

## Generix Associates Limited

# Generixcare Luton

### 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

This announced inspection was carried out between 14 August 2017 and 5 September 2017. The service provides domiciliary care and support to people in their own homes. At the time of the inspection, 21 people were being supported by the service. The service had a registered manager, who was also the provider. 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.

The provider did not have effective staff recruitment processes in place to ensure that people were always supported by staff who were suitable for their roles. There were missing references, and a risk assessment had not been completed when information of concern was highlighted in one member of staff's Disclosure and Barring Service (DBS) report.

Some of the records were not up to date which meant that information was not always kept in an accessible manner. Although the provider completed audits, they did not have robust systems to drive continual and sustained improvements.

We found these were breaches of regulations of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

People were safe because the provider had systems to keep them safe from risks of abuse and harm, and staff had been trained on how to safeguard people. There were risk assessments in place so that staff knew how to support people safely. Where required, people had been supported safely to take their medicines. There was sufficient numbers of staff to support people safely.

Staff received training, support and supervision that enabled them to provide appropriate care to people who used the service. People were able to provide verbal consent to their care and support, and the requirements of the Mental Capacity Act 2005 were being met. Where required, people had been appropriately supported to have enough to eat and drink, and to access health services.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. People were happy with how their care was being provided, and they valued the support they received from staff and the registered manager.

People's needs had been assessed before they were supported by the service. Care plans took account of their individual needs, choices, and information received during assessments. Staff were responsive to people's needs and where required, they were working closely with people's relatives to ensure that the support they provided was appropriate. The provider had a system to manage people's complaints and

concerns, and concerns raised by people had been managed appropriately.

The provider worked closely with people, their relatives and staff to ensure that the service provided appropriately met people's needs. They also promoted a caring and inclusive culture within the service.

## 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.

The provider did not have effective staff recruitment processes to ensure that staff were suitable for their roles.

There were effective systems in place to safeguard people and staff had received appropriate training on how to keep people safe.

There was enough staff to support people safely.

People's medicines were managed safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Staff had received training and support to develop their skills and knowledge so that they supported people effectively. The requirements of the Mental Capacity Act 2005 were being met.

Staff understood people's individual needs and provided the support they needed.

People had been supported to maintain their health and wellbeing.

**Good** ●

### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring towards them.

Staff respected people's choices and supported them to maintain their independence.

People were supported in a respectful manner that promoted their privacy and dignity.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

People were involved in planning and reviewing their care plans to ensure that their care needs were appropriately met.

The provider had a system to manage people's complaints and concerns.

### **Is the service well-led?**

The service was not always well-led.

Some of the records were not up to date and the provider had not always acted in a timely manner to ensure that issues identified in audits were dealt with quickly.

The provider sought feedback from people, their relatives and staff to ensure that the service provided appropriately met people's needs.

The provider promoted a caring and inclusive culture within the service.

**Requires Improvement** 

# Generixcare Luton

## 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 between 14 August 2017 and 5 September 2017. We gave 48 hours' notice of the first day of the inspection because we needed to be sure that there would be someone in the office to support the inspection process. One inspector carried out the inspection.

Before the inspection, the 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 reviewed this and other information we held about the service including notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the visit to the provider's office on 14 August 2017, we spoke with registered manager, who is also the provider of the service. We looked at the care records for five people who used the service. We also looked at the recruitment and supervision records for four care staff, and training records for all staff employed by the service. We reviewed information on how people's medicines and complaints were being managed, and how the quality of the service was assessed and monitored.

Following the visit to the office, we spoke with five people who used the service, two relatives and five care staff by telephone.

## Is the service safe?

### Our findings

We looked at the recruitment records for four members of staff. Although we found the registered manager completed the necessary pre-employment checks, the provider's processes were not robust enough to ensure that people were always supported by staff who were suitable for their roles. We noted that some of the references were missing or were not always from staff's previous employers or lecturers from a college they had attended. For example, both references for one member of staff were from fellow students. No references were in the file for another member of staff, but we saw evidence that letters to request these had been sent by email. The registered manager told us that they would have received responses by email, but they were unable to find these.

