Genuine Carers Limited

Genuine Carers Limited - 125 St Johns Road

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

This inspection took place on 24 August 2016 and was announced.

We previously inspected the service on 08 November 2013 and at that time we found the registered provider was meeting the regulations we inspected.

Genuine Carers is a specialist homecare agency who provides home care predominantly to people of south Asian origin in the Kirklees area of West Yorkshire and in Oxfordshire.

The registered provider is also the registered manager for the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives we spoke with told us they were very happy with the service provided and they felt their relation was safe with Genuine carers. Staff had received safeguarding training and were aware of their responsibility to report any concerns to their manager.

Care plans contained risk assessments which were relevant to people's individual needs and the environment, although one of these lacked detail for staff about how risks could be reduced when supporting people to transfer.

The registered person had a robust system in place to vet potential employees. All staff were trained and assessed as competent to administer people's medicines.

Staff told us they felt supported. New employees were supported in their role and there was a programme of on-going refresher training for existing staff. Staff received regular supervision to ensure they had the skills and competence to meet people's needs.

Staff had received training in the Mental Capacity Act and understood people's rights to make decisions about their lives.

Staff were caring and kind. People's privacy and dignity was respected and care plans reflected the need to encourage people to retain their level of independence. The service catered for people's diverse cultural and language needs.

People had care plans in place which noted the tasks they required support with, as well as detail about their choices and preferences. Staff told us these were reflective of people's needs and we saw these were updated regularly.

Relatives of people who used the service and staff told us the service was well-led and relatives were very happy with the care provided.

The registered person had a system in place to monitor the performance of the service. Staff were monitored at regular intervals and audits were completed of people's daily records. The registered provider asked people and staff for feedback, this information had been reviewed and fed back to staff.

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.

People told us they felt safe.

Risks assessments minimised risk whilst promoting people's independence.

Systems of staff recruitment were safe.

Staff were trained in medicine administration.

Is the service effective?

Good

The service was effective.

Staff had received specialist training to enable them to provide support to people who used the service.

Staff supported people's right to make choices and decisions.

People had access to external health professionals as the need arose.

Is the service caring?

Good

The service was caring.

People and their families told us staff were kind.

Staff respected people's privacy and dignity.

People were encouraged to make choices and retain their independence where possible.

Is the service responsive?

Good

The service was responsive

Care was planned to meet people's individual needs and preferences.

People and their representatives were involved in the development and the review of their support plans.

People told us they had no complaints about the service they received.

Is the service well-led?

Good

The service was well led.

The registered manager was involved in the day to day running of the organisation.

There were systems in place to regularly seek feedback from people who used the service.

Staffs performance was regularly monitored.

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Detailed findings

Background to this 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 was planned to check 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.

This inspection took place on 24 August 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure the registered manager would be available to meet with us. The service was inspected by an adult social care 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. The area of expertise for the expert by experience on this inspection was as a family carer of an older person.

Prior to our inspection we reviewed all the information we held about the service. This included information from notifications received from the registered provider and feedback from local authority safeguarding teams.

At the time of the inspection a Provider Information Return (PIR) was available for this service. 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.

During our visit we reviewed four people's care plans, two from Kirklees and two from Oxfordshire. We also looked at three records relating to staff recruitment and training, and various documents relating to the service's quality assurance systems. We spoke with the registered person and the manager of the service and following the inspection we spoke with three care staff on the telephone. We also spoke on the telephone with five relatives of people who used the service.

Good

Is the service safe?

Our findings

Relatives of people who used the serviced told us they felt their relation was safe. We spoke with the relative of a person who required staff to transfer them using a hoist, they said, "The carer is very capable and knows how to use the hoist safely, I know (relative) is very safe with (staff)." Another said, "The carer encourages my (relative) to get out of bed, (relative) knows she is safe with them helping her, and this encourages her to get up rather than staying in bed." And another said, "They have very good hygiene, they always arrive well dressed in their uniforms, and always wash their hands."

Staff told us they had received training in safeguarding vulnerable people and we saw certificates to confirm this. Staff gave us a description of the different types of abuse they may come across in their work and they knew the procedure to follow to report any allegations or concerns. One staff member said, "If abuse occurred I would tell the manager, write everything down and go through the council, the police or CQC if necessary." The registered person told us they had completed safeguarding training and they were able to tell us the process for making a safeguarding referral to the local authority. This showed the registered person and staff were aware of their responsibilities in keeping people safe from the risk of harm or abuse.

We saw safeguarding incidents had been responded to appropriately and action taken to keep people who used the service safe. This demonstrated the service had procedures in place for identifying and following up allegations of abuse, and staff demonstrated knowledge of the procedures to follow.

