

Genesis International Solutions Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Genesis international solutions is a home care service providing personal care to people in their own home. The service provides support to people with a range of needs including older adults who may be living with dementia. At the time of our inspection there were 6 people receiving a live in care service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The provider did not always ensure they met their legal duty to safeguard people when information of concern was raised in an effective or timely way. The provider did not ensure they completed all required pre-employment checks when recruiting new staff. People were supported with their health and social care needs, including medicines, by staff who knew them and their needs well. There were multiple examples where people's care and medicines records were not always complete, up to date or accurate to reflect the care they received.

Records relating to people's fluid intake could be improved. People's nutritional needs were met. Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The provider did not demonstrate they considered the principles of the Mental Capacity Act 2005 to consistently support this practice. We received positive feedback from staff that they felt supported in their role.

We received consistent positive feedback from relatives that their loved ones were provided with kind, caring and compassionate support. People were treated with dignity and respect and staff promoted people's independence where possible.

Most people's care records were person centred and included information on their personal history, the things that were important to them and their preferences. The provider had a complaints procedure in place and valued people's feedback. People were supported with their end-of-life care needs, however records about people's wishes were not in place.

The service was not always well-led. Governance systems were not effective or robust to ensure the provider consistently met their requirements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 04 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to safe recruitment practices, taking appropriate action to consistently safeguard adults at risk including upholding principles of the Mental Capacity Act 2005 and good governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Genesis International Solutions

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short notice period of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We contacted commissioners seek feedback on information they held about this service. We used all this information to plan our inspection.

During the inspection

We completed a site visit on 26 July 2023. We sought feedback from 7 relatives about their experience of the care provided to their loved ones. We spoke with the registered manager, and 4 staff. We reviewed a range of records related to the service people received. This included 3 people's medicines administration records and care plans, 3 staff's recruitment records, staff training records and various audits in place to oversee and monitor the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider failed to ensure safeguarding systems and processes in place were effective. Information of concern had not been appropriately escalated and reported to the relevant local authority where legally required. The provider could not demonstrate how they were assured people were always appropriately protected from the risk of avoidable harm or abuse. We raised this with the registered manager who took immediate action to address this.
- Safeguarding systems and processes in place were not always robust. For example, it was not always clear on accident and incident audits what incident had been reviewed. Where we requested evidence of the provider's safeguarding oversight, they were not able to provide this. This meant the provider could not demonstrate they had appropriate oversight to identify and monitor patterns, themes, or trends and take timely action if required.

Failure to operate effective systems to safeguard people from abuse was a breach of Regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received feedback from people's relatives that they felt their loved ones received safe care. Relatives told us people were supported by staff who knew them and their needs well.
- Staff we spoke with knew how to raise concerns. They received safeguarding training to support them to identify types of abuse and the steps they should take to keep people safe.

Staffing and recruitment

- The provider could not demonstrate all the required pre-employment checks for staff had been completed. This included relevant checks on staff's right to work status where they required an appropriate visa to undertake paid employment in the United Kingdom.
- The registered manager had not always ensured other required checks had been fully completed. Such as, ensuring staff provided a full employment history and where substantial gaps were identified, these had not been explored.
- The provider failed to ensure they sought evidence of satisfactory conduct in staff's previous health and social care roles. Where references were obtained for some staff, dates did not match the information on the application form nor had it been requested and reviewed before their start date.
- The provider's recruitment policy did not fully reflect legal requirements for safe recruitment. There was a potential risk unsuitable staff could have been recruited.

The failure to operate robust recruitment processes was a breach of Regulation 19(1) of the Health and

Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider undertook and reviewed Disclosure and Barring Service (DBS) checks for staff. These checks provide information including details about convictions and cautions held on the Police National Computer.
- We received positive feedback from relatives that people received their agreed support by a consistent staff team. One relative said, "[The registered manager] did a good job matching staff with [loved one]."

Assessing risk, safety monitoring and management

- People's risk management records were not always complete, accurate or robust. For example, where a person was identified as being at high risk of falls, their risk management plan failed to identify the person was on an anticoagulant. This medication creates a higher risk of complications for people following a fall.
- Where a person had a diagnosis of diabetes, the information for staff did not include all relevant information such as signs and symptoms staff should look for, in case the person became unwell.
- Where a person was identified as at risk of skin integrity breakdown, their records did not include robust information on repositioning or reflect the care staff told us they provided.
- Where a person could present with aggressive or anxious behaviour that placed themselves and others at a risk of harm, risk management plans were not in place, to reduce any potential risks to them and others.
- We saw no evidence the provider had considered the potential risks posed to staff and people from people's environment.

Failure to ensure complete, accurate and contemporaneous records is a breach of Regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff demonstrated they knew people and their needs well. Staff could confidently explain how they supported people to manage their health and care needs. Staff demonstrated a sound understanding of the risks posed to people they supported and how they worked with people to manage these.