We saw that the provider requested Disclosure and Barring Service (DBS) reports for all members of staff, but the registered manager had not completed a risk assessment when information of concern had been highlighted in one member of staff's DBS report. We saw that they had processes in place to carry out risk assessments as they showed us one they had completed for a member of staff who had left the service. However in this case, the registered manager had failed to assess if the concerns raised about the member of staff put people at risk of harm.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Although the provider had sufficient numbers of staff to support people safely, two people told us that some staff did not always stay for the duration of their visit times, resulting in them feeling rushed. One person said, "Sometimes staff rush to finish a 30 minutes call in 15 minutes." Another person said, "Some of them only stay 10 minutes." However, this was not supported by staff we spoke with who told us that they always ensured that they supported people for the duration of their visit time, and that they sometimes stayed longer if it was necessary to ensure that they left people safe and comfortable. People had no concerns about staffing numbers and they told us that their visit plans were consistently met by the service. People also told us that their care was provided in a timely way and they did not have concerns about staff arriving late. One person said, "Staff mainly arrive on time, but were a bit late today." Another person said, "They normally arrive on time, but they could be a bit late sometimes because of traffic." Staff told us that transport was provided to take them to people's homes and that the drivers were normally punctual so that they supported people at their agreed times. One member of staff told us, "The drivers are generally fine and I've never been late for clients, except when there is traffic." Another member of staff said, "The drivers are mostly on time, so I've not been late so far."

People told us that they felt safe and were supported well by staff. One person said, "I've been very happy with the service and therefore I have no complaints at all about how I have been cared for." Another person told us, "I definitely feel safe with the carers. They are all good people really." A relative of one person told us, "I've had no concerns and we are happy with the care."

We noted that the provider had processes in place to safeguard people from harm or abuse, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within

their workplace without fear of consequences of doing so. We noted that staff had received training on how to safeguard people and staff we spoke with showed good knowledge of local safeguarding procedures. One member of staff told us, "Clients are safe and if I thought they were not, I would tell someone about it." Another member of staff said, "I have done the training and I know what to do to report safeguarding concerns. I have not had any concerns about anyone so far."

People's care records showed that potential risks to their health and wellbeing had been assessed and there were risk assessments in place that gave guidance to staff on how to support people safely. People had relevant risk assessments in various areas including when people are being supported to move, infection control and prevention, nutrition, and medicines. We saw that the provider had also completed an assessment of people's homes to ensure that they were free from any hazards that could put them, their relatives and staff who supported them at risk of harm. Risk assessments were reviewed and updated when required so that they remained up to date and relevant to people's needs.

People and relatives we spoke with told us that they or their relatives managed medicines and therefore they did not require support from staff to do so. However, we saw that some people were supported by staff to take their medicines. Staff we spoke with confirmed that they had been trained on how to administer medicines safely and their competency was occasionally assessed, and we saw evidence of this in the records we looked at. They also told us that they always ensured that people they supported with medicines took these as prescribed by their doctor so that they received effective treatment. We looked at some of the medicine administration records (MAR) which had been returned to the office for auditing and noted that they had been completed correctly, with no unexplained gaps. The registered manager told us that they audited finished MAR as quickly as possible so that any errors could be identified and rectified promptly.

## Is the service effective?

### Our findings

Apart from one person, people and relatives we spoke with told us that staff had the right skills and knowledge to support people effectively. This person felt that staff were not adequately trained and suggested that the Care Quality Commission as the regulator, should set higher standards of training for all care workers. Other people were however happy with how their care and support was provided by staff. One person said, "They've all been really good to me, I can't complain." Another person said, "They are all good. I haven't found any fault with anyone." A relative told us, "My [relative] is completely happy with the care."

Staff told us that they provided good care to people who used the service and they had received appropriate training. One member of staff said, "I think we are providing really good care. Clients are happy and we are happy too." The provider had an induction for new staff, which included initially working alongside experienced staff to learn how to support people effectively. One member of staff said, "The induction was good, clear and straight to the point." There was also an on-going training programme for all staff so that they continually developed their skills and knowledge to support people appropriately. Records showed that staff had been trained in a range of subjects relevant to their roles including in health and safety awareness; food safety; moving and handling; medicines management; and safeguarding.

