their specific health needs including how pain could be effectively managed. People's wishes regarding the end of their life had been recorded. Records showed that the service had provided, at short notice, a live-in carer to support the relative of a person who was reaching the end of their life, as their wish was to spend their last days at home. Time was included in the visit to chat with the person's relative and provide them with respite as well as caring for the person and meeting their needs. The agency worked closely with the local hospice to agree a plan of care that would meet the person's needs and wishes.

## Is the service responsive?

### Our findings

People received care that was responsive to their individual needs. People told us that the care they received was "exceptional". One person told us, "They do everything I need them to and more." Another person told us, "The manager has often come out to see us and check how everything is going. It has always felt as if they are really in touch with what we need." A further person told us, "They do things just the way I like. No fuss, no corner cutting, just right." People told us that the service was flexible, reliable and that their allocated staff always arrived on time and stayed for the duration they were meant to. One person told us, "They are so reliable; they have a 100% record for reliability for us." Another person commented, "Sometimes we don't need a lunchtime call and they are flexible with this."

People told us that they knew how to make a complaint and that complaints were handled quickly and fairly. One person said, "I had one week where I had a few changes of carer. I spoke with the office about that and it was sorted out straight away so that I always got the same person." Other said that they had no complaints about the service, but would know how to raise them if they needed to and would be confident that they would be dealt with appropriately.

Healthcare professionals involved in the care of people were positive about the service people received. One person told us, "One of my service users had package of care with Genuine Care. They were not the easiest person to provide support to. They went out of their way to meet this person's needs." Another person told us, "Genuine Care are excellent; I've never had one complaint from any of my clients who have used them. The care staff are punctual; they are sensitive, caring, never tardy. If they are late they always contact the person and they never miss calls. The service is flexible and very adaptable to the needs of the client."

People's care and support was planned in partnership with them. The registered manager or care coordinator visited each person to carry out an assessment of their needs and any individual risks before a care package was agreed. People were asked for their views about their needs and how they would like their care to be delivered. The assessment took account of all areas of their life including their mobility, nutrition, mental health, physical health, sleep and communication needs. The assessment also noted social networks and relationships that were important to the person as well as their life history and personal preferences. The registered manager always ensured the person was seen in their own home as part of their assessment. They told us "People may present differently when in hospital. Whilst we are always happy to visit them and start the assessment there, we then arrange a further visit when they are at home to assess how well they manage in their own home environment." The care coordinator meetings minutes showed that a meeting was held to discuss new people to ensure the required resources were available to meet their assessed needs. The registered manager told us that once they and the person were happy with the assessment outcome and care package was agreed.

People had care plans written that reflected their assessed needs. However staff told us that, "Each person can be different on each day, so their needs are assessed daily." People's care plans provided staff with clear and concise guidance for meeting their needs. They reflected people's preferred routines and how they wished to spend their time. One person's plan focused on how staff could support them with cognitive



difficulties. This included support to use their computer for memory games, looking up football scores or playing scrabble. Staff told us that they were required to visit the office to read people's care plans before they went out to support them for the first time. We saw a memo that had been recently sent to staff reminding them to read people's plans again if they had been away on holiday or other leave. This meant that staff had up to date knowledge about how to support people in a way that met their needs and reflected their preferences.

The service was flexible and responsive to people's changing needs and wishes. The registered manager told us how they had responded when a person living with dementia became anxious as making toast was important to them and their toaster had broken. They arranged for a replacement toaster to be delivered to the person within an hour. People's care plans showed that they could vary their visit times to meet their needs. Two people told us that they sometimes did not need a lunch call and that this was fine with agency. Their care plans reflected this arrangement. The agency had two vehicles that could be used by staff to support people to get to appointments or to go out for social activities. A weekly informal and monthly formal care coordinator meeting was held to review each geographical area to ensure people's needs were being met and staff were allocated effectively to support people in the best way.

People's individual assessments and care plans were reviewed every month or sooner if their needs changed. People were involved in reviewing their plans and their views were acted upon. We saw that a person's care plan had been reviewed and they had requested more support to walk in the garden each day, this had been added to the care plan and records showed this support had been provided. This responsive approach meant that people could be confident that their wishes were respected in practice.

People's views were sought and acted upon. The provider had a clear complaints policy and procedure. People were made aware of the complaints procedures at the start of their care package. The registered provider's complaints records were clear and transparent. The records showed the concern raised, the acknowledgement to the person, the action taken and the outcome. The records showed that feedback about complaints investigations had been given to the person and a follow up call made later on to check improvements had been sustained. Where complaints investigations found the agency to be at fault the registered provider apologised to the complainant and was honest and open about the improvements that would be made.