We asked the registered person what action they expected staff to take if they went to a scheduled call and the person did not answer their door. They said staff would ring the office to notify them, the office staff would then try to telephone the person and their family, if needed, while staff asked the person's neighbours if they had seen them. The said if they were unable to establish the whereabouts of the person they would notify the police. All the care staff we spoke with were aware of the procedure.

Each of the care files we looked at contained an environmental risk assessment, this assessed access to people's homes, flooring, electrical items, the kitchen and bathroom facilities. There were also risk assessments to areas such as moving and positioning and skin integrity. We looked at the risk assessment for one person who required the use of a hoist to enable staff to transfer them. The risk assessment recorded the equipment the person required but lacked detail as to when and how staff were to use the hoist. The registered manager showed us staff had received practical training in use of hoists and always attended the person's house with an experienced carer in the first instance to ensure they were familiar with the individuals support requirements. Staff and relatives confirmed this. The registered manager said they would include more detail in moving and positioning risk assessments in order to provide more direction to staff. Risk assessments were reviewed at least annually and when people's needs changed. This meant care and support was planned and delivered in a way that reduced risks to people's safety and welfare.

We saw from three staff files safe recruitment practices had been followed. For example, the registered manager ensured references had been obtained and Disclosure and Barring Service (DBS) checks had been carried out. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable

people working with vulnerable groups. This showed candidates had been properly checked to reduce the risk of staff being employed who may be unsuitable to work with vulnerable people.

People we spoke with told us staff had never missed their calls and they saw a regular small team of staff. One of the staff said they always tried to telephone the person to let them know if they were going to be delayed and people we spoke with confirmed this. Plans were in place in the event of staff sickness and managers were on call at all times that care was being delivered. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could always be maintained.

The registered manager told us they only administered medicines to a small number of people as most people who used the service lived at home with their families. Medicine Administration Records (MAR) were in place in the care records we sampled where people required assistance with the administration of their medicines. A MAR is a document showing the medicines a person has been prescribed and recording when they have been administered. We saw from these records all the medicines had been signed for and there were no gaps. There was one topical medicine prescribed and the care plan recorded where staff were to apply this. The registered manager told us they audited all MAR charts when they were returned to the office to ensure the MAR had been completed correctly and there were no indications an error had occurred.

The registered manager told us all staff completed annual medicines training followed by an assessment of their competency if medicines were being administered. We saw evidence of this in the staff files we reviewed and staff we spoke with told us they had received appropriate training. This meant people received their medicines from people who had the appropriate knowledge and skills.

Good

Is the service effective?

Our findings

People we spoke with told us staff were able to support their relative well. People said, "They communicate in his own language, this makes him much happier, they understand him and know what he wants." And, "(Staff) knows just what she is doing."

We asked how new staff were supported in their role. One of the carers we spoke with said they had recently commenced employment with the service, they said, "When I started I had a pack and training to do. I shadowed another member of staff. The manager discussed my goals and training with me." This demonstrated new employees were supported in their role. Staff also received on-going refresher training in a variety of topics. This included infection control, health and safety and moving and handling, basic life support, privacy and dignity and fluids and nutrition. Staff also received practical training in the use of equipment such as hoists. This demonstrated the registered manager was confident staff had the appropriate knowledge and skills to perform their job roles.

Regular supervision was provided for staff along with spot checks on staff's performance. We saw evidence in each of the files we reviewed, of written supervision and staff told us they could speak to a manager at any time for advice and support. One staff member said, "I feel supported. Any issue I ring the office and it is resolved. They are really helpful." This showed staff were receiving regular management supervision to monitor their performance and development needs.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. For this type of service any applications to deprive a person of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had a policy in place and the staff we spoke with had a good understanding of the principles to follow. One staff member said, "Everyone has the right to make their own decisions with support if needed. If they lack capacity every decision has to be in their best interests, with the least effect on their human rights and freedom."

The registered manager told us almost all the people they supported had capacity to make their own decisions and only one person didn't live with their family. We saw in the care files we sampled consent had been recorded in relation to sharing information and consent to care plans and risk assessments. We saw records were kept where a person's relative had legal authority to make some decisions on a person's behalf, so the registered manager could be assured they were gaining consent from the relevant person.

People were supported with their choices if support with meals was required. One person told us their relation had communication difficulties, however, "The carers have got to know (persons) likes and dislikes, they understand (persons) moods and they understand (persons) dietary needs." The registered manager told us if people were assessed as requiring support with preparing food or drinks, staff would prepare a meal of the person's choice. One member of staff told us they supported a person with eating some meals but the person was able to manage finger foods. The task planner in peoples care plans recorded where they needed support with eating and drinking.