Staff told us that they found the training they had informative, particularly for those members of staff who were new to the care sector. One member of staff told us, "The training was okay and we get on-going training." Another member of staff said, "Training is good and I knew some of the stuff as I have done this before." Some of the staff had recognised qualifications in health and social care in the form of National Vocational Qualifications. The registered manager also told us they would always source additional training if it was necessary in order to meet people's individual needs. They gave us an example of when staff went to the hospital to learn how to support a person who required stoma care on discharge from hospital. They added, "They spent two days learning from nurses there."

Records we looked at showed that staff had received supervision and staff we spoke with confirmed this. Staff were also complimentary about the support they received from the registered manager, and they said they could approach them whenever they needed advice and guidance. One member of staff told us, "Supervision is good and I can always call the manager if I'm not sure about anything." Another member of staff said, "I'm having my supervision on [date] and I'm sure it will be okay as the manager listens to staff."

People told us that they made decisions about their care and they consented to the support provided by staff. One person said, "They wouldn't do anything without checking with me first. I feel they listen to what I want." Records we looked at showed that most people had mental capacity to make decisions about their care and had signed forms to consent to their care plans. Some people were supported by their relatives to make decisions about their care and the registered manager told us that when required, they always worked closely with people's relatives to ensure that people received appropriate care.

Staff told us that they always asked for people's permission before they provided any care and support, and they were aware of the requirements of the Mental Capacity Act 2005 (MCA). The 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.

Where required as part of people's care plans, staff supported them with their meals. None of the people we spoke with were being supported with their meals as they were either able to do so themselves or their relatives made the appropriate arrangements. Staff we spoke with had supported some people with their meals, but they had no concerns about any of the people they supported not eating or drinking enough to maintain their health and wellbeing. They further told us that they would report such concerns to the person's relatives and the registered manager so that appropriate and timely support could be sought from health professionals.

People told us that they or their relatives managed their health appointments and were not supported by the service with this. One person said, "I organise all that myself." Another person said, "I have not needed support with that." Staff confirmed that they did not routinely support people with their health appointments, but they would always assist people to access urgent care if they became unwell when they were supporting them. One member of staff told us, "We've been told to always get help if a client was ill. If it seemed urgent, I would call 999 first before telling the registered manager and the client's family."

## Is the service caring?

### Our findings

People and relatives told us that staff were kind, caring and friendly. One person said, "[Staff] is good at what she does, but others are laid back. They are all nice people though." Another person told us, "They are lovely". A relative said, "[Relative] likes some staff more than others, but we are happy with the care." Staff we spoke with told us that they were always caring and compassionate towards people they supported. One member of staff told us, "I have a laugh with my clients and they are happy with what I do for them." Another member of staff said, "I think most staff are caring and you have to love people to be in this job."

People told us that interactions with staff were positive and respectful. One person said, "We get on really well together. We are all one big happy family. I am happy as Larry." Another person said, "They are always respectful and I have no concerns at all." Additionally, people had no concerns about their privacy and dignity not being respected by staff, including a person who told us that they always comfortable with how they were supported with personal care. Staff told us that they always ensured that personal care was provided in private in order to protect people's privacy and dignity. Staff also understood how to maintain confidentiality by not discussing people's care outside of work or with anyone not directly involved in their care. We also saw that people's care records were kept securely within the provider's office to ensure that they could only be accessed by those authorised to do so.

One person and a relative of another person told us that they were disappointed that they had been given notice to find another care provider because the area they lived in was too far for staff to travel. However, they both said that they had been very happy with the care provided to them and had been given enough time to find alternative care providers. They also said that the registered manager had given them assurance that they will provide support beyond the notice period if they had not been able to make new care arrangements. The registered manager also assured us that they will support them in identifying services nearer to them and would not leave them without care.