Using medicines safely

- Staff lacked documents to help administer people's 'when required' (PRN) medicines. Records were not consistently in place or lacked sufficient person-centred information to support staff when administering these medicines. For example, where people had prescribed PRN medicines there were not any protocols to ensure staff knew when, how and frequently this medication could be given. We were not assured all required records were sufficient to ensure consistency in the administration for 'when required' medicines.
- Information in some people's care plans was not always consistent with their medication administration records. For example, 1 person's care plan identified their prescribed medication, which was not included on their electronic medicine administration record (EMAR).
- We reviewed people's EMAR 's which identified staff did not always ensure they consistently and correctly recorded medicines administrations. For example, some people's medicine was recorded as not required when these medicines were prescribed to be administered daily. We raised this with the registered manager who told us they would address this.
- People's EMAR's did not always contain all the required information in line with best practice. For example, the formulation and strength of the medicine, route of administration, and the name of the person's GP practice.

Failure to ensure complete, accurate and contemporaneous records is a breach of Regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were supported to receive their medicines by staff who were appropriately trained and had their competencies assessed.

Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Assessments of people's capacity had not been completed in line with requirements. These included decisions around people's ability to consent to their care and treatment where the care they required meant they were under the continuous supervision of staff.
- One person's care plan identified they experienced disorientation and confusion. To maintain their safety their medicines were stored away in a locked box. The provider failed to demonstrate they always acted in accordance with the principles of the MCA, where care was provided in people's best interest.
- Where 2 people had relatives recorded as having Power of Attorney to support them to make decisions. The provider had not sought evidence the applications had been registered to enable them to make lawful decisions on behalf of their loved one.

The failure to always act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code of Practice was a breach of regulation 13(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care plans included basic information about their support needs around nutrition and hydration, this was not always detailed or complete. For example, where a person had a diagnosis of diabetes, information on how staff should support their diet related to their diagnosis was not included in their nutritional care plan.

- People's fluid monitoring was not always effective. Where people required monitoring of their daily fluid intake, records did not always demonstrate people had achieved an adequate intake or what action staff had taken. We raised this with the registered manager who took immediate action to address this.
- We received positive feedback from relatives that staff knew how to support their loved ones to manage their diet and nutrition needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they were offered a service. Where available information provided by commissioners was used to support the provider to identify people's needs and explore how these needs could best be met.
- We received positive feedback from relatives that the pre-assessment was effectively managed. One relative said, "The assessment process was fast, and [the registered manager] sorted out the care and carer very quickly." They told us the registered manager asked lots of questions about their loved one and they saw a care plan before the care started.

Staff support: induction, training, skills and experience

- Staff were provided with relevant training to ensure they had the appropriate skills and knowledge for their role. However, we noted not all staff had completed end of life or diabetes training where people were supported with these needs. We raised this with the registered manager who told us they would address this.
- The provider had a planned induction pathway for new staff which included, where relevant, staff completing the care certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were provided with relevant training to ensure they had the appropriate skills and knowledge for their role. However, we noted not all staff had completed end of life or diabetes training where people were supported with these needs. We raised this with the registered manager who told us they would address this.
- Staff consistently told us they felt supported and received regular supervision from the leadership team. They told us their supervision included discussions around their health and wellbeing.

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

- We received positive feedback from relatives that people were supported to meet their health care needs. One relative said, "The progression around [loved ones] general health has been fantastic. He is eating and drinking well and that's down to the carers."
- Another relative told us they felt staff were proactive at ensuring their loved ones health needs were met which included contacting the doctors and sharing any outcome of appointments.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We received consistently positive feedback from people's relatives that staff had established positive relationships with people and provided compassionate care. One relative commented, "[Staff member] is my Mum's angel. She looks after her like her own Mum", and another relative said, "[Staff] are really good and get on well with Mum, Staff are very patient."
- The provider had policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care.

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

- Relatives told us they felt listened to and involved in the planning and delivery of their loved ones care. For example, 1 relative told us they felt staff were good at listening to thoughts and suggestions from the family. They gave examples where staff had done this which included listening to suggestions around activities and ways to help keep their loved one "busy."
- People care plans consistently prompted staff to involve people in meeting their needs for care and support and their routines.
- People's care was regularly reviewed. This included an opportunity for people to provide feedback on the care they received, what was working well and what they felt could be improved.

