

Genesis Recruitment Agency Limited Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London

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

About the service:

- Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London is a domiciliary care agency that provides personal care to around 97 people in their own homes in the London Borough of Ealing and the London Borough of Brent.

People's experience of using this service:

- The provider had made improvements to the recording and monitoring of the management of medicines to ensure the records identified when care workers supported people with their medicines.
- People told us they felt safe when they received support in their own home from care workers. The provider had a procedure in place to investigate and respond to any concerns raised regarding the care provided.
- The provider deployed sufficient care workers to meet the needs of people using the service and care workers were provided with adequate time to travel between visits.
- Care workers received training and appropriate equipment to help manage risks associated with the spread of infection.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Care workers completed training identified as mandatory by the provider with regular supervision and an annual supervision.
- People were supported by care workers with preparation/eating of meals.
- People were assisted to access healthcare professionals to support them with their care needs.
- People told us they felt the care workers were kind, caring and respected their privacy, dignity and independence.
- Care plans identified people wishes as to how they wished their care to be provided. People were also aware how to raise concerns or complaints about their care with the provider.
- The provider had robust processes in place to monitor the quality of the care provided.

- People and the care workers we spoke with felt the service was well-led.

Rating at last inspection:

- The overall rating at the last inspection was requires improvement with breaches relating to safe care and treatment and good governance. (Report published 12 December 2018) The service had previously been rated as inadequate and placed in Special Measures following an inspection in February 2017. The service was rated as requires improvement and removed from Special Measures following the October 2018 inspection.

Why we inspected:

- As the service was rated requires improvement with two breaches of regulations at the last inspection, we carried out this inspection to make sure the improvements that had been started in the service had been sustained.

Follow up:

- We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If any information is received 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 was undertaken by two inspectors. An expert by experience carried out telephone interviews with people using the service and relatives of people receiving support. An expert by experience is a person who has personal experience of using or caring for someone who uses a home care service.

Service and service type:

This service is a domiciliary care agency. It provides personal care to adults living in their own houses and flats. Not everyone using Genesis Recruitment Agency Ltd; Nursing & Domiciliary Care; West London receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

At the time of this inspection a registered manager was in post. The registered manager was also a company director. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 four days' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that someone would be available.

Inspection site visit activity started on 30 January 2019 with telephone interviews with people using the service and ended on 15 February 2019. We visited the office location on 15 February 2019 to see the manager and office staff; and to review care records and policies and procedures.

What we did:

Before the inspection we looked at all the information we held on the provider. This included notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

During the inspection we spoke with the registered manager who was also the provider's director, a quality improvement consultant, deputy manager and the care coordinators. We reviewed the care records for six people using the service, the employment folders for four care workers, training records for all staff, visit rotas for one day and records relating to the management of the service. The expert by experience contacted 21 people who used the service by telephone. We sent emails for feedback to 54 care workers and received comments from eight.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Using medicines safely

- During the previous inspection in October 2018 we saw some people's medicines were not being recorded appropriately. During the February 2019 inspection we saw improvements had been made in the monitoring of the medicines administration record (MAR) charts which in turn has improved the recording of medicines. Where issues had been identified, care workers were supported in the recording of medicines through supervision.
- Care workers had completed medicines administration training and their competency was assessed. The provider had a policy on the management of people's medicines and guidance produced by the National Institute of Care Excellence (NICE) and the Royal Pharmaceutical Society in relation to the administration of medicines available in the office.
- The care plans identified if the person required support with their medicines and included a list of their prescribed medicines.
- The provider had procedures on the management of people's medicines and this had been reviewed in July 2018. There were also copies of the guidance produced by NICE and the Royal Pharmaceutical Society in relation to the management of medicines available in the office.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe then they received care and support from care workers in their own home.
- The provider had a safeguarding policy in place which was last reviewed in June 2018. There was also a flow chart provided for staff showing the process if abuse was suspected, who the safeguarding lead was within the service and the contact details for the local authority safeguarding team.
- We saw the safeguarding records on file included relevant documents for example statements from staff and the minutes from safeguarding meetings. There was a log sheet completed with details of any safeguarding concern and if it had been upheld or not.

Assessing risk, safety monitoring and management

- The provider had completed risk assessments and developed risk management plans where a possible risk

to the person's health and wellbeing had been identified. These were reviewed regularly and a level of risk was identified.

- There were assessments completed for moving and handling, skin integrity and a general risk assessment for the environment of the person's home.
- Where an individual risk had been identified, for example, diabetes and epilepsy, an assessment had been completed and control measures were identified to provide care workers with guidance on how to reduce the risk. Also, where a specific risk had been identified, there were additional information sheets for the care workers that were included with the person's care plan for example anaemia, incontinence and osteoporosis.
- We saw when a person had experienced falls, a new falls risk assessment was completed every time with details of what had happened and the actions taken. The care plan was amended to show the changes in how the person should be supported and healthcare professionals had advised on how to provide appropriate care.

