

Generations Care Agency Limited

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Inspection report

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26 June 2017

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Ratings

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

Summary of findings

Overall summary

This inspection was an announced inspection and took place on the 12, 14 and 21 June 2017. It was announced with 48 hours' notice because the service was a domiciliary care agency and we wanted to make sure the registered manager was available. Generations Care Agency provides personal care for adults living with a range of health conditions in their own homes. At the time of our inspection there were 119 people receiving personal care from staff at the service. This included mostly older adults and some adults aged 58 to 65 years.

There was a registered manager at this service. 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.

At our last inspection in February 2015 we rated the service as 'Good' overall. At this inspection we found the service remained 'Good' overall.

People felt safe when they received care from staff at the service. Both they and their relatives were confident their homes and personal possessions were safe when staff were present.

People were protected from the risk of harm or abuse. Staff knew how to recognise abuse and they were informed and confident to report any concerns about people's safety if they needed to. The provider acted to ensure people's ongoing safety following alleged safeguarding concerns.

Overall people received timely care from staff who were safely recruited and deployed. Related management and emergency planning measures helped to ensure people's safety.

Risks to people's safety associated with their health and environment were assessed before they received care and regularly reviewed. People's medicines were safely managed. Staff supported people in a safe, skilled and timely manner.

People and relatives were happy with the care provided. People were supported to maintain and improve their health and nutrition by staff who were supported, trained and knowledgeable to ensure this. Staff

referred to, understood and followed any instructions from external health professionals for people's care when they needed to.

Staff understood and followed the Mental Capacity Act (2005) to obtain people's consent for their care when required and to ensure their rights and best interests.

Staff were respectful, kind, caring and promoted people's dignity, independence and rights in care. Staff knew people well and had good relationships with them and their families. Staff understood people's care preferences and daily living choices and followed what was important to people for their care.

People and their families were involved and mostly informed to understand and agree the care they could expect to receive and for its ongoing review. Staff understood and knew how to communicate and engage with people. People's related care plans often helped to ensure this.

Improvements were in progress to provide and communicate key service information for people in a way they understood.

People's care was personalised and helped to ensure their independence. People mostly received individualised, timely and consistent care. Management actions in progress following related feedback they obtained from people and relatives, helped to further ensure this.

People and relatives knew how to make a complaint about the service if they needed to. The provider regularly sought views from people, relatives and staff about the service, which they used to inform and make service improvements when required. Recent feedback obtained from this showed overall satisfaction with the service.

The service was well managed and led. Staff were informed, supported and understood their role and responsibilities for people's care. The provider's governance arrangements helped to ensure the quality and safety of people's care, ongoing accountability and continuous service improvement.

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 remained Good

Is the service effective?

Good ●

The service remained Good

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good

Is the service well-led?

Good ●

The service remained Good.

Generations Care Agency 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.

This inspection took place on 12, 14 and 21 June 2017. It was announced with 48 hours' notice because the service was a domiciliary care agency and we wanted to make sure the registered manager was available. The inspection was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert for this inspection had experience of services providing care and support for older people.

Before this 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 sent out questionnaires to a sample of people who used the service, relatives, community professionals and staff a few months before our inspection. We also spoke with local authority care commissioners and looked at all of the key information we held about the service. This included written notifications about significant changes, events or incidents that providers must tell us about.

We spoke with twenty two people using the service or their relatives, seven care staff, office staff, the deputy and registered managers. We spoke with four external health and social care professionals concerned with people's care at the service.

We looked at three people's care records and a range of other records relating to how the service was managed. This included staffing records, medicines records, meeting minutes and some of the provider's

checks on the quality and safety of people's care.

Our findings

People felt safe when they received care from staff at the service. Both they and their relatives were confident of this and felt their homes and personal possessions were safe when staff were present. One person said, "I feel very safe ... they are just there for me." Another person told us, "Yes I am very safe; they [staff] help me wash my hair and shower; they make sure I'm steady and don't slip." All knew how and were confident to raise any concerns about people's safety if they needed to. Staff knew how and they were confident to recognise and report the witnessed or suspected abuse of any person at the service. The provider's related written procedures and staff training arrangements helped to ensure this.

Before our inspection the provider told us about the action they had taken in response to an alleged safeguarding incident relating to one person's care. Information shared with us by the provider and relevant local safeguarding authority showed the registered manager had taken the action required to ensure people's safety.

