

# Review of compliance

Generations Care Agency Limited Generations Care Agency Limited	
<b>Region:</b>	East Midlands
<b>Location address:</b>	Unit 29-31 Clocktower Bus Center Works Road Chesterfield Derbyshire S43 2PE
<b>Type of service:</b>	Domiciliary care service Supported living service
<b>Date of Publication:</b>	December 2011
<b>Overview of the service:</b>	Generations care is a domiciliary agency is based in Chesterfield providing personal care . The catchment area is Chesterfield and North East Derbyshire. There is car parking and disabled persons access.

# Summary of our findings for the essential standards of quality and safety

## Our current overall judgement

**Generations Care Agency Limited was meeting all the essential standards of quality and safety.**

The summary below describes why we carried out this review, what we found and any action required.

### Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 14 - Supporting staff
- Outcome 16 - Assessing and monitoring the quality of service provision

### How we carried out this review

We reviewed all the information we hold about this provider and carried out a visit on 12 October 2011.

### What people told us

People told us "they were very satisfied with Generations and they fitted in with any change to times I have"

They told us "I get the same carer each time, and they are always on time,"

We were told that families are happy with the care their relative receives especially as when they do not live near by they know some one is going in.

We were told that they feel comfortable with the care provided and that the agency is "wonderful and I could not manage without them."

We were told that they all had a care plan and people were aware of its contents.

### What we found about the standards we reviewed and how well Generations Care Agency Limited was meeting them

#### **Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

People who use the service are supported to make informed choices about their care, treatment and support needs, ensuring their privacy, dignity and independence are promoted and respected.

**Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights**

People receive care and support in line with their wishes enabling them to maintain an independent lifestyle.

**Outcome 07: People should be protected from abuse and staff should respect their human rights**

People were protected from abuse by the agency's safeguarding systems and the training it provides for the staff. This allows people to feel safe ,have their rights respected and upheld.

**Outcome 12: People should be cared for by staff who are properly qualified and able to do their job**

People using the agency were supported by staff who were chosen for their suitability for the job, so that they are protected and not put at risk of harm.

**Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills**

People who use the agency have their needs met by fully trained and competent staff.

**Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care**

There are opportunities for people to make their views known about the agency and their satisfaction with it.

**Other information**

Please see previous reports for more information about previous reviews.

**What we found  
for each essential standard of quality  
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

## Outcome 01: Respecting and involving people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

- \* Understand the care, treatment and support choices available to them.
- \* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- \* Have their privacy, dignity and independence respected.
- \* Have their views and experiences taken into account in the way the service is provided and delivered.

### What we found

#### Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

#### Our findings

##### What people who use the service experienced and told us

We were told that" the hospital had got in touch with Generations about them coming to my home."

People we spoke with told us" they were well looked after and had no complaints'."

##### Other evidence

The Provider declared compliance with this regulation in their application to transfer the registration under the Health and Social Care Act 2008.

The majority of the people we spoke with had been made aware of the agency by a social worker.

Following a care needs assessment, usually in conjunction with the social worker, a plan for support is agreed and weekly staffing teams and programmes are drawn up. Assessments are comprehensive, relevant to the care needs of the person, and include information about their physical and psychological well being, medical history, mobility, communication abilities and general activities of daily living. We viewed documented evidence which supported this.

Any areas of risk that may be present in providing home care support, either to the person receiving the support or the members of staff, are identified and the ways in which these are managed help with consistency and safety. The people we spoke with during this site visit had been receiving a service for some time and there were clear

arrangements in place regarding the care they receive. However they told us they did not always receive a weekly rota from the agency detailing the times of care and the carer.

The records we viewed indicated that all the people who received a service currently were white and that there was no one who had a different first language other than English or religion other than Christian.

We discussed with the manager how diverse needs would be met in the service and they were able to give examples of how the service would meet the different cultural needs; when delivering personal care.

**Our judgement**

People who use the service are supported to make informed choices about their care, treatment and support needs, ensuring their privacy ,dignity and independence are promoted and respected.

