

Genuine Carers Limited

# Genuine Carers - Oxford

## Inspection report

7200 The Quorum  
Garsington Road Oxford Business Park North  
Oxford  
OX4 2JZ

Tel: 01865481419  
Website: [www.genuinecarers.com](http://www.genuinecarers.com)

Date of inspection visit:  
17 September 2020

Date of publication:  
21 October 2020

## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Genuine Carers is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes or people in supported living arrangements. At the time of our inspection 28 people received personal care as the regulated activity.

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.

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

Some people's care records were lacking in guidance for staff on reducing the risks associated with people's on-going health needs. Although Improvements had been made since the last inspection in relation to governance and systems., there were still shortfalls in relation to quality monitoring.

The provider had made improvements since the last inspection. Medicines were managed safely and in line with guidance.

People were protected against the employment of unsuitable staff because the registered managers followed safe recruitment policies and procedures. People were protected from potential abuse by staff who had received training and were confident in raising concerns.

### Rating at last inspection and update:

The last rating for this service was requires improvement (published 8 June 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected:

We undertook this focused inspection to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of Safe and Well-led which contained the previous breaches.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has not changed from Requires Improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Genuine Carers Oxford on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. We will work with the local authority to monitor progress. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check whether the provider had met the actions of the requirement notice in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Inspection team

The inspection activity was completed by one inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

We gave the service 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 managers would be in the office to support the inspection. The inspection activity commenced on 7 August 2020 and we carried out a site inspection on 17 September 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We spoke with the provider and requested a range of documentation relating to the safety and management of the service and training data. We looked at 10 people's care records. The ExE spoke with 11 people and six relatives by telephone. We used all of this information to plan our inspection.

#### During the inspection

On the day of the inspection, we spoke with both registered managers and a care coordinator. We spoke with four members of staff and the provider. We followed up information we had reviewed whilst planning the inspection. We also reviewed seven medicine administration records and ten care plans.

#### After the inspection:

We continued to seek clarification from the provider to validate evidence found. We received feedback from four staff on their views about the service. We discussed our initial findings via a teleconference call on 22 September with both registered managers and on 25 September with the provider.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant 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.

Using medicines safely; Assessing risk, safety monitoring and management.

- Some care records were lacking in guidance for staff on reducing the risks associated with people's on-going health needs. For example, seven people required the support of bedrails to prevent them from falling out of bed, it is known that bedrails pose a risk surrounding the entrapment of limbs. However, these people did not have risk assessments in place to guide staff in reducing these risks. We found no evidence that people had been harmed, however the absence of an appropriate risk assessment is not in with The Health and Safety Executives guidance on the use of bedrails.

The registered managers responded immediately during and after the inspection and took steps to address the concerns relating to bedrails.

At our last inspection, the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Medicines were managed safely, people received their medicines as prescribed. One person told us, "They give me my meds twice a day as I can forget. They complete a (medicines administration record) for each and they initial each. They are on time and wear uniform, ID, masks, gloves and aprons. I would definitely recommend".
- Staff had completed training in medicines administration and management. Staff competencies were assessed to ensure medicines were administered safely and in line with best practice guidance.
- Medicines incidents were recorded and investigated. Records showed the actions taken to prevent reoccurrence.

Staffing and recruitment

At our last inspection, the provider had failed to ensure the Fit and proper persons. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices. We saw examples of how the provider used social media internet searches to support their safe recruitment decisions.
- Prior to the office visit of Genuine Carers Oxford, we contacted people to gain their views on the service they received. We received a varied response surrounding staff deployment. We looked into this on our inspection. Where we raised concerns in relation to the timely manner of care visits the registered managers provided a satisfactory explanation and demonstrated what actions had been taken to prevent reoccurrence.
- The staffing rotas confirmed, there were sufficient staff to meet people's needs. One staff member told us "I don't feel rushed and there is never any pressure".

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe in the service. One person said, "Carers come in three times a day, seven days a week. I have the same familiar faces and they do an effective job. They are brilliant". Another person said, "They are brilliant. Good as gold, good manners and do a good job".
- The provider had systems and processes in place to ensure all concerns were reported and investigated.
- Staff had completed training and had a clear understanding of the action to take in the event of any safeguarding concerns.

Preventing and controlling infection

- Prior to the office visit of Genuine Carers Oxford, we contacted people to gain their views on the service they received. We received a varied response from surrounding the use of PPE (Personal Protective Equipment). We checked staff and management had a clear understanding of the required COVID-19 infection control precautions and followed current guidance and we were satisfied they did.
- There was enough personal protective equipment (PPE) in stock and staff had access to guidance and training on infection control to ensure safe working practices.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection, the provider had failed to ensure the safe and proper management of medicines. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The registered managers did not fully understand quality performance. Although we saw some good examples of where the registered managers had improved systems in relation to managing people's individual risks and recruitment practices.
- We also found examples where the registered managers had been driven in their improvements by external agencies instead of identifying them through their own quality assurance processes. For example, the concerns we found in relation to bedrails. Although the system put in place following our feedback was based on good practice, we expect registered managers to be able to identify concerns like these through their quality assurance systems.
- Where audits had identified issues, audits had identified when actions needed to be completed and by whom.

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 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.
- Throughout our inspection both the provider and registered managers were transparent, open and honest about shortfalls within the service. However, the registered managers did not fully understand their responsibilities under the duty of candour.

Continuous learning and improving care; Working in partnership with others

- Although there was not a full of understanding in relation to quality performance, the registered managers and staff were enthusiastic and committed to further improving the service delivered for the benefits of people using it.
- Records showed the registered managers worked closely in partnership with healthcare professionals and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

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

- Two new Registered Managers had been appointed since the last inspection and it was clear from speaking with both managers that they were enthusiastic about improving the service and driving a person-centred culture. However, the registered managers explained how they frequently had to carry out care visits and how this impacted on their responsibilities as registered managers. For example, having the time to analyse patterns and trends within the service, which would support the quality assurance processes. We spoke with the provider following the inspection and they told us that additional staff would be put in place to free up the registered managers time, to support them in carrying out their roles more effectively.
- Staff were confident in the Registered Managers. One member of staff told us, "They work extremely hard, but they always find time to listen".

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

- The registered managers involved people in various ways. People had opportunities to, complete surveys or raise any comments via an open-door policy at any time.
- The staff told us they felt listened to, valued and praised the teamwork. One staff member said, "We can go to (Registered Managers) with any problem, they listen and then they do something about it. They are great".