Each of the care plans we looked at recorded the contact details for the persons GP. We asked the registered manager what support staff offered to people who may require medical advice. They said it was up to the individual person or their families, where appropriate, to make appointments with relevant healthcare professionals. They explained that if staff thought someone's health needs had changed they would prompt them to call the doctor or would contact the person's family and pass on their concerns to them. We saw from records, concerns about a person's health had been passed on to the relevant health professional or family member when people were not able to do this themselves. This showed people using the service received additional support, when required, to access community health care services.

Good

Is the service caring?

Our findings

Relatives told us staff were caring and there were good relationships between staff and the people who used the service. People said, "The girls are all very nice." and "I know my (relative) is comfortable with the carers, they are friendly to her, they talk to her and they are good company for her." One relative said, "They are all very good. His regular carer has developed a good relationship and understanding. She knows how he feels, he has no speech, but she recognises by his expressions and actions how he feels."

Staff told us they enjoyed working with people who used the service. One staff member said, "I like the smile on his face. It's amazing." Another said, "It's fantastic; Very rewarding." And another said, "I love working with people who need us. It is really satisfying."

The registered person, manager and staff spoke about the people they supported in a professional manner. They expressed knowledge of people's needs and demonstrated an understanding of the need to treat people as individuals. We saw in daily records one staff member wrote the person was, 'feeling a bit low and anxious, so chatted to them.'

The registered manager told us when they accepted a new client they always introduced the staff member who would be their main carer. Staff told us they supported a regular small group of people or sometimes one individual and we saw from staff rotas this was the case. This demonstrated people were supported by staff who knew them well.

We saw care files and profiles contained some detailed information about the tastes and preferences of people who used the service, including a short personal history. This gave staff a rounded picture of the person and their life before using the service.

People who used the service had been consulted about the care provided for them. Relatives told us people made decisions about their care and were involved in planning their own support. We saw from care records this was the case. In each of the care plans we looked at we saw a care plan was signed by the relevant person. This showed the registered person had consulted with people who used the service about the care and support provided for them.

People's diverse needs were respected and people who used the service sometimes chose or were matched with care staff who were fluent in their first language and understood their cultural and religious needs.

One relative said, "They really help my mother to maintain some independence. They are friendly with her; they keep her up to date with things happening around the local area." Relatives told us people were supported to remain as independent as possible in their daily lives and we saw from records they were encouraged to do what they could for themselves. Spot check records also observed whether carers encouraged the person to be as independent as possible.

The members of staff we spoke with were aware of how to promote the dignity and privacy of people who

used the service. We saw from records, staff practice was observed by managers during spot checks to ensure they promoted dignity by, for example, gaining consent and talking to the person during transfers. One staff member said, "If they feel uncomfortable I support them to change position. I ask consent. I always talk to people about what I am doing. I don't want them to feel unsafe." Staff were also able to tell us how they enabled people to make choices. Offering people choice and control over their daily lives is a key aspect of maintaining a person's dignity and life skills.

Staff were aware of how to access advocacy services for people if the need arose and we saw from care records people could record their end of life wishes if they wanted to do so.

Good

Is the service responsive?

Our findings

Through speaking to relatives and staff we felt confident people's views were taken into account and they were involved in planning their care. One relative told us, "I reviewed the care plan in June with the manager, and they took on board what I said." Another said, "I think we review the care plan three monthly, I am fully included with this, there is the carer and the manager and my mother, they ask questions to my mother directly in her language, and they make sure she is fully included in her care plan." One relative said, "I often receive a phone call from the office asking how things are, and I am involved in reviewing the care plan regularly. They listen to what I say and are happy to include my suggestions or discuss my concerns where they can."

The registered manager told us when they took on a new client, they arranged to go and meet the person. They explained this enabled them to gather the information, along with the documentation they received from other health care professionals, to develop peoples care plan and risk assessments. Carers said if any amendments were needed to the care plan they fed this back to the registered manager who made the necessary changes. This helped to ensure care plans were fully reflective of people's needs.

People told us they had a care plan in their homes and staff told us they were an accurate reflection of people's needs. One community professional expressed concern that there was no care plan in the home for one person who used the service when they visited prior to this inspection. The registered manager said care plans were normally in place in the home for all people who used the service, but agreed to look into this to ensure documents were available to provide direction to staff.