## Outcome 04: Care and welfare of people who use services

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

### What we found

#### Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

#### Our findings

##### What people who use the service experienced and told us

We were told that people have the opportunity to meet staff from the agency before the home care commences.

People told us "they felt comfortable with the carer and they did everything just right for them." We were told they are wonderful, I am very satisfied with what they do."

We were told that "the other agency I had was not as good as this one."

##### Other evidence

The Provider declared compliance with this regulation in their application to transfer the registration under the Health and Social Care Act 2008.

We viewed several care records and all contained the required documents that allow for a planned, consistent and safe home care service to be delivered.

We were told that each client has a care plan, developed by the agency's senior staff, which details the services and help needed to maintain the person in their own home.

The care plans are reviewed and revised as necessary, so that up-to-date information is always available. Some files also contained care plans developed by outside professional agencies, which supplemented those compiled by the agency. We noted that care plans were personal and gave prompts to care staff regarding personal care, medication and meal preparation. Families using the service were clear that the agency helped their relatives maintain their independence and live an independent lifestyle.

The style of these documents allowed for the good description of complex support arrangements and included a reference to the previously agreed assessment of the

person's care needs. Discussions with the manager and documentation seen confirmed the support plans are reviewed on a regular basis or when there is a change in a person's care need.

Completed quality assurance surveys and discussions with service users confirmed that a support plan or care plan was in place. We were told by people who use the service that they have a good relationship with their carer and the agency.

Communication books are used to record attendance and record the visit.

We viewed several of these and found the recording was appropriate. The agency then reviews these at regular intervals as part of monitoring the service.

Care staff spoken with were able to tell us about how they would ensure that peoples' privacy and dignity is respected when assisting with personal care. The care and support provided by the agency is in accordance with service users' wishes and beliefs.

Care staff spoken with were clear about their role and responsibilities with regard to the administering of peoples' medication. This was in line with the agency's policy and procedures on medication.

### **Our judgement**

People receive care and support in line with their wishes enabling them to maintain an independent lifestyle.

## Outcome 07: Safeguarding people who use services from abuse

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

### What we found

#### Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

#### Our findings

##### What people who use the service experienced and told us

People we spoke with told us all the staff "wear uniforms and have an identity badge so we know who they are and we feel safe letting them in "

The manager and care staff told us they had received training on safeguarding vulnerable adults and we examined the training records which conformed this.

Staff spoken with told us they had been made fully aware of the providers policy on whistle- blowing and that any concerns they had would be reported on. The details for whistle blowing have been reiterated by the agency and full details are in the staff hand book.

##### Other evidence

The Provider declared compliance with this regulation in their application to transfer the registration under the Health and Social Care Act 2008.

The manager told us they have developed detailed systems for dealing with incidents of abuse this involves the Social Services Department taking the lead agency role in managing safeguarding referrals

We were told there had been no referrals made under the agency's safeguarding vulnerable adults procedures.

Staff also told us they receive regular updates and refresher training and are reminded of their responsibilities to report any suspicions or concerns they may have.

There are no issues relating to the Deprivation of Liberty Safeguarding (DOLs) and the Mental Capacity Act. We were told that several of the care staff have undertaken training on the Mental Capacity Act, and the agency is looking into obtaining further information on the (DOLs).

We were told by the local Safeguarding Board there have been no concerns raised by them or by the Primary Care Trust regarding this agency

Care staff told us about the procedures for handling services user's monies and they are aware that they can not accept monetary gifts from the service users.

**Our judgement**

People were protected from abuse by the agency's safeguarding systems and the training it provides for the staff. This allows people to feel safe ,have their rights respected and upheld.

## Outcome 12: Requirements relating to workers

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

### What we found

#### Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

#### Our findings

##### What people who use the service experienced and told us

We spoke with care staff from the agency who told us "they had been interviewed for the job, had a Criminal Records Bureau (CRB) check."

We were told "they worked alongside other care staff until the checks were complete and as part of their induction."