Respecting and promoting people's privacy, dignity and independence

- People's care plans directed staff to support people in ways which promoted their privacy and dignity.
- Staff understood the importance of promoting people's independence. They told us how they supported people to remain independent. Examples included ensuring people had choice and control over their routines, encouraging people to maintain life skills and supporting them to participate in the day to day running of their home.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people's care plans provided staff with information about their personal history, background, family, interests and social contacts. This ensured staff had access to relevant information about people and what was important and of interest to them.
- People were supported by staff who knew them and their needs well. Staff told us how they supported people to meet their needs and spoke confidently on the personalised care they provided to people.
- Where people required additional support to manage periods of anxiety or distress, staff were responsive to their needs. One relative commented staff had a good understanding of their loved one's dementia and said, "They know what to expect, how to approach him. They are sensitive about when he gets frustrated and confused and know when to give him space."
- Staff supported people to access the community where they wished to do so. For example, staff told us how they encouraged 1 person to go for walks with staff when they recognised the signs they were becoming agitated. A relative told us they joined their loved one and support staff for occasional trips out.
- Staff encouraged people to engage in activities and interests. Most people's care plans included information on their hobbies and interests and any support they needed.
- Care plans were accessible to staff via the electronic care planning system. This helped to ensure they had a clear understanding of the care support people required.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included detailed information on their communication needs and how staff should engage with people.
- Where it was identified people may benefit from strategies to promote their engagement, information was included in their care plans. For example, 1 person's care plan prompted staff to provide short, concise direction and allow the person time to process what had been asked of them.
- The registered manager told us they supported people's communication needs and preferences. This included where requested sharing people's planned weekly care call rota electronically or by post to suit the persons preference.

Improving care quality in response to complaints or concerns

- The provider had systems in place to record, respond, follow up and close complaints. The registered manager maintained oversight of feedback about the service.
- There had been no complaints received in the past 12 months. The registered manager told us they valued people's feedback and we saw an example where they changed a person's care staff member following feedback the person did not feel they were compatible.

End of life care and support

- People's care plans did not include information on their end-of-life care wishes. We raised this with the registered manager who told us they would address this.
- Where a person was receiving palliative care, a relative told us they felt staff had a good understanding of their loved ones needs and followed their routines well.
- The registered manager told us they had established good working relationships with the local hospice and worked in partnership to ensure people received the appropriate care and support they required.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's quality assurance and governance systems were not always effective or robust. Audits completed did not identify the concerns we found at this inspection. Examples included in respect of safeguarding, medicines administration records, and consent.
- Systems to monitor and review staff recruitment practices were not adequate and had not identified the gaps in safe recruitment practices which we found during the inspection.
- There were multiple examples where people's care records were not contemporaneous, accurate and kept consistently up to date to reflect their current needs and the care provided. This included records in respect of people's care planning, risk assessments, daily fluid records, and end of life care records. There was no evidence people had been harmed, however this meant people relied on support from staff that knew them well to ensure their needs were consistently met.
- The provider had failed to ensure an incident of notifiable information had been shared with CQC in line with their legal requirements. We raised this with the registered manager who took action to send the information through after the inspection.
- We acknowledged the provider had implemented electronic care records at the service. They had not operated effective systems and processes to ensure staff had access to all relevant information.

The failure to demonstrate good governance and maintain accurate, complete and contemporaneous records was a breach of regulation 17(1) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The leadership team were motivated and passionate about the culture they wanted to create within the service. People and their outcomes were at the heart of service delivery.
- We received positive feedback from relatives, they felt the care their loved ones received had improved their outcomes. These included improved health and wellbeing and management of existing conditions.
- We received consistently positive feedback from staff that they felt valued and supported in their role. Comments include, "[The registered manager] is very supportive. They call me every 3 or 4 days to check everything is going well." Another staff member said, "[This is] one of the best companies I have worked for. Genesis international care solutions treat their employees like family. They make us proud of what we are doing."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities to act in accordance with the duty of candour.

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

- Most relatives told us they received good communication with the leadership team and staff. Relatives were included, where appropriate, to be involved and updated on their loved ones care.
- Staff told us they felt confident their views would be listened to and they were encouraged to provide feedback on the care provided. One staff member gave the example of how the registered manager often sought their view on updates about the person's care and support needs because they saw the person every day and understood they knew the person's preferences and routines.
- The registered manager understood the importance of partnership working and strived to ensure the model of care provided and staff approach prioritised working alongside people and their family's needs and wishes.

Continuous learning and improving care

- The provider used electronic systems to support them to review the day to day running of the service. The registered manager told us this had helped them have improved oversight in 'real time' of any issues that may arise and enabled them to provide more timely responses to drive improvement.
- The registered manager was open and transparent in their approach. They were open to receiving feedback during the inspection on our findings and by the end of the inspection had taken some remedial steps to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The provider had failed to operate effective systems to safeguard people from abuse and act in accordance with the Mental Capacity Act 2005 Deprivation of Liberty Safeguards: Code of Practice and the Mental Capacity Act 2005 Code.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to demonstrate good governance or to ensure they consistently maintained accurate and complete records in relation to people's care.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>People were not protected against the risk of unsuitable staff due to the failure to operate robust recruitment processes.</p>