Staff were safely recruited and deployed. People and relatives said people's care was safe and usually timely. One person said; "I usually have the same care staff; if they are late for any reason; such as traffic, they always let me know; it doesn't happen often." Another said, "Never had a missed call or felt rushed; regular carer staff who I feel safe with." A relative said, "There haven't been missed calls, occasionally 5 or 10 mins overdue; there are enough staff." A few people had experienced delayed calls or care calls from staff they didn't know, which they said, 'the office' had not informed them about before-hand. The registered manager confirmed they knew this from feedback they had obtained from people about their care. Related records showed action was in progress to help address and regularly monitor this.

Staff arrangements were sufficient and safe. Most staff told us they were provided with sufficient time to complete people's care and for travel between care calls. They also confirmed the office staff would make any necessary adjustments if they needed additional travel time. A few staff who had recently experienced occasions where this was otherwise, were confident and knew how to raise this with management, who they felt would take action to address this. All staff understood the provider's procedures to follow in the event of their delay, absence and for electronic logging of their call times. Management on call arrangements and emergency planning measures were in place for staff to follow, which they understood. This helped to ensure people's safety when they received care.

People's care plans showed risks to people's safety from their health conditions, environment or care equipment were assessed before they received care and regularly reviewed. Staff understood the care

actions to follow to reduce identified risks. For example, risks to people from falls because of reduced mobility. People, relatives and staff confirmed staff followed safe hygiene principles by wearing personal protective clothing such as disposable gloves or by washing their hands before and after providing people's personal care. This helped to ensure people's safety in care and protected them from the risk of infection through cross contamination.

People's medicines were safely given when required. Most people said they managed their own medicines or their relatives did this on their behalf. People's care plans showed staff the agreed arrangements for people's medicines. This included details of what, why, when and how people's medicines were to be given safely or prompted when required. Staff responsible for people's medicines received relevant training and practical competency assessments to ensure this.

Our findings

People were supported by staff who followed their personal care plans to help maintain their health and nutrition. People and relatives were happy with the care people received from staff at the service. They were all confident staff understood their needs and knew what they were doing when they provided people's care. One person said, "My carers do understand my needs and health conditions; they know I can't do everything now ... they always offer to do more. Another told us, "Yes, they [staff] do the things they should be doing." A relative said, "They know what they are doing; they can see any difference too; they are very good at noticing things."

Staff understood people's health conditions and related personal care requirements. This information was detailed in people's written care plans, which were regularly reviewed and followed by staff in consultation with relevant health professionals when required.

Staff understood and followed the Mental Capacity Act 2005 (MCA) when required for people's care. The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this must be made through the Court of Protection for people living in the community. This meant people's rights were being upheld, and restrictions in people's care were lawful.

Staff were trained and supported to provide people's care. All of the staff we spoke described their comprehensive training arrangements for people's care, which included relevant competency checks and bespoke training about people's health conditions when required. This helped to ensure staffs' understanding for people's related personal care requirements. One staff member said, "Training is a given here; lots of encouragement and always relevant to the job." Another told us, "Training is coming out of our ears; there's always plenty and good quality." A newer staff member confirmed they received the training and support they needed following their employment, before they provided people's care. Management records also showed staff were trained and supported to perform their role and responsibilities for people's care.

People were supported by staff to eat and drink sufficient amounts when required. Staff knew people's

dietary needs, preferences and followed instructions from relevant health professionals concerned with people's nutrition, where required. For example, to ensure people received the correct type and consistency of food required for their health conditions.

Our findings

People received care from staff who were respectful, kind, caring and promoted people's dignity and rights in care. People and relatives were all positive about this and felt they had good relationships with staff. One person said staff were, "Very friendly and caring; 'they won't just go; they always ask if you want anything else." Another told us, "They're very good ... always ask me if I need anything; when I was poorly recently my carer was outstanding; she went beyond and cleared all my washing and got it dried for me." A relative said, "They're lovely; when they help [person] to wash, they place a towel over to keep [person] protected for dignity. Another told us, "They [person] are treated with respect; staff talk to [person] even though [person] can't answer them; When they dress [person] they always close the door." The provider's records of recent written comments received from people or their relatives about people's care were overall positive and found staff to be caring, kind and respectful.

Staff we spoke with showed a caring attitude when they described people's care. All of the staff we spoke with understood the importance of ensuring people's equality, rights and dignity in their care. They also knew people's individual choices, preferences and what was important to them for their care; which were agreed with people or their representative and recorded in people's care plans for staff to follow. The provider's related staff training arrangements and service information for people helped to ensure they understood the provider's aims and values for people's care. Management checks with people and of staff practice also helped to ensure these were followed.