##### Other evidence

The Provider declared compliance with this regulation in their application to transfer the registration under the Health and Social Care Act 2008.

We viewed several staff records which confirmed that the agency has a robust recruitment process in place. The staff recruitment processes and the information obtained as part of the recruitment are in line with current legislation. This included identification documents and satisfactory criminal records bureau checks

All care staff complete an application form, and are interviewed. There have been new staff appointed by the agency within the last six months we viewed these records, which demonstrated a satisfactory range of checks had been made to support safety in the recruitment of staff. We noted that care staff when completing their application form were not routinely providing six figure dates when giving a full employment history. The agency agreed to take address this issue.

We had received information which indicated that care staff were working without the necessary checks in place. We could not find any evidence to support this allegation.

**Our judgement**

People using the agency were supported by staff who were chosen for their suitability for the job, so that they are protected and not put at risk of harm.

## Outcome 14: Supporting staff

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Are safe and their health and welfare needs are met by competent staff.

### What we found

#### Our judgement

The provider is compliant with Outcome 14: Supporting staff

#### Our findings

##### What people who use the service experienced and told us

Staff spoke to told us they had received training in all of the mandatory areas, and that this commenced as soon as they started work.

Staff told us that they had regular meetings with their line manager and we were told this was "four times a year," in addition to this they have a "spot check visit at the client's home." All formal supervisions are recorded , signed and both parties have copies.

Staff also told us that they have annual appraisals where further training needs are discussed..

We were told that the agency meets with its entire staff at regular intervals.

##### Other evidence

The Provider declared compliance with this regulation in their application to transfer the registration under the Health and Social Care Act 2008.

We viewed the staff training maxtix which confirmed that all staff had completed the mandorty training required. The agencys records on training were very good with the record being updated on a weekly base. On the day we visited care staff were having food hygiene training.

Examination of the agencys staff records indicated that the agency had a good percentage of staff who hold a recognised National Vocational Qualification (NVQ) and that high levels of training had taken place.

We were told that the agency has an annual apraisal system in place and staff are aware of the procedure .

#### Our judgement

People who use the agency have their needs met by fully trained and competent staff.

## Outcome 16: Assessing and monitoring the quality of service provision

### What the outcome says

This is what people who use services should expect.

People who use services:

\* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

### What we found

#### Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

#### Our findings

##### What people who use the service experienced and told us

We were told that the provider seeks services users' views, through questionnaires. The questionnaire comprises of fourteen questions and the service users are asked to tick the box which applies to them. The surveys for this year have been sent to service users.

We viewed several of the replies all of which were very positive about the agency, its care staff and how approachable, friendly and caring they are.

People we spoke with told us "they were first rate," "I am very satisfied they are wonderful."

##### Other evidence

The Provider declared compliance with this regulation in their application to transfer the registration under the Health and Social Care Act 2008.

Placing Authorities have undertaken the quality monitoring visit and the agency is in receipt of the quality premium rating.

We were told that they check to ensure there are no missed calls to service users, even in adverse weather conditions. The agency maintained a 100% service to all of its clients during the adverse weather conditions last year.

The results of the quality assurance surveys are analysed and then manager draws up an action plan to address any issues.

The site visits looked at service user issues, staffing, premises, records of events, and complaints. We were told that the manager holds regular meeting with its entire care staff where they can express their views and opinions about the running of the agency.

The manger has a very good tracking system which shows all the staff training, updates hours they work, number of service users and care staff. This is up dated weekly giving the manager a complete over view of the service and how it is operating.

There is a comprehensive hand book with all the agencies' policy and procedures in operation. This is reviewed annually.

The agency is not registered with Investors in People, although the manager indicated this is something they are thinking about doing.

**Our judgement**

There are opportunities for people to make their views known about the agency and their satisfaction with it.

# What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

## Information for the reader

<b>Document purpose</b>	Review of compliance report
<b>Author</b>	Care Quality Commission
<b>Audience</b>	The general public
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