

Genuine Carers Limited

Genuine Carers - Oxford

Inspection report

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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?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Genuine Carers is a domiciliary care agency that was providing personal care to 24 older people at the time of the inspection.

People's experience of using this service:

We identified three breaches of regulations. These were in relation to safe care and treatment, recruitment and good governance.

Medicines management was not always based on current best practice and the systems in place to monitor the quality of service were not always effective.

There were enough staff to meet people's needs. Staff were aware of their responsibilities to report concerns and understood how to keep people safe. We saw that risks to people's safety and well-being were managed through a risk management process.

People benefited from kind and committed staff. People complimented the support received and told us they formed meaningful, caring relationships with the staff. Staff knew what was important to people and ensured people had care that met their needs and choices. People's dignity, confidentiality and privacy were respected and their independence was promoted.

People received support that met their needs and was in line with care plans and good practice. People's rights to make own decisions were respected. People were encouraged to maintain good diet and access health services when required.

People complimented the continuity of care provided by skilled and competent staff. People, staff and relatives were involved and felt listened to. Staff and management worked well in partnership with other agencies, social and health professionals and external organisations.

More information is in the detailed findings below.

Rating at last inspection: This is a newly registered service. This was the first inspection.

Why we inspected: We inspected this service within 12 months of the date of registration in line with our inspection methodology.

Enforcement: You can see what action we told the provider to take at the back of the full version of the report.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our

reinspection schedule for those services rated Good.

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

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 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 not always well-led

Details are in our Well-led findings below.

Requires Improvement ●

Genuine Carers - Oxford

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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:

Genuine Carers is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to adults. Not everyone using Genuine Carers receives a regulated activity. Care Quality Commission (CQC) only inspects the service being received by people receiving 'personal care'; help with tasks relating to personal hygiene and eating. Where they do we consider any wider social care provided. The service had a manager 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 48 hours' notice of the inspection visit because we needed to be sure the management would be in the office. We visited the office location on 11 April 2019 to review care records and policies and procedures.

What we did:

Before the inspection we reviewed the information we held about the service and the service provider. The registered provider completed a Provider Information Return (PIR). This 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. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

We contacted four people and three relatives to gather their views about the support received. During the office site visit we looked at records, which included seven people's care and medicines records. We checked recruitment, training and supervision records for five staff. We also looked at a range of records about how the service was managed. We also spoke with the registered manager, the provider and four care staff.

After our site visit we contacted commissioners to obtain their views about the service.

Is the service safe?

Our findings

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

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. Regulations may or may not have been met.

Using medicines safely:

- The medicines management was not based on current best practice. For example; where there were handwritten entries on Medicine Administration Records (MAR), these were not signed by the staff member completing the MAR or countersigned by a second signatory as per national guidance. Without the MAR being countersigned the registered provider could not be certain that the information recorded on it was accurate.
- Medicines were not managed safely and in line with The National Institute for Health and Care Excellence (NICE) guidance Managing medicines for adults receiving social care in the community, in that staff competencies, in relation to the administration of medicines were not being assessed.

This demonstrates a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels:

- People were not always protected against the employment of unsuitable staff as the provider did not always follow their own safe recruitment policies and procedures. For example, one staff members personnel file did not contain any references from previous employers. Another staff member file contained references from friends and not previous employers. A third staff member file contained references which were vague and did not supply the relevant information to support a decision the staff members were suitable for their role.

This demonstrates a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was enough staff to support people's needs.

Learning lessons when things go wrong

- The provider had systems in place to monitor incidents. However, these systems were not always effective. For example, although accidents and incidents were recorded on an individual case by case basis, there was an absence of an overarching system that would enable the registered manager to have oversight of all the accidents and incidents within the service. The absence of such a system meant that the registered manager was unable to identify patterns and trends, which would support future learning in the event of things going wrong.

Systems and processes to safeguard people from the risk of abuse:

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and updated when people's needs changed.
- People's risk assessment included areas such as their mobility, skin integrity or medicine management.
- Staff were familiar with and followed people's risk management plans.

Preventing and controlling infection:

- The provider ensured staff were trained in infection control. People told us staff washed their hands and used disposable gloves and aprons where required.

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.

Good: People's care, treatment and support achieved good outcomes, promoted a good quality of life and was based on best practice.

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.

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

- People's rights to make their own decisions were respected. One person said, "They respect any decisions I make".
- People were supported by staff that knew the principles of the MCA. One staff member said, "Just because someone make an unwise decision, doesn't mean they don't have capacity".
- Care plans contained consent to care documents signed by the person or their legal representative.