We reviewed four care plans. Each care plan recorded the individuals name, address, family, GP contact details and a summary of any medical issues, as well as a care summary. A document recorded the schedule for the person, for example, Monday to Sunday, one care assistant for one hour. The care plans also included a task planner which recorded the tasks to be completed at each visit. For example, hoist from bed, assist with breakfast preparation. Care plans contained information in areas such as nutrition, sleep, medication, mobility, personal care and emotional and social needs. All the care plans had been reviewed regularly and were signed and up to date. These reviews help to monitor whether care records were up to date and reflected people's current needs so any necessary changes could be identified at an early stage.

Care plans also included personal information, such as the name the person liked to be known as and details of people's preferences such as, 'Likes cereal for breakfast.', 'Likes to eat on (their) own in the living room,' and, 'likes to go to town window shopping/baking.' This is important as some people who used the service had memory impairment and were not always able to communicate their preferences.

We saw a detailed daily log was completed by staff following each visit. This recorded the date and times of the visit and a record of the care and support provided, as well as the person's mood, well-being and choices given.

Where this was part of the care plan, staff told us they supported people to enjoy activities outside their

home, such as going to the park or the cinema and we saw from records this was the case. This demonstrated staff supported people with their social needs.

One relative told us, "I think the communication with the company is very good, they always respond to any questions." Another said, "The company is very flexible towards his needs, they are able to make changes to the times of his visits." Relatives told us they would feel comfortable raising issues and concerns with any of the staff or the managers and they knew how to complain. The service had a complaints procedure which was included in the person's contract agreement when they started using the service and relatives we spoke with and staff were aware of this and the procedure to follow. This demonstrated people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. No one we spoke with raised any concerns or complaints regarding the service they received from Genuine Carers. The registered manager told us they had not received any complaints.

Good

Is the service well-led?

Our findings

One relative we spoke with told us, "I am really, really happy. I chose this company, and I am now burden free, they really do take good care of my (relative)." Another said, "It has changed our life since they started to visit, it gives us more quality time." One relative said, "They seem to be well organised, the carers are usually on time." And "They provide the right staff, who can speak her language." Another said, "I think the company is well organised, the staff seem very happy to work there, and they send reliable caring staff."

The registered provider was also the registered manager of the service and was involved with the organisation on a regular basis. A manager was also in place who supported care staff on a daily basis providing support and advice and scheduling care calls. They were both knowledgeable about people's individual needs and spoke with professionalism throughout the inspection.

Staff told us they felt supported and were complimentary about the organisation and how it was managed. A staff member said, "They listen to you. The manager rings you about progress and is always helpful and polite." Another said, "I feel supported, really comfortable. If I had any concerns the manager is open and would act on them." "It is definitely well led. I have no complaints. We all try to do our best to achieve the optimum." Another said, "The manager is a lovely lady."

We asked the registered manager about the culture of the service. They told us their priority was listening to people who used the service. They said, "We provide simple reliable care in the home. We want to give the best service. We ask people what they want. We use empathy. That is why we are called Genuine Carers. If clients are not happy they will leave."

We looked at the systems in place to assess and monitor the quality and safety of the service provided. The registered manager and the manager completed regular, recorded spot checks on staff, as well as regular recorded quality assurance visits and telephone calls to people using the service and relatives. At spot checks staff were asked for their opinion on their performance and if they felt happy and supported in their work. We saw records for both staff and people using the service from Kirklees and Oxfordshire. This showed people who used the service, their relatives and staff were asked for their views about the service and feedback was acted upon.

We saw staff meetings had been held to discuss topics such as health and safety and staff training. The registered manager told us they conducted fortnightly visits to Oxfordshire during which visits they held occasional meetings with staff and records confirmed this. The minutes of the meetings were minimal in content and the registered manager said they would include more information in these records in the future for staff who were not able to attend. Staff meetings are an important part of a registered provider's responsibility in monitoring the service and coming to an informed view as to the standard of care and treatment.

The registered manager told us they completed audits of people's support records and we saw documented evidence of the checks which were made. The registered manager told us they checked the logs for times of

calls and the content of the entries, they said if any issues were identified, they were discussed through supervision with staff. These systems demonstrated the service had effective quality assurance and governance processes in place to drive continuous improvement.

The register manager told us there had been no accidents or incidents except for the small number of safeguarding issues since our last inspection that had been notified to CQC. Under the Care Quality Commission (Registration) Regulations 2009 registered providers have a duty to submit a statutory notification to the Care Quality Commission (CQC) regarding a range of incidents. Prior to the inspection we saw evidence the registered provider submitted these notifications in a timely manner. During our inspection we did not identify any issues which the registered provider had failed to notify us about.