Learning lessons when things go wrong

- The provider had processes in place for learning from incidents and accidents and complaints.
- When an incident and accident occurred, the care workers recorded the details of the incident, who was involved and the action taken with the outcomes. As part of the tracking process any learning which had been identified during a review of each incident and accident was recorded.

Staffing and recruitment

- The provider had a robust system for the recruitment of care workers with appropriate skills to provide care for people in their own homes.
- The registered manager explained that since the last inspection in October 2018 they had not recruited any new care workers but the recruitment process was still the same. The recruitment process included a full employment history, two references, proof of the applicants address and their right to work in the United Kingdom.
- A Disclosure and Barring Service (DBS) enhanced check in relation to criminal records was carried out before the applicant started their induction and training. We saw the DBS check was repeated every three years for all care workers.
- The provider had deployed enough care workers to provide support in an appropriate manner to meet people's needs. During the inspection we saw all the visits undertaken on 1 February 2019. We saw care workers were given adequate travel time between each visit and where the needs assessment had identified the person required the support of two care workers this was reflected in the number of staff who attended the visits.

Preventing and controlling infection

- Care workers completed training in relation to infection control as part of their induction and their mandatory training.

- Personal protective equipment (PPE), for example gloves and aprons, was provided for care workers to use when supporting people.

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 outcomes were consistently good, and people's feedback confirmed this.

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

- We saw a detailed assessment of the person's care and support needs was completed before the care package started. Staff would meet with the person and their relatives to review the information provided by the local authority who were commissioning the care package to assess the person's support needs. This information would then be used to develop the person's care plan and risk assessments.

Staff support: induction, training, skills and experience

- People told us they felt the care workers had the appropriate skills and knowledge to provide the care they required. One person said, "My carers are excellent, the training seems marvellous, I've never had any reason to complain."
- New care workers completed the Care Certificate during their probation period. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting.
- The provider's improvement consultant told us that each care worker could expect to have one face to face supervision meeting, a spot check visit while they were with a client, an annual appraisal meeting and a team meeting during each year. The supervision matrix showed all care workers had an appraisal in 2018, a spot check and face to face supervision.
- We saw records which demonstrated care workers had completed training which was identified as mandatory by the provider. Care workers also confirmed they had completed the training and they found it useful in their role. The training included moving and handling, dementia awareness and health and safety.

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

- People told us care workers helped them with meals and their comments included "They will make sure I have food I can warm up in the microwave, or do it themselves" and "They will make whatever I choose for breakfast."
- People's care plans identified if the person required support from the care worker to prepare/eat meals and drinks. The information included the type of food and drink the person preferred as well as where the person liked to eat their meals and if the person required support with shopping or if relatives provided

meals.

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

- People were supported to access healthcare professional and other support services to enable them to receive the support and assistance they required. People's care plans included information on the person's GP, the pharmacy which provided their medicines and their social worker if they had one. There was also information on any other healthcare professional involved in their care.
- During the inspection we looked at the records for one person which showed their support needs had changed following experiencing falls. The person's care plan indicated the staff at the service had been in contact with the person's GP and an assessment had been completed by an occupational therapist to review the equipment required to help the person mobilise.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- We saw that, where it had been identified that a person may not have capacity to consent to their care, an assessment of their capacity was carried out. This assessment was part of a consent to care form which covered
- A consent to care form was completed by people using the service to confirm they were happy for care to be provided where they had the mental capacity to make decisions. If the person had been identified as possibly not having capacity to consent to care, an assessment their mental capacity was carried out in line with the principles of the MCA.
- If the person did not have capacity to consent, the form included a section for a best interests decision in relation to the care required which was completed in consultation with a relative.

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; equality and diversity

- People told us they were happy with the care they received from care workers in their own home. Their comments included "I have absolute confidence in their care", "I feel I have very good care" and "My care worker is brilliant and trustworthy."
- The care plan's included information on the person's life history and identified family and friends that were important to the person.
- People's cultural background and religious preferences were identified in the care plans.

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

- People told us they had been involved in the development of their care plan. Relatives of people also confirmed they had been involved when required to identify their family member's support needs.

Respecting and promoting people's privacy, dignity and independence

- We asked people if they felt care workers helped them maintain their privacy, dignity and independence when providing support. People told us they felt the care workers ensured their privacy, dignity and independence was maintained during visits.
- Care workers demonstrated they understood the importance of privacy, dignity and independence when providing care. Their comments included "I consider every service user conversation with me private and do not share with anyone. I ensure windows and blinds are covered when changing or showering people" and "I ensure people's dignity and privacy is maintained by; firstly, announce myself in upon entering the house. By respecting their choice in how they would want the care, allowing them to do what they can during personal care. Be respectful at all times."

