

Gencare Limited

Gencare Care Home

Inspection report

176 Woodcock Hill
Harrow
HA3 0NY

Date of inspection visit:
27 April 2023
14 June 2023

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07 July 2023

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Gencare is a newly built residential care home which started trading in May 2022. Gencare is registered to provide care to up to 5 people with a physical disability and sensory impairments. At the time of inspection there were 3 people receiving care.

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

We have made one recommendation regarding closed cultures.

People did not benefit from consistent leadership. There had been frequent changes of registered managers over the last 12 months. As a result, there was a lack of internal management oversight in addition to the external oversight provided by a consulting company.

We were not confident the management arrangements at the home were appropriate. The provider overly relied on a consulting company for oversight. A registered manager was required on site to make operational decisions, to lead and model the implementation of relevant practice.

The systems in place to monitor and evaluate the service were not effective. We established from records that incidents had been documented, however, they had not been sufficiently analysed and measures taken to minimise further occurrences.

Training records were not fully complete. However, following the inspection, we received evidence showing relevant staff had received refresher training and further dates for training had been scheduled.

Whilst the provider shared evidence to show action was now being taken, it is of concern that gaps had not been identified sooner. This failure suggests the providers own quality assurance processes were not sufficiently robust to protect people using the service from harm.

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 were protected from the risk of harm and abuse. There were effective systems and processes in place to minimise risks. Care workers had been recruited safely and they knew how to identify and report concerns.

People received person centred care. Their assessments showed they had been involved in the assessment process.

People were protected from the risks associated with poor infection control because the service had

processes in place to reduce the risk of infection and cross contamination.

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

Rating at last inspection

This service was registered with us on 22 February 2023 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. However, following the first visit, we were notified of 4 falls incidents that may have resulted in an injury to the person. This prompted the second visit. The incidents were subject to initial inquiries to determine whether to commence a criminal investigation. As a result, this inspection did not examine the circumstances of the incidents. However, the information shared with CQC about the incidents indicated potential concerns about the management of risk of falls from moving and handling equipment. This inspection examined those risks.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk assessments and a lack of an effective quality assurance system.

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 work alongside the provider and local authority to monitor progress. 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.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

Gencare Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Gencare is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gencare is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. However, the contract was terminated soon after our second visit. The provider is actively recruiting.

Notice of inspection

We gave the service 24 hours' notice of the inspection on the first visit. This was because the service is small, and people are often out and we wanted to be sure there would be people at home to speak with us. We visited the office location on 27 April 2023. We re-visited the service on 14 June 2023 in response to concerning information.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider completed a Provider Information Return (PIR). The PIR 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. The PIR also provides data about the organisation and service. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with 2 relatives of people who used the service to help us understand the experience of people. We also spoke with 2 people using the service. We spoke with the registered manager, whose contract was terminated during the inspection, a service director, and 3 staff members. We reviewed the care records of 3 people using the service, personnel files of 4 staff and other records about the management of the service.



Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Assessing risk, safety monitoring and management

- Risks were not always monitored and where possible, reduced or prevented. For example, 1 care plan referenced "intense aggression", but their risk assessment lacked detail on known triggers, early warning signs and de-escalation methods to be used. There was a risk staff might miss specific relapse indicators and would not be able to support the person fully or report back to external agencies any relevant concerns. Therefore, we could not be assured the person would receive timely intervention if their well-being deteriorated.
- People's care records did not always help them get the support they needed because some were not accurate, complete, and up to date. Whilst a post falls protocol had been put in place by the time we visited, this was not in place when 1 person experienced 4 falls within 18 hours. The service had failed to take appropriate action to make sure the person was safe, including seeking additional advice from GP (in hours), or NHS 111 (out of hours). Information about the incidents was not effectively shared via handovers, daily notes, or other means. This was a concern, more so because the provider relied on agency staff who are reliant on good records to ensure they can meet people's needs safely.

