

Genesis Recruitment Agency Limited

Genesis Recruitment Agency Limited- Domiciliary Care East London

Inspection report

Genesis Recruitment Agency Limited - Domiciliary Care
East London
Unit 1, Granary Court High Road
Chadwell Heath
Essex
RM6 6PY

Tel: 02085864442
Website: genesisagency.co.uk/

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Genesis Recruitment Agency Limited – Domiciliary Care East London is a domiciliary care agency that provides personal care to older people and younger disabled adults in their own homes. 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. They were providing personal care to 67 people at the time of the inspection.

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

At our last inspection in 2018 we found there had been breaches to regulations on safe care and treatment and good governance. At this inspection we found improvement had been made; specifically, people were supported with the management of their medicines, risk assessments were personalised and risks were mitigated for people and quality assurance systems had improved. However, some of the service's documentation contained factual errors and were inaccurate. The provider was able to remedy most of these when we pointed it out to them.

There were safeguarding systems and processes in place. Staffing and recruitment were carried out with people's safety in mind. Staff maintained daily logs to record their ongoing work with people. 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's needs were assessed before they used the service. Staff were supported through induction, training, supervision and appraisal. People were supported appropriately to eat and drink where this was part of their care plans.

People were well treated and thought highly of staff. Policies and procedures at the service supported equality and human rights. People expressed their views and had input into their care. People's privacy and dignity were respected. People were encouraged to be independent.

People's care plans were personalised and contained details so staff could provide them with care in a way they preferred. People knew how to make complaints and the service responded appropriately when complaints were made. People at end of life could expect care that was fitting and in line with their wishes. Staff understood infection control practices. Lessons were learned when things went wrong and the provider took appropriate steps to ensure that people were kept safe.

People thought highly of the managers of the service and that it was a good place to work. People and staff were able to feedback about the service and be involved with decision making about their care. The service worked with other agencies to the benefit of people using the service.

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 and only previous rating for this service was requires improvement (published 24 October 2018).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Genesis Recruitment Agency Limited- Domiciliary Care East London

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 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.

Service and service type

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

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before inspection

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including two registered managers, four care workers and an administrator.

We reviewed a range of records. This included six people's care records and multiple medicine administration records. We looked at six staff files in relation to recruitment and staff supervision. We also viewed 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.

Is the service safe?

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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had not followed the correct procedures for the proper and safe management of medicines and had not always managed and mitigated risks for people using the service. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- People were supported safely with their medicines. One relative said, "They give [person] the morning medicines." Staff confirmed their knowledge of medicines management. One staff member said, "I take the medication out of the dosset box and sign the Medicine Administration Record (MAR) sheet for each tablet used. We look for the right person, right time, right dose, right medicine, right route." There was a medicines policy in place. Staff were trained how to administer medicines and were spot checked to assess their competency.
- Staff completed MAR charts to record medicines administered and these charts were audited by management. MAR charts contained specific information about the risks to individuals regarding the medicines being taken.
- The service completed assessments with people to monitor risk of harm to them. These assessments were personalised to people's needs and preferences and included areas such as specific medical conditions like diabetes or chronic obstructive pulmonary disease, moving and handling, and skin integrity. They identified the risks to people and mitigated against their occurrence.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us people were safe. When asked, all people we spoke with told us, "Yes" they felt safe with the care they received.
- There was a safeguarding policy and procedure in place. Staff members received training and knew what to do if they suspected abuse. One staff member said, "If I saw my service users being abused in any way I would report it immediately. Family, staff, anybody."
- The service maintained an up to date log of safeguarding alerts they raised with the local authority. We spoke with the local authority about this service and they told us that they "Report serious incidents and safeguarding concerns appropriately."

Staffing and recruitment

- People told us staff came on time. One person said, " Yes, they come on time." We looked at the staff rota and the system the service used to record and monitor there were enough staff to meet people's needs including missed calls. These indicated there were sufficient staff.
- The service had robust recruitment practices. All staff had completed pre-employment checks to ensure their suitability for the roles and there were various systems to monitor ongoing checks were completed.

Preventing and controlling infection

- People and relatives told us staff wore protective equipment when providing care. One relative said, "Yes. Gown and gloves." Staff confirmed their understanding of infection prevention. One staff member said, "We prevent infection by keeping people clean, their houses clean, wearing gloves and protective equipment." Staff were trained on infection control and we saw that staff were provided with this equipment to do their job.