People told us that they made decisions and choices about how they wanted to be supported and staff respected this. Some people remembered being involved in assessments and planning their care and were aware that they had care plans that staff followed. People told us that staff supported them to maintain their independence as much as possible and were appreciative of the support that enabled them to live in their own homes. One person told us, "I need help to have a wash and get dressed, but I am fine with anything else." Another person said, "They are good at helping me with things I can't do for myself anymore and I am grateful for that."

We saw that people had been given information about the service including the times they would be supported, contact details of the service and the complaints procedure. Some of the people's relatives or social workers acted as their advocates to ensure that they understood the information given to them and that they received appropriate care that met their needs. The provider also worked closely with the local authorities that commissioned the service to ensure that people were supported well and they had no unmet care or social support needs.

## Is the service responsive?

### Our findings

People told us that their individual needs were being met by the service and they were happy with how their care was being provided by staff.

Assessments of people's needs had been completed prior to them using the service and these identified their care and support needs in various areas including their lifestyle preferences; physical health; mental health; and environmental needs. This information had been used to develop people's care plans so that they received appropriate care and support. People's care plans detailed what support they needed from staff at each visit and people told us that these took account of their preferences, wishes and choices. This was supported by a member of staff who told us that the service was responsive to people's changing needs, and they gave us an example of when a person's visit was changed to meet their new preferred time. A relative also complimented the service for their flexible approach in meeting their needs at short notice. They said, "They have been flexible enough to provide 24-hour care when I needed to go into hospital."

People and relatives told us that they had been involved in planning and reviewing people's care including one person who said, "I have talked to them about my care plan. I don't need anything to be changed." Another person said, "I haven't really looked at my care plan, but I know it is in my file." Staff told us that the information in people's care plans was detailed enough to enable them to provide safe and effective care. They also said that they reported changes to people's care needs to the registered manager so that care plans could be updated quickly. One member of staff said, "The care plans are fine and easy to understand. I can access most information on the APP." Another member of staff told us, "I have read the care plans for the clients I support and they are fine. I can sort any issues I find via the APP." An APP is an electronic programme that the provider uses to ensure that staff have access to their rotas, care plans and other relevant information.

We saw that the registered manager reviewed people's care plans annually or more regularly if required to reflect changes in people's needs and how they were supported. For example, a person's care plans implemented in April 2016 had been revised in June and August 2016, and again, in February 2017. For another person, a care plan review form dated 17 February 2017 showed that this had been done with the person. We also saw that the provider had also acted on another person's request to change the morning visit time, which was communicated during a telephone monitoring call in January 2017.

People told us they were happy that they were normally supported by regular staff who had got to know and understand their needs very well. This also promoted person-centred and consistent care. One person said, "I get the same carer Monday to Friday and three different ones at the weekend. I am happy with all of them." This was echoed by a member of staff who said, "We normally support the same clients, but we can occasionally visit others if it is needed."

The provider had a complaints policy and procedure so that people knew how to raise concerns or complaints they might have about the service. People we spoke with told us that they had never complained about anything and the service was responsive when they asked for something to be changed.

One person said, "If I have any concerns I can just speak to them and they get it sorted. I have no complaints at all." Another person said, "I've been happy with everything." There had been seven recorded complaints and two concerns, and we saw that the registered manager had taken appropriate action to investigate the concerns and respond to the complainants in a timely way.

## Is the service well-led?

### Our findings

There was a registered manager in post who is also the provider of the service. Although they had previously had support from a senior care staff, the registered manager was at the time of the inspection, the sole person responsible for planning and reviewing people's care, supporting and monitoring staff, and ensuring that audits were completed to assess the quality of the service. We found the demands this placed on them had resulted in some of the records being out of date. For example, the training matrix showed some gaps in staff training, although the registered manager was able to show us that some of those staff had either been trained or had been booked for training in the coming weeks.

