

Genuine Carers Limited

Genuine Carers - Milton Keynes

Inspection report

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Ratings

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

Summary of findings

Overall summary

Genuine Carers Limited is a domiciliary care agency that provides personal care to people living 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. At the time of this inspection 1 person was receiving support with personal care.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people were assessed and measures were put in place to reduce them.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. There were systems in place to ensure, if it was required, people received their medicines safely and as prescribed. The person using the service was supported by regular, consistent staff who knew them and their needs well.

There were systems in place to ensure lessons were learned when things went wrong, so that improvements could be made to the service and the quality of care provided.

Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care and meet people's needs.

The person's needs and choices were fully assessed before they received a care package. Their care plan included information needed to support them safely. The person using the service was supported to eat and drink enough to meet their dietary needs.

The person was 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.

The provider involved the person and their relative in the care planning process and reviews of their care. There was a complaints procedure which was accessible to the person and their relative, so they knew how to make a complaint. There had not been any complaints received at the time of our inspection, but systems were in place to address and investigate complaints.

The service had governance systems in place to ensure the service and quality of care provided were continuously assessed and monitored. A range of audits were in place to monitor the quality and safety of service provision.

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

Rating at last inspection and update

This service was registered with us on 03 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

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 safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was 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 responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Genuine Carers - Milton Keynes

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

The inspection was carried out by 1 inspector.

Service and service type

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

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 48 hours' notice 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.

Inspection activity started on 24 February 2023 and ended on 27 February 2023. We visited the location's office on 24 February 2023.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included any notifications (events which happened in the service that the provider is required to tell us about) and any feedback about the service. 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 used all this information to plan our inspection.

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During the inspection

We spoke with the relative of the person using the service and had discussions with the registered manager, a registered manager from another branch who was supporting the inspection and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also had a telephone discussion with the staff member who was providing care and support.

We reviewed a range of records. This included the person's care records and risk assessments. We looked at the staff file for the staff member providing care and support. A variety of records relating to the management of the service, staff training and supervision records, quality assurance information and feedback from people and staff were reviewed.

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 of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person using the service was protected from the risk of potential harm. Their relative told us, "[Family member] is very safe. The carer knows how to support [family member] safely."
- Systems and processes were in place to help identify and report abuse to help keep the person safe. For example, staff received training in safeguarding and knew how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Known risks were assessed, monitored and planned for. Guidance for staff was recorded in an 'Integrated Support Plan' and provided guidance to staff on the measures needed to reduce potential risk. For example, guidance was in place so that the person could mobilise safely. Records had been regularly reviewed.
- Staff informed the registered manager when they had concerns about the person's health, or their needs had changed. This enabled the registered manager to review the risks and identify the additional support needed.
- The person's care plan was reviewed regularly so any changes to their needs and risk management strategies could be implemented swiftly.

Staffing and recruitment

- There was 1 staff member providing care to the person using the service. Management told us they were available to support the person if this was required. Their relative told us, "[Staff member] is very reliable and has tailored the care to suit [family members] needs."
- The staff member supporting the person using the service told us they had sufficient time to provide care and support and said they did not have to rush their care.
- The provider followed their recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- At the time of our inspection the provider was not supporting the person using the service with their medicines. However, there were systems in place and staff had received medication training if people required that support.

Preventing and controlling infection

- Systems were in place to protect people from the risk of infections because staff had been trained in infection prevention and control and they had access to infection control policies and procedures.
- The staff member providing the care and support told us, "I have enough PPE. I always wear gloves and aprons and masks when I'm giving personal care."

Learning lessons when things go wrong

- The service had systems in place to monitor incidents and accidents so action could be taken to promote people's safety. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.

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 Good. 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's needs were assessed before they started using the service to help ensure their needs and expectations could be met. The assessment tool looked at all areas of people's support needs including their physical and mental well-being, level of independence, their preferences, social circumstances and cultural diversity, communication needs and dietary requirements.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- The staff member was sufficiently qualified, skilled and experienced to meet people's needs. They told us they had received an induction and training relevant to their role. Records confirmed this. The staff member told us, "The induction was very good. It made me feel more confident." It was expected that all staff would complete the Care Certificate. This is a nationally recognised training program to ensure that new care staff know how to care for people in the right way.
- There was a rolling programme of supervisions, direct observations and this was monitored by the registered manager to ensure staff were working in line with best practice.

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

- At the time of our inspection the staff were required to support the person with food preparation only and if they asked for that support. For example, if they were not feeling well. Daily notes showed that the staff member providing care and support had made breakfast for the person on numerous occasions and had supported them to knead bread.
- As part of the care certificate staff completed training around fluids and nutrition and we saw that the staff member providing care and support had completed the care certificate.
- Information in relation to any food and drink preferences and requirements were documented and understood by staff. Systems were in place to enable recording of food and fluid if required.