People and relatives were mostly provided with key service information to help inform their care. For example, what to expect, how to raise any concerns and the arrangements for agreeing and reviewing people's care. People held copies of their agreed personal care plans in their own home, which were periodically reviewed with them or their representative. The registered manager told us about their action in progress to improve the way they provided key service information for people. This was to ensure the service met with national and locally recognised standards to communicate with people in a way they understood. This showed that people were appropriately informed and involved in planning and agreeing their care.

Our findings

Overall, people received individualised, timely and consistent personal care. Just under half of the people were surveyed a few months before our inspection had experienced delays in the timing of their calls. At our inspection the registered manager told us about their action to address this and we received positive feedback from people and relatives which, showed this had improved.

People's care was personalised, tailored and reviewed in a timely manner to suit their individual needs and preferences. One person said, "They are very flexible; they help to change things without any problem." Another told us, "If I have to change a time; they are very good at finding another." A third person told us the service was timely and flexible with their care times to accommodate their regular health appointments, which they said could be variable and at short notice; which helped to reduce their personal stress. A relative said, "Staff are always on time; they came earlier one morning when I asked them to because [person] had an appointment to attend." Another person's relative told us how staff acted promptly when the person's health changed, to make sure their care was reviewed and additional staff provided when required.

Staff understood and followed what was important to people for their care. This included following people's preferred care routines and communicating with people in a way they understood. For example, staff knew when to provide written information for one person, which they sometimes found easier to understand because of their health condition. The person's care plan was also provided in this format, to help them understand.

Staff understood the importance of supporting people in a way that enabled their independence, which people and relatives also confirmed. For example, staff made sure people had drinks, call alarms, personal items or any equipment they needed to hand before leaving the care call. Staff also made sure one person had their personal mobility equipment when they supported the person to access their local community. This enabled people to move, drink or call for help independently when they needed to. This meant people care was individualised and helped to ensure their independence.

People and their relatives were informed, knew how and were confident to raise any concerns or make a complaint about their care if they needed to. People and relatives views about the care provided were regularly sought. For example, through people's individual care reviews, periodic care questionnaire surveys and telephone calls with people. This information was used to inform and make service improvements when required. Recent improvements made or in progress included improvements to the quality and

timeliness of people's care and the responsiveness of office staff co-ordinating people's care. Recent feedback from people and relatives and our inspection findings, showed people, relatives and staff were overall satisfied with the service and would recommend this to family and friends.

Our findings

The service was well managed and led. People, relatives, staff and external care professionals were positive about the management and running of the service. Most people and relatives were not sure who the registered manager was. However, they were happy with and referred to relevant 'senior' or 'management' staff they knew to contact at the service, if they needed to. All said they were kept them informed about people's care arrangements. There was a registered manager at service, which met the registration requirements of the Care Quality Commission.

The registered manager was supported by a management team, with defined roles to ensure clear accountability and responsibility for different aspects of the service. Records showed the provider used a range of measures to inform and support staff to carry out their role and responsibilities. This included stated aims and objectives for people's care, staff performance and development measures, communication and reporting procedures. It also included a comprehensive range of care and work related procedures for staff to follow. For example, a staff code of conduct and procedures for reporting accidents or serious incidents. Staff we spoke with understood this and their roles responsibilities for people's care. They were also confident and knew how to raise any concerns they may have about this if they needed to.

Records related to people's care and the management of the service were accurately maintained and safely stored. The provider met their legal obligations to send us notifications about important events which occurred at the service when they needed to. This meant there were clear arrangements in the place for the management and day to day running of the service

The registered manager told us they carried out regular checks of the quality and safety of people's care, which related records showed. For example, checks relating to people's health, medicines and safety needs. Accidents, incidents and complaints were also monitored and analysed to identify any trends or patterns that may help to inform care improvements required. When any changes or improvements were needed for people's care, staff confirmed the reasons for this were communicated with them.

A number of service improvements were either made or in progress. This included standardised risk assessments for people's care and medicines, arrangements for the management and co-ordination of care calls and staff supervision arrangements. Work was also in progress to develop staffing arrangements to ensure a flexible workforce; to help meet known and projected local service demands. This showed the provider sought to continuously review and improve their service and people's care experience.