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

- People's needs were assessed prior to them using the service to ensure needs could be met.
- The assessment included people's preferences and details about their health and their level of independence in relation to daily living.
- Assessments took into account current guidance and gave people and their relatives the opportunity to have input into individual care plans. People's communication needs were identified in line with Accessible Information Standards.

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

- People were supported with their meals appropriately. One relative commented, "They really help mum with her eating".
- Care plans gave detailed guidance on people's needs, including their preferences and special dietary needs.
- People were supported by staff to choose what meals and drinks they would like. One person told us, "We always talk about what I would like to eat or drink".

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

- Staff worked closely with other agencies to provide effective care to people. One carer described how they regularly spoke with a healthcare professional to share information to ensure they provided the best care for a person. One relative told us, "They contact the district nurse when they need to".
- People were supported to live healthier lives, records of referrals and any guidance were held in people's

care plans. This included GPs, district nurses and occupational therapists.

Staff support: induction, training, skills and experience:

- People were supported by well trained staff. All staff completed an induction programme when they first started work. Staff told us that they had the necessary training to support people effectively. One member of staff told us, "I feel totally supported".
- Staff told us that they felt well supported. They also told us, and records confirmed, that they received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements.

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

Good: 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 and relatives confirmed staff treated people in a caring way. One person said, "They help me so much and I am never left feeling like a burden. Nothings too much for them".
- Records clearly showed that people's views and needs were considered, in particular what was important to people had been identified and staff demonstrated through talking with us that they knew people well.
- The diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity and faith. We saw one example of how staff had responded to one person's needs and supported them effectively in relation to their practicing their faith.

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

- Care plans were completed with people to ensure they reflected people's wishes.
- One person told us they were involved in decisions about their care and support. They told us, "We discuss how I want things done".
- Where required, information was provided to people in a format that was accessible to them, for example, one person had access to a type of technology which allowed them to receive important information about their healthcare appointments.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Care plans guided staff to encourage people to do what they could for themselves. One relative told us, "They always encourage mum to be independent".
- People were treated with dignity and respect. When staff spoke with us about people, they were respectful and displayed genuine affection. Language used in care plans was respectful. Staff told us people's privacy was respected.
- The provider ensured people's confidentiality was respected. Records containing people's personal information were kept in offices which were locked and only accessible to authorised persons.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans detailed people's support needs and how people wanted their needs to be met. People received support from staff that understood their needs and preferences.
- People and relatives were involved in their care and support and contributed to their own care plans. One person told us, "We have regular meetings and we discuss what I like and what I don't like". A relative said, "We feel fully involved".

Improving care quality in response to complaints or concerns:

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- People told us they knew how to make a complaint. Relatives told us any concerns were dealt with immediately. One relative said, "I was raised a concern and it was dealt with immediately".

End of life care and support

- At the time of the inspection no-one was receiving end of life care from the service, however, there were systems in place to record people's advanced wishes.
- Staff and the service's management talked passionately about this aspect of their role. They told us they understood how important it was to people and their families.

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.

Requires improvement: Service management and leadership was inconsistent. Some regulations may or may not have been met.

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

- The systems in place to monitor the quality of service were not always effective. For example, the concerns that we found in relation to medicines management, accidents and incidents and recruitment had not been identified by the registered manager.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

- The registered manager was clear about her responsibilities for reporting to the CQC and the regulatory requirements.
- Staff were clear about their responsibilities and the leadership structure.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- From speaking with staff, the registered manager and provider it was clear that there was a positive culture at Genuine Carers and staff worked with the values of person-centred care.
- People praised the service received and how the service was run. People we spoke with felt the service was well managed and open.
- The registered manager and provider promoted an open culture which contributed to staff work satisfaction. There was good team work and staff morale. One staff member said, "If we need anything, anything like training or help, then they do their best to get it".
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The provider involved people in various ways. People had opportunities to complete surveys or raise any comments via an open-door policy at any time.
- Annual surveys were sent out to people and their relatives to gain their feedback. The feedback seen was positive.

Continuous learning and improving care

- The registered manager and deputy manager ensured where an area of improvement had been identified they acted promptly to address it. For example, we saw how the service had identified that peoples care files needed to include more up to date person centred information which would support staff in getting to know people and their personal histories better, which would support person centred care
- One member of staff told us, "We have regular meetings, but we can raise anything at any time".

Working in partnership with others:

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. One professional said, "They respond well to our feedback".

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality of service were not always effective
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People were not always protected against the employment of unsuitable staff