This was a breach of regulation 12 (Safe care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Learning lessons when things go wrong

- People did not always receive safe care because staff did not learn from incidents. The approach to incident analysis did not ensure underlying as well as immediate causes of accidents and incidents were understood. For example, we found inadequate consideration of root causes or organisational factors in the analysis of recent falls incidents. Thus, by not considering all factors, it meant opportunities for learning lessons were limited.
- The service did not manage incidents affecting people's safety well. We found the service did not always act on the findings of investigations to prevent a recurrence of the incident or similar incidents.
- There was no effective method of sharing accident information or lessons learned within the team. There was no evidence to show how any lessons learnt were effectively cascaded to staff.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Shift patterns were not arranged so that people who were friends or family did not regularly work together.

For example, the directors of the service were related, and on occasions worked together. This is a risk factor of developing a closed culture. A closed culture can lead to harm, which can include human rights breaches such as abuse.

We recommend the provider consider current guidance on Identifying and responding to closed cultures.

- There were enough staff during the 2 days we visited, including for one-to-one support for people to take part in activities and visits how and when they wanted. People were receiving care and support from staff that had undergone the necessary safer recruitment checks.
- There were 6 staff employed in the service and agency staff were used to cover vacant shifts and efforts were made to use the same staff to ensure consistency.
- We reviewed staff recruitment files and found applications on file. Employment history had no gaps and references were verified and were on file before staff started employment. Disclosure and barring checks were completed before staff started to work. These checks helped to ensure only suitable applicants were offered work with the service.

Systems and processes to safeguard people from risk of abuse

- There were systems in place to ensure people were safe and protected from abuse. There were policies covering adult safeguarding, which were accessible to staff. They outlined clearly who to go to for further guidance.
- People's relatives told us they felt their loved ones were safe and well looked after. A relative of a person using the service told us, "[My relative] is safe" This was a view shared by most relatives we contacted.
- The service worked with other agencies to ensure people were protected from harm. Staff understood steps to take if they suspected abuse. At the time of the inspection, the service was working with other agencies in response to a safeguarding concern.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. There were policies and procedures in place. Medicine administration records (MAR) were completed appropriately and regularly audited.
- Staff had received medicines training. Medicine administration records we reviewed were completed properly. Any gaps were identified during monthly audits. We saw that care workers had received support and supervisions when they had forgotten to sign for medicines or to record medicines refusals.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service had facilitated visiting by relatives in a safe way and in line with government guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- There was a training programme that was delivered to staff as part of essential training. A matrix record showed staff had completed training in a range of areas including, medicines management, IPC, health, and safety, moving and handling, equality, and diversity, safeguarding and Mental Capacity Act 2005.
- However, the training matrix indicated overdue training or refresher training. We established 4 out of 10 staff were due for moving and handling refresher training and 5 out of 10 staff were due to safeguarding refresher training. Following the inspection, we received evidence showing relevant staff had received refresher training and there was a scheduled date for those who were not available to attend the first booking.
- Newly recruited staff completed an induction programme based on the Care Certificate framework. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us, and we confirmed from records, they received support in the form of regular supervision and appraisal to enable them to carry out their duties. They told us they were supported by the service director to carry out their work.
- Relatives told us staff were competent. They told us, "Overall staff are competent. They are doing a great job."

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

- People's needs were assessed before they started to use the service. People's care needs were identified, and the service ensured the team could meet those needs. Information gathered from the assessments was used to create care plans and risk assessments. The care assessments were reviewed yearly or when people's needs changed. In response to feedback the service had acted and put in place a post falls guidance. On our second visit of the service, staff spoke knowledgeably about managing falls, and had attended relevant training.
- Staff completed assessments of each person's physical and mental health either on admission or soon after. Support plans were personalised, holistic and reflected people's needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans together.
- People's health needs were met. They were supported to attend regular health appointments including primary care services.

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

- There were arrangements to ensure people's nutritional needs were met. Their care plans considered their individual requirements in relation to nutrition, and these were known to staff. People told us they received

support to eat and drink in a way that met their personal preferences.