People's views about the quality of the service they received was sought and recorded when their care plan was reviewed and through a satisfaction survey each year. The last survey had been completed in August 2015 and showed that people were highly satisfied with the care they received. Improvements had been made to ensure everyone understood the complaints procedure by reissuing this as some people said they were unclear what the process was. We found that this improvement had been sustained and people we spoke with knew how to use the complaints procedure if they needed to. The premises were wheelchair accessible and located centrally in town to allow people to access the office at any time.

## Is the service well-led?

### Our findings

People were consistently positive about the service, the leadership and how it delivered the care they needed. One person told us "We have used other agencies before and I can honestly say Genuine Care are excellent." Other people told us, "I have been very pleased with them" and "A fantastic agency. I have recommended them to two of my friends." People told us the registered manager was helpful and approachable. They told us, "There is an emergency out of hours contact number. You can always get hold of someone and they are always happy to help."

Healthcare professionals involved in the care of people using the service were also extremely positive about the service provided. One professional told us, "I find them to be helpful, considerate and honest. If they are unable to take a service user they will advise, rather than take them on and then let them down." Another professional told us, "I only have praise for Genuine Care and hope they continue with the excellent service that they offer."

Our discussions with people, the registered manager and staff showed us that there was an open and positive culture that focussed on people. The vision and values of the service were person-centred and focused on people being at the heart of the service. The registered manager told us, "The ethos of Genuine Care is one of empowerment, inclusion and person centred care." We saw that these values were communicated to people through the registered provider website and the brochure. The registered manager had effective systems in place to regularly review care delivery to ensure they were consistently reflected in practice. This included observations of staff performance and systems for obtaining feedback from people and their relatives. The registered manager spoke passionately about the values of the agency and showed us they were committed to providing the very best service to people. This passion and commitment had been cascaded to all staff who spoke positively about people's rights and their role as staff to enable people to live meaningful and empowered lives. One staff member told us, "We want to make sure that people are given the support they need so that they can live the life they want. It is about more than just the care, it is about listening, respecting and encouraging the person."

The registered manager ensured the service was managed in a way that was transparent, honest and person focused. They told us, "We only charge people for the care they actually receive. We don't charge if a person doesn't need a call, if they are in hospital or if they go on holiday." People using the service, staff and health professionals we spoke with confirmed this practice was in place. The registered manager told us "We will never take on a care package unless we know we have the resources to do so." They also said, "If someone reduces their care provision because they can manage alone that is a success for us." Healthcare professionals we spoke with confirmed the agency was clear about the service they could provide and committed to ensuring it was focused on individual's needs. One professional told us, "They never take on more clients than they can handle. They always flag up if the person requires an increase or a Continuing Healthcare assessment. At the same time, if the person is managing independently and doesn't need as much support, they always let us know." The registered manager consistently notified the Care Quality Commission of any significant events that affected people or the service. Records indicated the manager took part in safeguarding meetings with the local authority when appropriate to discuss how to keep people

safe, and kept them involved in decisions concerning their safety and welfare.

The registered manager had developed and sustained a positive culture in the service encouraging staff, people and other stakeholders to raise issues of concern with them, which they always act upon. Records showed that, in addition to the formal ways they sought feedback, people were able visit the office whenever they wished to discuss any aspect of their care. People we spoke with told us they were always welcomed at the office and one person commented, "Sometimes I will just pop in for a cuppa." The registered manager and staff had researched and used creative ways of communicating with people who were living with dementia to ensure their voices were equally heard. Staff described situations where they used pictures, photographs and objects to help people make decisions about things and provide their views about their care. People's relatives told us they were involved in their relatives care and asked for feedback about the service. One person's relative said, "[The registered manager] rings me if there are any concerns and will always be happy to sort out any problems. We are asked to give feedback about the care and I know they genuinely care what we think." Suggestions made by people and staff had been taken seriously and acted upon, for example, the registered manager had clarified the complaints procedure, improved the telephone access to the on call system and provided an improved training suite. All the staff we spoke with told us they were encouraged to discuss practice issues during team meetings and were invited to comment on how the service was run. Staff told us that their ideas were taken seriously and influenced improvements to the service. A staff member told us "We needed a bigger training room; we got it." Another staff member told us, "As soon as the manager sees something is wrong she deals with it." There was a clear whistleblowing procedure for staff to follow and people using the service were given information about the standard of service they should expect to see and how to raise any concerns.

The registered manager spoke positively about the staff team and valued their input. They told us "The staff work really hard so recently I took them all out to a concert as a reward." The registered manager arranged social parties twice a year for the staff and regularly acknowledged their successes. We saw photos on the office wall and in the newsletter of staff being presented with their Care Certificate along with a bunch of flowers. Staff were encouraged to make suggestions about how to improve the service. Staff told us they felt valued and empowered by the registered manager. One staff said, "She is absolutely brilliant, I have learnt so much from her, I can't ask for a better boss." Another staff member said, "The main strength of this agency is the manager, she truly is genuine and caring. She could not do more for me or other staff." Staff were extremely positive about working for the agency. One staff member told us, "The company is great to work for I have never known a company like it." Another said, "They are so caring, if you need help you can also call anytime day or night."