Is the service responsive?

Our findings

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

Good: 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

- People's care plans identified how they wished their care to be provided by care workers. We saw the care plans included separate sections which provided care workers with detailed information about the person's care for example health, mobility and nutritional requirements.
- The care plan included a detailed description of the care activities to be completed during each visit for example where the person wanted personal care provided and where they preferred to eat their meals.
- Care workers completed detailed records of the care and support they provided during each visit.
- Care workers confirmed they regularly read the care plans for the people they supported so they understood their current care needs. If the care worker identified a change in the person's support needs they would inform the office so a review could be completed and the care plan updated.

Improving care quality in response to complaints or concerns

- People told us they knew how to raise a concern or complaint but no one felt they never had any 'real' complaints about the care they received. Complaints could be made directly to the service or via the local authority.
- The provider had a policy and procedure in place for the handing of complaints. A log sheet was used to record the date a complaint was made, who and what it related to and the outcome of the investigations completed by the provider and the local authority.
- The complaint records we reviewed during the inspection included evidence from investigations and the responses to the complaints.

End of life care and support

- The registered manager confirmed the service were not supporting people with end of life care at the time of the inspection but they had arrangements in place to ensure people's wishes about end of life were identified and met if this should be needed.

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

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

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

- The people we spoke with felt the service was well-led and they thought it was easy to contact the office if they had any questions. Comments included "The office is very nice if you call up", "I believe it is efficiently and well run", "I do feel it's well led", "They are always very good if one calls them. The standard seems very high" and "I was a carer, and most girls are really OK."

- Care workers told us they felt they were supported by their line manager with comments including "They are always supportive and available to offer all the necessary help required" and "Yes, I do [feel supported] as they listen to me, they are always available."

- Care workers also told us they felt the service had an open and fair culture. Their comments included "I think the organisation is fair to the staff, they will keep us informed and updated about changes. I feel respected and the staff will encourage me and acknowledge my hard work. The manager's and director's door are always open to staff" and "They care about the staff and the service users, consider us as individuals and will respond to issues and always try and keep everyone happy."

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

- At the time of this inspection a registered manager was in post. The registered manager was also a company director.

- The provider was employing an improvement consultant to help identify appropriate processes for assessing the quality of the care provided. The service had previously been rated as Inadequate and had been placed in special measures but the improvement consultant had worked with the provider and staff which resulted in an improvement in the rating for the service.

- The registered manager had worked with the improvement consultant to develop processes and new documentation for example revising the care plan format.

- Staff had clear roles identified and understood their responsibilities. The registered manager had identified specific staff members who were champions for particular aspects of care for example safeguarding and

dignity. Staff also had specific roles in relation to carrying out needs assessments and monitoring the quality of the care provided.

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

- The provider told us they had sent survey forms to all the people using the service in December 2018 and had received 58 completed forms. Most people rated the service as 'excellent' or 'good' and 48 people said that overall, they were 'completely satisfied' with the support they received. Most people did not add additional comments but one person did say, "All is good".
- We saw the provider organised meetings for care workers and they varied the times and dates of the meeting to enable as many care workers to attend as possible. The provider's record of staff meetings showed they had arranged four meetings in November 2018 that 65 care workers attended. The meeting discussed the use of mobile phones, use of the system for logging in and out of home visits, timekeeping, reporting incidents, administering medicines and use of appropriate language in records. This meant care workers were kept up to date with good practice and any changes in procedures.

Continuous learning and improving care

- During the previous inspection in October 2018 we saw the provider had introduced a range of quality assurance processes but the audit of the MAR charts was not carried out in a way that identified issues with the recording of medicines. At the inspection in February 2019 we saw improvements had been made in relation to these checks. We looked at the MAR quality audits and we saw the staff completed an audit checklist for all the MAR charts completed each month. We saw where an issue with the recording of medicines was identified the audit record demonstrated what actions had been taken to reduce the risk of reoccurrence.
- The provider had audits in place for the records of care completed by care workers following each visit and we saw where the audits identified errors or omissions, there was evidence the registered manager acted to address these including supervision meetings with care workers and increased monitoring of the care workers daily care notes.
- Audits were also carried out of financial transactions, for example where care workers helped people with shopping, and actions were recorded if issues were identified. The audit for December 2018 demonstrated 100% compliance with the provider's recording procedure.
- The times care workers arrived and left visits was also monitored and if the visit did not happen at the agreed time this was investigated and changes were made to the planned visit time if this better met the person's needs.

Working in partnership with others

- The provider worked closely with the local authorities who commissioned care packages from the service and Clinical Commissioning Group. The local authorities regularly discussed the performance and quality of the care provided by the service, worked with the provider to identify issues and how to address them.