- People received support to eat and drink enough to maintain a balanced diet. A care plan of 1 person specified all food to be either cut or provided in fork/bite sized portion, which staff followed. Staff were aware of action to take if there were significant variations in people's weight. We noted 1 person had been referred to speech and language therapy (SALT) and waiting for an appointment.
- People were able to eat and drink in line with their cultural preferences and beliefs. A relative of 1 person told us, "[My relative's] cultural needs are met. However, [the home] has also introduced new food, which [my relative] enjoys." We saw from the menu plans that people had a variety of food choices.
- People were involved in choosing their food, shopping, and planning their meals. Staff supported people to be involved in preparing and cooking their own meals in their preferred way. A relative told us, "Staff always involve [my relative] in preparing their meals."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to attend annual health checks, screening, and primary care services. There was evidence multi-disciplinary team professionals were involved in or made aware of support plans to improve people's care.
- People's care plans identified their needs and input from a range of professionals, including GP, district nurses and occupational specialists.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- All people receiving care had capacity to make decisions about their care. Staff ensured that people gave their consent to medicines.
- People were consulted and included in the decisions about the use of surveillance. People were provided with information regarding all aspects of the surveillance, including records management, to enable them to give informed consent.
- The service director was aware of best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

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

- There was evidence and thought had been given to people's access support needs. People's care and support was provided in a safe, clean, well equipped, furnished and maintained environment which, met people's sensory and physical needs.
- The design, layout and furnishings in a person's home supported their individual needs. Relevant adaptations, including bannisters and ramps had been made to the physical environment and appropriate equipment had been provided to enable easy access for people with mobility needs.
- During the inspection we observed the bars surrounding the ponds in the garden were being raised to make the environment safe for people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. They told us how care workers took time to support them to participate as fully as they could. This was confirmed by people's relatives, with 1 relative stating, "They always give [my relative] new things to do. They get [my relative] involved in many things."
- Staff knew when people needed their space and privacy and respected this. For example, a person was funded for 1:1 support. However, staff created space for privacy when this was required, whilst they monitored the person remotely for their safety. The service director told us they were in talks with the person to implement a new real-time remote monitoring system, which would be used positively to promote the person's independence.
- People's privacy was respected. The care plans described how people should be supported so their privacy and dignity were upheld. People could describe how the home protected their privacy and dignity. We observed staff knocked and waited for a response before they entered people's rooms.
- Staff we spoke with knew people they supported well and told us how they addressed people by their preferred names and respected their choices. Care plans detailed people's personal wishes, and preferences. This meant staff could respect people's individuality.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and, electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. They told us all staff were caring in their approach and upheld their respect and dignity.
- People felt valued by staff who showed genuine interest in their well-being and quality of life. We saw that people were relaxed when at home and communicating with staff.
- The service director told us none of the people at the home was religious. However, the director spoke knowledgeably about what they would do to ensure people had the care they needed for a variety of diverse needs, including spiritual and cultural differences.
- Staff had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This helped ensure people's individual needs were understood and reflected in the delivery of their care.

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

- There were systems and processes to support people to make decisions. As addressed earlier, staff were aware of the need to seek people's consent before proceeding with care.
- People told us, and their records showed they had been fully consulted about their care. The service director maintained regular contact with people's relatives. People and their relatives told us they were involved in any decisions about care.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. 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

- The service worked hard to meet people's needs. However when an unexpected event took place, which impacted on the needs of the individual, records were not updated in a timely manner, to ensure they reflected the person's changed needs. For one such event we saw information had not been recorded in the handover notes, daily notes, or communication systems. There was a reliance on verbal communication.

This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall, we found people received person centred care. Their care files contained meaningful information that identified their abilities and the support required.
- People learnt everyday living skills and developed new interests by following individualised learning programmes. A relative told us, "At home [my relative] would not go anywhere. [My relative] was not motivated to do anything. Gencare has given [my relative] a new lease of life. They go out a lot and [my relative] has acquired new interests."
- Support plans had been reviewed. This helped to monitor whether they were up to date and reflected people's current needs so that any necessary changes could be identified and acted on at an early stage.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. The policy had been shared with relatives. There were no pending complaints. A relative told us, "Our concerns are never dismissed. They are always addressed."

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.