Learning lessons when things go wrong

- Staff understood the importance of reporting when things went wrong. One staff member said, "I have had a lot of incidents. Some [people] have fallen and they want to be independent and they trip. We call an ambulance immediately and you report to the office." Accidents and incidents were recorded by the service. When these occurred immediate and follow up actions were recorded on a tracker kept by the management. Staff received day to day supervisions where they received information about accidents, incidents and errors. This helped staff learn lessons when things went wrong for people.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At the previous inspection the service we had made a recommendation that refresher training be completed in a consistent manner. At this inspection we found improvement had been made.

- Staff completed training including the Care Certificate, a recognised qualification that provides a foundation level of training for people beginning work in health and social care. Staff also completed refresher training in a timely manner.
- Staff told us they received support from the management at the service. One staff member said, we have meetings in the office once every three months to make sure we're OK. Supervisors do spot checks too." All staff received supervision, appraisals and had ongoing spot checks completed with them to see how they performed in their jobs.
- Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people. All staff shadowed experienced staff on shift to understand how to work with people correctly. Inductions were tested and scored to ensure that staff understood what they were supposed to do.

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

At the previous inspection we made a recommendation the service follow best practice guidelines in relation to capacity assessments for specific decisions. At this inspection we found that improvement had been made.

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.

We checked whether the service was working within the principles of the MCA and found that they were.

- Staff understood the need for consent and acting in people's best interest. One staff member told us, "If someone is in need of something but doesn't have capacity, you might try to persuade them and try to do it if it's in their best interests. However, no means no." Care plans contained mental capacity assessments and

the service communicated with those who advocated on behalf of people to ensure their best interests were met.

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

- People's needs were assessed before they began using the service. Assessments covered different areas of people's lives where they needed support. This support covered people's health concerns and needs, their routines, their social relationships and other information that supported the service provide care.

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

- People told us people they were supported with food. One person said, "They give me my first meal and prepare a meal for me to warm up." Care plans contained information about people's dietary needs and preferences that staff followed.

Staff working with other agencies to provide consistent, effective, timely care

- Daily logs completed for all people using the service demonstrated staff shared relevant information with each other and recorded interaction with other agencies. Daily logs and other documents in people's care plans recorded when staff had contact and met with social workers and health care professionals. The service sent staff to attend people homes at the request of the local authority, often as the first professional agency involved visiting in a care provision capacity.

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

- People were supported with their health care needs. One staff member told us, "I've been there and supported with ambulance and nurses with dressings." The service communicated with and recorded relevant information from health care professionals. We saw examples of interaction with district nurses and GP surgeries where the support staff offered benefitted people's health care needs.

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 the last inspection this key question was rated as good. At this inspection this key question 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 told us they were treated well. One person told us, "They are brilliant. [Staff] is so cheerful. I love them so much. They would sometimes work an hour over their time. ... I can ring them any time." Another person said staff are happy to chat when providing care and told us, "A little chat while working. It's cheerful." A relative confirmed this stating, "They talk with [person]. They communicate with them and talk to them all the time."
- The service had received compliments about the care they provided. One example we saw stated how caring staff had been with a relative. 'Thank you so much for what you've done for [relative].'
- Policies at the service supported people's human rights. We saw equal opportunities and diversity and human rights policies. These policies cited relevant law and sought to uphold people's human rights by providing staff with explicit guidance on how people should be treated. Staff told us they were happy working with people who had diverse needs. One staff member talking about people who were Lesbian, Gay, Bisexual or Transgender (LGBT) told us, "their sexuality wouldn't matter. The care wouldn't be different."

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

- People and relatives told us they were involved in creating their care plans. One relative told us. "They review it every six months. The social worker phones about that." Staff told us they involve people by giving them choices. One staff member said, "By asking them what they want and if they are happy with what I am giving them, and by doing what they want and fulfilling their needs."
- Care records were personalised and held information about people's preferences. They were signed by people or their relatives. This meant that people were involved in deciding their care and staff knew how best to support them.

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy was respected and their independence promoted. One person told us, "They wash what I can't reach." Staff confirmed this. One staff member said, "[I respect their privacy and promote their independence] by following their choices and asking them what they want. With personal care I don't do everything, I let them do what they can do, I encourage them." We saw that people's confidential information was stored on password protected computers or in lockable filing cabinets. There were policies to support data protection and people's confidentiality.

- Staff understood the importance of treating people with dignity. Staff told us treating someone with dignity means, "Speaking to them nicely, listening to them and what they're telling you. Not leaving doors open." New staff received training in privacy and dignity so that they knew how to work with people in the right way.

Is the service responsive?

