

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Generations Care Agency Limited

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Generations Care Agency Limited
Registered Manager	Mrs. Sharon Kamara
Overview of the service	Generations care is a domiciliary agency is based in the Holingwood area of Chesterfield providing personal care to a wide catchment area in and around Chesterfield and North East Derbyshire.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 February 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff.

What people told us and what we found

We spoke to people who used the service and their relatives who told us they were very happy with the service. Two relatives told us the same carers attended and that there was good continuity of care. One relative said this was important to them. One person who used the service said staff were always very pleasant and that she was well looked after. The same person told us they had participated in two trips arranged by the agency and had enjoyed them. Another relative told us that staff were usually on time and could only remember one occasion when they had been very late. Another relative told us she rang the office or the out of hours number if staff were late but said this happened only occasionally. Relatives we spoke to said people were treated with dignity and respect.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected

Reasons for our judgement

We saw the records of ten people who used the service. The records showed that the religion and personal preferences of people had been identified and recorded. We spoke to four members of staff who told us they tried to involve relatives in care planning and would arrange to meet them to discuss their relatives care needs. The relatives we spoke to told us they felt involved in the care planning process.

The manager told us that the service had been awarded a bronze standard in the Derbyshire County Council dignity and respect challenge in 2012. The service user handbook contained a charter of rights which contained ten standards one of which stated that the service would respect dignity and self worth. During the inspection staff told us about a workshop the agency had held on dignity and respect and the notice board in the training room had a poster display from the event. We spoke to relatives and people who used the service who told us staff treated people with dignity and respect.

Staff were observed providing care as part of the supervision process and team leaders discussed any issues identified in one to one or team meetings. People told us that there was continuity of service with the same carers mostly attending.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights

Reasons for our judgement

The manager told us that they involved family members as far as possible in developing person centred care plans. Staff had been trained in person centred care planning. An example of this was the parkinson's awareness accessed through the parkinson's disease society. We reviewed ten sets of people's care records and saw that most contained detailed needs assessments undertaken by Derbyshire social services. Staff at Generation's care used the information in these assessments as the basis for developing the care plan. There were seven senior staff who organised and supervised the care delivered. Assessments and care plans were undertaken by team leaders and we saw from the records that care staff were required to read people's care plans.

The social services assessments included moving and handling risk assessments. Staff told us that if people's needs changed or they had concerns about a person's health they would contact the person's care manager to access district nurses or request reassessment. They told us they recorded the care delivered and any observations about the person's health and well being in the communications book in the person's home. Changes to people's support were recorded in the notes. We also saw medication risk assessments had been undertaken signed by the person receiving the service. We saw that care plans had been reviewed annually and we saw that one person's care had increased following a period in hospital. A note had been made of the change to the care package. Staff told us they were kept informed by the office and team leaders of any changes to the support people required.

We also saw that the care plans recorded medication requirements, dietary information and preferred method of communication.

The manager told us that they had begun taking people out on trips to reduce isolation. We spoke to people who had participated in these events and had enjoyed them.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We saw the safeguarding policy which was incorporated into the staff handbook provided for staff. Staff had also been provided with a laminated card with key phone numbers to contact if they had any concerns about abuse. The staff we spoke to told us they had been received training on safeguarding vulnerable adults and understood the risks. They told us they looked for any signs such as bruising or the person being quieter than usual. They told us they recorded any concerns in the communications book in the person's home and would speak to their team leader or the service manager about any concerns.

Staff were aware of the mental capacity act and had received training. The manager and assistant manager had attended a training course on the deprivation of liberty safeguards.

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke to four members of staff who told us they felt supported to carry out their roles. They told us they received training regularly, were up to date with their mandatory training and that they also received training which helped them meet people's need. An example of this was parkinson's disease awareness training. We reviewed six staff records and saw that they contained the documentation required for identification and their criminal records bureau checks were on file. Training certificates were filed in the records and we saw the training matrix. The training matrix was up to date and showed whether the member of staff had completed a course and had the relevant certificate or the date on which the member of staff was due to receive training.

We saw a copy of the staff handbook which contained a range of policies for staff including supervision and confidentiality. The handbook also contained information about promoting the independence of people using the service. Staff were aware of the staff handbook and the policies it contained.

Staff told us that they received support from senior staff in supervision meetings. Supervision meetings could be in the form of direct observation of care being provided, team meetings or in one to one meetings with the team leader. Staff were able to discuss the needs of people being cared for or their own development needs. We saw records of the meetings which had taken place with staff. The manager told us she met with all the staff annually to undertake appraisals. We spoke with one senior carer who told us she carried out spot checks on her team members and fed back to them about any concerns. We saw the notes of team meetings and that a wide range of issues had been discussed.

One member of staff told us that sometimes they had to respond quickly to provide service and did not always have all the information about a person they would have wished. They also told us that when this happened they reported any issues or concerns to the office to ensure the most appropriate carers were allocated to meet the individual's needs. One member of staff told us this had happened and that the care package had been changed as a result of the concerns raised.

Assessing and monitoring the quality of service provision

✓ Met this standard

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

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive

Reasons for our judgement

We saw the agency's service user handbook which described how the agency maintained its standards through the development of policies, a quality management system and a quality assurance framework. We saw a file of satisfaction survey questionnaires completed by the people using the service. The manager also showed us an analysis of survey results which had been undertaken. The service user handbook also contained a complaints policy.

We saw the incident log book which contained records of incidents which had occurred together with information about any action required. We also reviewed complaints received and saw that these had been investigated and responded to in accordance with the company's policy.

The agency had been awarded bronze standard in the dignity and respect challenge run by Derbyshire County Council. As part of that process, the agency had submitted evidence to the county council on their policies which promoted dignity and respect.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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