Although the registered manager had carried out some audits of people's care records, staff files and medicines administration records, they had not acted on the findings from these in a timely way to ensure that improvements were made quickly. For example, an audit of staff files completed in July 2017 showed the same gaps in information gathered during the recruitment process as those we found in the recruitment records we looked at. We saw that the registered manager had devised an action plan to deal with areas that were not fully met, but no improvements had been made at the time we inspected the service. The registered manager told us that they were now also experiencing a backlog of routine care plan reviews because they did not have a member of staff to support them with this. However, they said that they were now training a senior care worker to take on the role of the coordinator so that they could update people's care records, leaving the registered manager to deal with their other managerial responsibilities. We found the provider's quality monitoring processes were not robust enough to ensure that they regularly assessed and monitored the quality of the service so that they continually made improvements.

Staff we spoke with were also of the view that the registered manager needed support in the office, with some telling us that this had sometimes resulted in delays in them being able to speak with the registered manager when they needed support. One member of staff said, "The service is really good with clients, but they need more staff in the office so that when you call, you get a quick response." They further told us that they have to wait for the registered manager to call them back in the past. Another member of staff told us, "The manager is not available to speak with by phone, particularly when she is speaking to another member of staff. She needs help and it has been very good when [Care staff] helps the manager." A third member of staff said, "She's quite busy, but she will always call you back, normally within 10 minutes."

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Some staff told us that the registered manager being busy sometimes meant that information about changes in rotas was not always communicated well resulting in some missed or late visits. Although some staff also said that weekends could be particularly chaotic when other staff cancelled shifts at short notice, none of the people we spoke with had experienced missed or late visits. The visits monitoring information we looked at did not highlight this as a problem. Positively, staff told us that the registered manager was approachable a supportive to staff. This included a member of staff who said, "The manager is quite supportive. You can always call her when you need help and she is helpful." We also observed the registered manager supporting staff by telephone during our visit to the provider's office.

People knew who the registered manager was because they had visited them to complete assessments and reviews of their care plans, and to monitor staff practice. They also told us that they found them approachable and responsive. One person told us, "I have not had any problems with any of them. They are good people really." People were also mainly complimentary about the quality of the service they received, with most telling us that they received good and appropriate care. This was supported by staff who also described the service as "good". One member of staff said, "It is a good company to work for. I'm happy with my job and I feel well supported." Staff also said that the registered manager promoted a caring and inclusive ethos within the service that took account of people's individual needs and preferences.

The provider had a range of policies and procedures that gave guidance to staff about different aspects of the service and these were updated when required. Monthly staff meetings were held so that they could discuss issues relevant to their roles as a team, and we saw minutes of the previous meetings including the most recent one which was held on 20 July 2017. We saw that a range of issues were discussed including rotas and visit monitoring; using the care planner APP; supervisions; training; staff files and reminder about missing documents that were identified in a recent audit; incident reporting; and medication. Staff were also encouraged to contact the manager if there experienced any issues while supporting people. Staff told us that they felt able to discuss issues openly with the manager, and that their views and suggestions would be valued and used to improve the service. The registered manager told us that they routinely sent emails and text messages to staff if they wanted to communicate urgent issues that could not wait until the next meeting. We noted that the registered manager had a number of agenda items written on a notice board in the office so that they could be included in the next team meeting planned for 24 August 2017 and the registered manager told us that some of these had been suggested by staff. The manager also said that they spoke regularly with all members of staff to ensure that they always have up to date information. This showed that staff were regularly given the information they needed to carry out their roles and were involved in the development of the service.

The provider had systems to enable people, their relatives and external professionals to give feedback about the quality of the service. Although they had not yet completed an annual survey, they regularly spoke with people or their relatives by telephone or visited them to ask their opinion about the quality of the service. Records of these reviews showed that people were mainly happy with the service they received. We found prompt action had been taken when concerns had been raised or people requested that some changes be made to their care. This showed that the provider appropriately acted on people's feedback in order to improve the quality of the service.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Some of the records were not up to date which meant that information was not always kept in an accessible manner. Although the provider completed audits, they did not have robust systems to drive continual and sustained improvements.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not have effective staff recruitment processes in place to ensure that people were always supported by staff who were suitable for their roles. There were missing references, and a risk assessment had not been completed when information of concern had been highlighted in one member of staff's Disclosure and Barring Service (DBS) report.</p>