The registered manager provided staff with clear and directive leadership. Staff told us they understood their responsibilities and were clear about the standards of care they were expected to provide. Staff said that the registered manager was "a good role model, she will often do calls [care visits] to people and always helps out when needed." The registered manager often worked at weekends to ensure they were in touch with all members of staff and had a good overview of all aspects of the service. Records showed that the registered manager gave staff clear feedback about their performance and the expectations of their roles. The registered manager was proactive in developing the skills and knowledge of staff in areas of good practice. This included providing a continual training and development programme and ensuring the relevant information about good practice in the sector was cascaded to all staff. For example, staff we spoke with understood the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission's inspection process.

Staff had easy access to the policies and procedures for the service. They were issued with a handbook containing key relevant policies and were able to access other policies through visiting the office or

contacting the on call manager. The policies were continually reviewed and updated by the registered manager. The registered manager had an effective system for ensuring they remained up to date with changes in legislation that could affect the service. There was a system in place to identify a 'Policy of the month'. Staff were required to revisit the policy to refresh their knowledge of the content. This was used to highlight changes in policy, review policies relating to recent practice issues and to ensure staff stayed up to date with areas of policy they had not seen for a while. Staff had signed to confirm they had read and understood relevant policies. This system ensured that the staff were aware of procedures to follow and of the standards of work expected of them to provide safe, effective and responsive support for people.

The registered manager demonstrated that the service had a strong emphasis on continually striving to improve. The service had effective quality monitoring systems that supported sustained outstanding practice and improvements over time. This included a range of formal quality and safety audits, seeking feedback from people and observations of staff practice. People told us that the registered manager made regular checks on staff performance to ensure they were meeting individuals' needs. A full audit of service delivery carried out in August 2015 identified improvements that could be made to the records of people's care needs to provide more detail about the personalised care provided. These improvements had been made and a new system introduced to ensure that all care records were subject to a full review every quarter. Subsequent audits demonstrated that this had been successfully implemented and sustained. The most recent survey of the views of people using the service had found that some people were unclear about the complaints procedure as they had not had cause to use it. They also required further clarity about the office team structure so they knew who they were speaking with when they called the office. The complaints procedure was reissued to people and staff discussed this with each person as part of their care review. People were issued with a chart showing who worked in which department in the office. They also provided office staff with training in person centred approaches when answering the telephone. The registered manager had arranged for a new telephone system in response to feedback about difficulties getting through and mobile numbers for key members of staff had been provided.

Detailed and accurate records of complaints, safeguarding matters and investigations into the provision of care were maintained. These demonstrated that learning points were considered and included in the ongoing improvement plan for the service. Accident and incidents were recorded, reported appropriately and monitored to identify trends and how risks could be further reduced. A monthly compliance meeting was held with the compliance manager and management team to review the improvement plan and ensure that quality monitoring systems were working effectively. This included checking that all staff had received supervision, spot checks and appraisals. Health and safety matters were discussed and policy changes identified. Action points from the meeting were implemented and followed up by the relevant manager and checked by the registered manager. A sample of daily records of the visits made to people were checked by the registered manager on a monthly basis. This enabled them to monitor the quality of care delivery and identify potential risks. The registered manager used a computer system that allowed staff to plan, record and review people's care. The system highlighted any unresolved care issues and when reviews of people's care plans were due. The system accurately recorded the care visits people had received and generated invoices. The operations director described how the system was securely backed up to ensure no loss of data. All computerised data was password protected to ensure only authorised staff could access these records.

The service worked proactively in partnership with other organisations to make sure they were following current practice and providing a high quality service. The registered manager had worked closely with the local safeguarding team to ensure people were protected. They also worked very closely with the Continuing Healthcare Team to ensure that changes in people's needs were responded to quickly. The registered manager consistently participated in forums with other organisations in the sector to exchange views and

information that may benefit the service. The agency was a member of The National Care Association and the registered manager was also the joint chairperson for the charity DAGE, which helps the elderly in deprived areas. The registered manager also worked with the Charity Commission and received regular publications from relevant health and social care academic journals. This ensured the registered manager was able to reflect on practice and improve the care provided on an ongoing basis.

The registered manager and staff had created positive links with the local community, both for the agency and for individuals who used the service. Staff supported several people to attend a monthly dementia café and coffee mornings and dementia sessions had been held at the agency's office. Staff told us about a recent dementia day where they had invited people from the local community and people who used the service. Tea and cakes had been served and there was music and dancing. The service had used the day as an opportunity to forge links with the local community, but also to provide information and leaflets to people about dementia and the services available to people in the local area.