

Generations Care Ltd

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Inspection report

Office S7 Enterprise House
Foleshill Enterprise Park, Courtaulds Way
Coventry
West Midlands
CV6 5NX

Tel: 02476782318

Website: www.generations-care.co.uk

Date of inspection visit:
10 December 2019

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13 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Generations Care Ltd is a domiciliary care service which provides personal care to people in their own homes. At the time of our inspection the service provided support to 100 people and employed approximately 50 care staff.

People's care records were reviewed every two months. Systems for reviewing people's care were not always robust and did not immediately identify issues. Staff told us they were happy working at the service and received the support and guidance they needed to support people. The registered manager was supported by a management team that understood the importance of investigating and responding to concerns. The registered manager was working with other stakeholders to improve people's experience of care. People did not always feel their preferences were met. People's preferred call times were not always met and there were inconsistencies in the staff team supporting them. People understood they could complain if they needed to and understood the process for doing so. However, people did not always feel confident their complaint would be resolved.

People felt safe around staff who had received training to keep them safe. Risks were detailed and reviewed regularly. Staff understood the risks people lived with. Background checks were in place to recruit staff safely. People felt they received the support they needed. The registered manager reviewed practices to improve people's experience of care. The registered manager was in the process of implementing a call monitoring system to track staff attendance at calls.

People's needs were assessed prior to the care commencing so that the registered manager could fully plan for people's needs. Staff training and supervision was monitored. Staff worked with other healthcare professionals to meet people's needs. People were offered choices of food and drink.

People were supported 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 policies and systems in the service supported this practice.

People liked the staff supporting them. People's human rights were protected and promoted. People told us they were treated with dignity and respect. Staff also supported people to remain as independent as

possible.

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 25 August 2017).

Why we inspected

This was an inspection that was brought forward as a result of a complaint made to the CQC).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

Details are in our well-Led findings below.

Generations Care Ltd

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 Care Act 2014.

Inspection team

There was one inspector in the inspection team visiting the office. Another Inspector assisted with making telephone calls to people and their families.

Service and service type

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be staff available to speak with us.

Inspection activity started on 10 December 2019 and ended on 10 January 2020. We visited the office location on 10 December 2019.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke by telephone with a total of eight people, friends and relatives of people using the service. We spoke with five members of staff including the registered manager.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at details of medical administration records sent to us

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Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us about how staff had supported them to keep safe when an issue outside of their care arrangements had arisen. Staff had received training and understood the importance of escalating concerns with the registered manager to keep people safe. Effective systems were in place for escalating concerns to the local authority and notifying CQC.

Assessing risk, safety monitoring and management

- Risk assessments were completed and reviewed. Staff told us information about people's needs was available to them. For example, the number of people needed to support a person safely, or if a person required equipment to move from one place to another.

Staffing and recruitment

- The registered manager had systems in place that included background checks of potential staff and references. Staff files we reviewed confirmed this. Staff told us they commenced work after their background checks were completed. During the inspection we also saw two potential staff attend the office to have their documentation verified. The registered manager told us they continually recruited staff to ensure they had an adequate number of staff.

Using medicines safely

- People who received help with their medicines told us staff supported them in a consistent manner. Checks of people's care records (including daily logs and medication records) were undertaken on a bi-monthly basis. During the inspection we saw that errors in people's medication records had not been immediately acted upon. The registered manager gave assurances people had not been harmed but did agree there could be a delay in identifying issues.

Preventing and controlling infection

- People told us staff practiced good infection control techniques. Staff told us they had received training and had access to the equipment they needed to prevent the spread of infection such as gloves and aprons.

Training records confirmed this.

Learning lessons when things go wrong

- The registered manager told us they reviewed practices and made improvements where possible. The registered manager explained they had reviewed their call monitoring system and were in the process of installing a system that was consistent with the requirements of commissioners. They confirmed there had been no missed calls. They told us they had piloted a couple of systems to ensure they were consistent with their needs.



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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they were involved in discussions about planning their care prior to the commencement of their care package. The registered provider told us they undertook their own assessments in order to fully understand and respond and adequately plan for people's needs.

Staff support: induction, training, skills and experience

- People's feelings about staff were inconsistent. Some people did not always feel confident with staff and felt further training was needed. However, some people were happy with the staff and the support provided. One person told us about staff, "They seem to be trained." Another person told us that the change in staffing meant they were continually explaining their needs to new staff. When we raised this with the registered manager, they told us they improved their assessment process to try and better meet people's needs and were continually monitoring feedback on staff to take action where needed. They told us they were trying to better understand people's needs and preferences to match people accordingly.