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 good. At this inspection this key question has now remained the same, 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

- People's care was recorded in their care plans. One relative said, "You can read their care plan [it's in their house]." Another relative told us staff were responsive to people's needs and said, "[Staff] checked [person's] mental health and did a memory check." Care plans were personalised and detailed. They contained specific information about people's needs and preferences. We found the person-centred care element of the plans easy to read and noted their focus on people's histories and what was important to them. This meant anyone reading them could get to know people and what they liked.
- Care plans also contained people's needs and risk assessments and other information about their health and medicines and what outcomes people would like to achieve from the care they received. Some examples we saw were 'I need help to dress myself' and 'I need help to prepare meals.' Care plans also contained information about people's lives and their personality. For example, one person's plan said, 'I am proud of my close-knit family' and 'I adapt well to change'. People's life stories contained good detail about the history of people to help understand a little of their past. This personalised detail meant that people received care from staff who knew who they were, what they liked and what they wanted.

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.

- The service supported people with sensory impairment. They were able to provide people information in ways that they chose, such as large font documents that were easier to read and staff were happy to read documents to people who were visually impaired.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and told us they would feel able to do so. One person told us, "I would phone up, mobile or landline. They would respond." There was a complaints policy in place and the complaints procedures were evident in people's service user guides. We noted there were some factual errors in the guide and policy relating to who to talk to if a complaint needed to be made. We highlighted this to the registered managers, who were able to change the error before we left. They also told us they would provide all people using the service with new service user guides.
- There had been no recent complaints made to the service. We saw historic complaints and saw that the

service had dealt with them appropriately in line with their policy.

End of life care and support

- There was support for people who were at the end of their life. The service had an end of life policy and strategy and was able to capture people's end of lives wishes, where required. Following the inspection, the managers provided us with evidence of an end of life care plan that demonstrated people's wishes were addressed as best as possible and their comfort was prioritised.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same.

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

At our last inspection the provider had failed to take proper steps to ensure there were effective systems to assess, monitor and mitigate risks to the health and safety of people to improve the quality and safety of the services provided. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made to the quality assurance systems and processes, and the service had addressed issues we identified at the previous inspection. However, further improvement was required in this key question.

- Numerous policies and documents we saw contained incorrect or inaccurate information. At our last inspection in 2018 we highlighted flaws with the complaints policy. When we looked at the complaints policy at this inspection we saw that it still contained factual errors. For example, there was no mention of recourse to complain to the local authority if they funded the person's care. Errors regarding complaints were also evident in the service user guides that were in each person's home, offering people the opportunity to complain to a different local authority's complaint department. Similarly, the service user guide contained other factually inaccurate information that referred to out of date documentation or information for a different service. We found factually inaccurate information in the medicines management policy, accident and incident policy, moving and handling policy, supervision policy, quality assurance policy and information security policy.
- We spoke with the registered managers about the errors we found and were told that the provider had updated the policies and procedures in November 2018. However, neither of the registered managers, nor the nominated individual with responsibility for the implementation of these updated policies had seen these errors. The registered managers corrected the policies as soon as we highlighted the errors within them. They also told us they would change the service user guides in the home of each person who used the service.
- The provider completed audits to monitor the safety and quality of care. Audits we saw included medicines administration audits, daily log audits, spot checks and quality monitoring. These systems assured the provider that people using the service were receiving the care they should.

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

- People told us they thought highly of the service. One person said, "[Staff] is so cheerful, I love them so much. They would sometimes work an hour over their time. ... I can ring them any time." They also told us the service was well managed and the registered managers were highly thought of. One person said, "Yes [the service is well managed]." A relative told us, "I think [registered manager] is a really nice person, very professional." A staff member told us, "It's a good company. I love my company" and that the registered manager was a, "Good leader." The service had a statement of purpose and a service user guide. Both these documents highlighted the aims of the service, to provide quality person-centred care to people in their own homes.

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 managers understood and acted responsibly and responsively when things went wrong. We looked at complaints and saw that the service replied to these in a professional manner and took responsibility for the care they provided. We also spoke with the local authority about the service and they noted their professionalism in dealing with matters where things went wrong.

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

- People told us about completing feedback on the service. One person said, "There is an annual assessment" whilst another said, "[Staff] fills forms. A few weeks ago. They do it every six months." People fed back on the quality of service they received through quality monitoring, at spot checks and the service had suggestion forms in their office. Feedback and monitoring we saw indicated that people felt supported by the service.
- The provider held staff meetings. Staff told us they participated in these meetings and were involved in the running of the service. One staff member said, "Yes - they are good. We discuss training, clients etc." Meeting minutes we saw contained topics including the safety of those both using and working for the service, training and medicines administration record charts.

Working with others

- The service had professional relationships with the local authority and other health and social care providers. These relationships were maintained to the benefit of people using the service. We saw various examples of when staff worked alongside the local authority to safeguard vulnerable individuals who were at risk of abuse in the community.