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

- The person's care plan provided an overview of the person's health needs and the involvement of health care professionals where applicable.
- The registered manager informed us staff did not currently attend hospital appointments with the person using the service as this was usually undertaken by the person's relative. However, the staff member we spoke with confirmed if they thought the person was unwell, they would contact the relative so they could

contact the persons doctor. The persons relative confirmed this to be the case.

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.

- The staff member providing care and support told us that they always asked for permission before they undertook any tasks. The persons relative confirmed this to be the case.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

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.

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

- The person using the service was treated with dignity, kindness and the staff member fully respected their diversity and cultural needs. Their relative told us, "The carer and [family member] were a good fit straight away. It was really positive, and they just clicked. It was a cultural match and a personality match."
- The relative of the person using the service told us that the staff member often went above and beyond by doing small jobs around the house and supporting with other tasks if they were asked to. The staff member told us, "I love working with [person] and try to give my best."
- The person's care plans described their individual routines, cultural needs and personal preferences.

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

- The relative of the person confirmed they were involved in making decisions about the care and support their family member received. They told us, "We are both consulted, and they are careful to say, "How can we support you better?" It's a 2-way conversation and any changes are implemented straight away."
- The registered manager informed us that care plans and risk assessments were updated when changes were needed. These were shared with the person using the service and their relative to read and to make any amendments.
- The registered manager said they would support anyone who wanted to use the service of an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- The person using the service was encouraged to maintain their independence and do as much as they could for themselves. Their relative told us, "The carer respects [family members] independence and only provides extra help when it's asked for."
- The person's relative confirmed their family member was treated with respect and dignity. They commented, "The carer is very sensitive to [family member] cultural needs especially when it comes to providing personal care." The staff member described the steps they took to maintain the persons privacy and dignity.
- A confidentiality policy was in place. The registered manager understood their responsibility and ensured all records were stored securely. The staff member had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

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 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

- The relative of the person using the service told us the registered manager was responsive when things needed to be changed. They commented, "We are consulted about any changes and we are always asked for our input."
- A needs assessment was completed and used to develop a plan of care. This had been reviewed regularly and when the person's care needs changed.
- The care and support plan we looked at was reflective of the person's current needs and provided staff with information about how to meet the person's cultural needs.
- The person using the service received person-centred care from a regular, reliable and consistent staff member, which helped to build trust and support.

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.

- The person's communication needs were assessed, and details of any needs were recorded. The staff member was able to converse with the person in their first language.
- The registered manager said they would consider each person individually and would provide any support they needed to receive information in a way they understood.

Improving care quality in response to complaints or concerns

- There was a complaints procedure and policy in place that had been provided to the person using the service and their relative, so they knew how to make a complaint. The person's relative told us they knew how to complain if needed and felt comfortable any issues would be quickly rectified.
- The registered manager told us that there had been no formal complaints about the service and records confirmed this. There were processes in place to ensure that all complaints, both formal and informal, verbal and written would be dealt with appropriately.

End of life care and support

- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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 Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The service had a positive ethos and the relative of the person using the service expressed their satisfaction with the care provided. They commented, "The care that [Family members] gets has made a positive change. We had a care company before where the care was poor, so we didn't have high hopes for this one. However, we are 100% per cent happy. I think we have been very lucky to find this company."
- The staff member providing the care and support informed us they felt well supported and the management were approachable and contactable.
- The registered manager and the nominated individual were passionate about delivering good quality care for people in their homes. They demonstrated an in-depth knowledge of the person they were supporting and had a clear understanding of the key principles and focus of the service.
- The registered manager and staff team worked with other professionals when required to ensure the service developed and people remained safe.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 had a system of checks in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support systems to staff. The staff member providing care commented, "The communication is very good. The managers are always available at the end of the phone and I always use the app." This was used by staff for effective communication."
- Systems were in place to manage staff performance including supervisions, appraisals and a training programme.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The registered manager had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.

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

- The person using the service and their relative were asked for their views about their care and the service. We saw satisfaction surveys and comments were positive. One read, 'I am very happy with Genuine Carers. They are helpful, understanding and considerate. These guys are doing a good job. Thumbs up for them.'
- The person and their relative had regular contact with the registered manager and felt able to raise concerns and give compliments. The relative of the person using the service said, "I have completed a survey. We talk all the time and I give feedback on a regular basis."

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- There were systems in place to learn lessons when things went wrong, so that improvements were made to enhance the care people received.
- The registered manager and staff team worked with other professionals when required to ensure the service developed and people remained safe.