- Staff told us they received training and supervision from the management team. Staff training was overseen by a training co-ordinator that ensured training was up to date. Therefore systems were in place to monitor and oversee training.

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

- People who needed support with their meals, received the support they required. People were given choices in the food and drinks they were offered.

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

- People received support from a number of different healthcare professionals. People felt assured they received the help they needed. Staff worked with district nurses to ensure people received the care they needed.

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 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. 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.

- Staff understood the importance of consent and had received training. At the time of the inspection, the service did not support anyone currently under the Court of Protection.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. 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

- People felt their individual choices and lifestyle were respected and that they liked the staff. One person told us, "I think the staff are good." Staff came from a very diverse background and understood the importance of respecting a person's human rights and background. Staff had also received training and knew the value of people's cultural background. One staff member told us this helped develop empathy with people, by being able to understand their background.

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

- People were supported to express their care needs. People told us they explained to staff any specific requests they had for that day and staff accommodated those requests. People were positive about their contact with care staff. One person told us, "We tell them what needs to be done." Care staff told us they always checked whether there was anything else people needed, before they left. Other care needs were detailed for staff to refer to in care plans.

Respecting and promoting people's privacy, dignity and independence

- People felt respected by staff and that care staff understood their needs. One person told us care staff from the Generation Care had been the best they had received since their relative had left hospital and had helped them. Care staff had received training on supporting people. Care records we reviewed confirmed this.



Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection remains the same.

This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they were given the opportunity to plan their care. However, not everyone was happy with the care they received. People's care needs were assessed by one of the care co-ordinators prior to the person starting their package of care. Some people felt they did not receive care at the times they preferred and had asked for alternative times. When we raised this with the registered manager they told us they were working to meet people's preferred times but that it was not always immediately possible.
- People had mixed feelings about their care. Some people told us they were very happy with their care and had never had any reason to change their care requirements. However, others felt there were inconsistencies in the staff supporting them and would prefer to have a consistent number of regular care staff. One person told us, "I keep having new girls." Another person told us, "We do get different staff." When we checked people's records we saw in two people's care that they had a number of staff supporting them. The registered manager told us they had tried to build in contingency so people were not dependent on one team and they had a wider skills base to choose from. However, we could not be assured people's preferences were being met.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us they worked with people's individual needs and responded accordingly. For example, where people were hard of hearing, staff ensured people could see their faces or leant in closely to speak with them.

Improving care quality in response to complaints or concerns

- People understood they could complain if they needed to and the process for doing so. The registered manager had a complaints process in place for investigating and responding to complaints. One person we spoke to felt their complaint had not been resolved. When we raised this with the registered provider, they told us they accepted the complaint had not been resolved and had involved the person's social worker in an attempt to amicably resolve and close the complaint.

End of life care and support

- Where appropriate, discussions had taken place with people about their end of life care needs and care plans were in place.



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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated 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.

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

- People's experience of care was mixed. Some people's experiences were very positive. However, some people's care did not meet their preferences. Whilst the registered manager had systems in place to assess and review people's care, systems were not adequate. People told us they had made their preferences for call times known at the assessment stage, but their preferred times had not been met.

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 provider understood their duty to investigate and respond to issues that had been raised with them. The registered manager was open about some of the pressures they had faced and how they were trying to improve people's experience of care.

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

- The registered manager had a system of bi-monthly reviews of people's care and care records. The delay in reviewing care records meant issues were not immediately identified by the registered manager and addressed. We saw some errors or anomalies in people's care and medicine records which had not been immediately identified and addressed. The registered manager was supported by a management team who were involved in reviewing people's care. However, systems in place did not identify the issues we identified during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider had a diverse team from a number of backgrounds and supplemented staff knowledge and practice through training. Questionnaires and care plan reviews were used to involve people in sharing feedback about the care they received.

Continuous learning and improving care

- The registered provider had tried to improve their care planning and call monitoring by investing in a call monitoring system that would provide a live system for checking people had received their calls. The system had not yet been implemented as the system they had invested in was not a local authority approved system. The registered provider accepted the system would need to be embedded to accurately capture people's experience of care.

Working in partnership with others

- Staff working at the service worked with district nurses to better understand people's care needs and provide the appropriate care people needed.