- All people at the service were able to verbally communicate, however, we saw that the service director was aware of the need to continually monitor any additional needs.
- The service had systems in place to support people who required support with communication if needed. The service director and staff had good awareness of communication methods, including objects of

reference, photographs, use of gestures, symbols, and other visual cues.

End of life care and support

- The service did not provide end of life care. However, people's care plans contained information about their religious beliefs, and some contained basic information about their wishes should their care needs increase.
- Staff had not received end of life care training. The service director explained that they would ensure all staff received relevant training and support that they needed to provide people with end-of-life care if the need arose.

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.

This is the first inspection for this newly registered service. This key question has been rated 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, Continuous learning and improving care

- The service has a condition of registration that it must have a registered manager. There was a registered manager during the inspection, however, their contract was terminated soon after the inspection. The registered manager had been in post for 6 weeks. Following the inspection, the provider sent evidence to show they were actively recruiting into the role.
- The service was inconsistently managed. Since they started trading in May 2022, the service has had 3 managers. The third manager was in post for 6 weeks, before their contract was recently terminated. This did not help to create a consistent and predictable environment for people receiving care.
- Both service directors did not have sufficient skills, knowledge, and experience to perform their role and a clear oversight of the service. Oversight was provided by a consultancy company. We judged this arrangement constituted an important constraint to delivering good quality support consistently, most importantly because there was no registered manager on site to make operational decisions, and to routinely model desired standards of practice to their staff.
- Arrangements for learning lessons and making improvements following incidents were not robust. The provider did not assure us that action was consistently taken to minimise the risk of similar incidents reoccurring. Incident analysis did not generate reliable data to identify underlying causes, themes, and trends in accident causation.
- Records were not always kept accurate, complete, and up to date. For example, incident forms did not always contain full information. In addition, handovers did not provide detailed information about people and their changing needs.

Systems were either not in place or vigorous enough to demonstrate safety and quality monitoring were effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We held a meeting with the provider, together with the local authority, following our second visit, to discuss our findings and establish what actions had been taken in order to protect the health and welfare of people living in the service. We were provided with verbal assurances of actions taken to improve the service and subsequently received an improvement plan. We established an interim manager had been sourced from a consulting company that the provider regularly used, to cover the vacant manger post. The provider had placed a voluntary embargo on future admissions until improvements were made. However, it is of concern

that the issues had not been identified sooner. This failure suggests the providers own quality assurance were not sufficiently robust to protect people using the service from harm.

- Moreover, whilst we have seen evidence the provider is actively recruiting for a registered manager position, with support from the local authority, previously there has been a blurring of roles and responsibilities. The roles of the registered manager and the consultancy company must be clearly defined. We judged overall evidence indicates that the lack of a registered manager to provide leadership and direction for staff had a negative impact on the operation of the service and the delivery of care for people. The service director was receptive to our feedback and was committed to recruiting a registered manager.
- Relatives spoke positively about the service director, who they described in complimentary terms. They felt free to raise any concerns knowing these would be dealt with appropriately. A relative told us, "[The service director] is excellent. We are always involved."

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 provider told us they had complied with the duty of candour by being transparent with family members of people they supported. This was confirmed by some families we spoke with. However, we noted the provider did not inform relatives of a person using the service of a recent incident in a timely manner. The service director told us that they thought a former registered manager had communicated the message, but acknowledged they should have checked.
- Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The directors of the service were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. There were a range of formal systems to seek input from people or their relatives to improve and develop the service. Relatives, people, and staff confirmed their views were acted upon and improvements made.
- Staff told us they felt able to raise concerns with service directors without fear of what might happen as a result. There was an open and inclusive approach to the running of the service. Regular staff meetings took place.
- The service director was knowledgeable about the characteristics that were protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As addressed earlier, people's religious or cultural needs were met.

Working in partnership with others

- The service worked in partnership with a range of health and social care agencies to provide care to people. These included, GPs, district nurses, pharmacists, and SALT.

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
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not consistently complete comprehensive risk assessments relating to the health, safety and welfare of people using services, and adopt control measures to make sure the risk is as low as is reasonably possible.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have effective systems and processes to identify where quality was compromised and to respond appropriately without delay.</p>