

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

## Generations Care Agency Limited

Unit 29-31 Clocktower Business Centre, Works  
Road, Hollingwood, Chesterfield, S43 2PE

Tel: 01246471991

Date of Inspection: 06 February 2014

Date of Publication: March  
2014

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

<b>Respecting and involving people who use services</b>	✓ Met this standard
<b>Care and welfare of people who use services</b>	✗ Action needed
<b>Safeguarding people who use services from abuse</b>	✗ Action needed
<b>Supporting workers</b>	✓ Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✗ Action needed

## 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

## Contents

*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

	Page
<hr/>	
<b>Summary of this inspection:</b>	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
What we have told the provider to do	4
More information about the provider	5
<hr/>	
<b>Our judgements for each standard inspected:</b>	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	12
Assessing and monitoring the quality of service provision	14
<hr/>	
<b>Information primarily for the provider:</b>	
Action we have told the provider to take	16
<hr/>	
<b>About CQC Inspections</b>	18
<hr/>	
<b>How we define our judgements</b>	19
<hr/>	
<b>Glossary of terms we use in this report</b>	21
<hr/>	
<b>Contact us</b>	23

## 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 6 February 2014, sent a questionnaire to people who use the service and talked with people who use the service. We talked with carers and / or family members and talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

---

### What people told us and what we found

---

People had care records and understood the care and treatment choices available to them. The information about how people needed to be supported was not always included in the care records to ensure they received safe and consistent care.

People we spoke with told us they were cared for by the staff team who generally knew what to do to assist them. One person told us, "The staff have been great. I don't want anything to change." Another person told us, "It would be better if all the staff knew how to support me. Sometimes I have different staff who don't know me as well."

The staff received training that was appropriate for their individual needs and provided them with the information they needed to care for the people living in their own home.

We looked at safeguarding procedures; this is how the service ensured people were protected from harm. We saw suitable systems were not in place to support and protect vulnerable adults and protect them.

There were quality monitoring systems in place and people were able to share their views and opinions about the service. People's views were not used to develop the service and maintain quality.

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

---

### What we have told the provider to do

---

We have asked the provider to send us a report by 29 March 2014, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

---

### **More information about the provider**

---

Please see our website [www.cqc.org.uk](http://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 views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

---

### Reasons for our judgement

---

The provider had a brochure and service user guide which was available in large print upon request. The staff told us that people were sent a copy of the brochure when they expressed an interest in starting the service. A service user guide was provided when staff carried out the initial assessment. One person told us, "I had information about them when I started. It's got all the numbers in if I ever need to call them." This meant that people were provided with information to inform them whether they wanted to start using the service.

Each person had care records which included a support plan written to guide staff on how to provide the care on each visit. We saw this varied for each visit depending on the time of the day. For example, where people received support in the morning, it described how people wanted to be supported with bathing and dressing. Where people received a visit later in the day, it described how people were to be supported with medication or for eating and drinking. The support plan included information that staff should knock on people's doors and announce their arrival. People we spoke with confirmed this and one person told us, "The staff always let us know they've arrived. They can be very discreet." Another person told us, "If I'm exposed they cover me up." This meant staff respected people's privacy.

The care records we saw in the office recorded consent for records to be kept in the office and within the person's home. There was authorisation for information to be shared with staff within the service to ensure they could provide safe suitable care. One person told us, "I've got a copy too and I know who can see it." This meant people were able to decide how information about them was shared.

The care records included guidance for staff to follow to protect people from risk. Risk assessments covered how to keep people safe in the different settings where support was provided. We saw each person had an environmental risk assessment which included an assessment of the person's home to ensure there were no obstructions, and staff could carry out care safely. The staff we spoke with were aware of identified risks with in home

environment. This meant staff had the information needed to keep people safe.

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

---

**Our judgement**

---

The provider was not meeting this standard.

Care and treatment was not always planned and delivered in a way that was intended to ensure people's safety and welfare.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

**Reasons for our judgement**

---

We looked at five care records to help us determine whether people received safe and appropriate care. We saw one care record where staff had reported serious concerns with a person's behaviour. The staff had recorded the concerns but the care records had not been reviewed to update the risk and provide staff with appropriate guidance to manage the identified behaviour. The registered manager told us the person no longer exhibited this behaviour although one member of staff told us, "It's not as bad and we're kind of used to it. It doesn't bother me." Another member of staff told us, "I always say the same thing when it happens but there's nothing written down." This meant the care records did not reflect identified risks and the person may be placed at risk of receiving inappropriate care.

People had a communication diary which was kept in their home. There was no system in place to review the care notes on a regular basis to ensure the support matched the agreed care. People we spoke with told us they knew they could write in the book and one person told us their comment had been noted and acted upon. We were not able to view the communication books for people whose support records we had viewed, but the staff provided us with three diaries which had recently been brought into the office as they had been completed. We saw in one communication diary that a family member had identified a concern that all brakes had not been applied to the specialist bed in the home, to ensure people were safe. The registered manager informed us that this incident would have been reported and acted upon by staff. There was no evidence that care had been reviewed to ensure equipment was being used safely and people were receiving appropriate support. This meant people could be placed at risk of harm from unsafe practices in their home.

We looked at one care record where a member of staff had identified a concern that a person using the service was not eating well. The incident form recorded that staff should check the person's weight and monitor how much the person ate. There was no evidence that the support plan was changed to reflect this, and records were not available in the office to demonstrate this was being monitored. During our inspection, the food diary was obtained from the person's home and we saw that food eaten was recorded and a record of the person's weight was maintained. We spoke with one member of staff who confirmed

they were aware of how to provide care and when to report any further changes in condition. This meant staff were aware of the actual care required, but the care records did not reflect this.

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

---

**Our judgement**

---

The provider was not meeting this standard.

People who use the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

**Reasons for our judgement**

---

We asked the registered manager about how safeguarding alerts were raised when they had identified people may be at risk of harm. They told us they would contact the care manager who commissioned the care for each person. This did not follow the Derbyshire agreed procedure for making safeguarding referrals. The provider did not have a copy of the agreed procedure and could not tell us how to make a referral appropriately. During our inspection the registered manager obtained a copy of the Derbyshire safeguarding procedure to ensure that referrals could be made appropriately.

People using the service were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. We spoke with staff about how they knew who to share their concerns with, and whether they understood how they needed to ensure people were safe, and any action that should be taken. The staff told us they had received safeguarding training but disclosed information to us that had not been reported. This meant some people may be placed at risk of harm. We spoke with the registered manager who confirmed this information had not been reported to them and no action had been taken. Following our inspection, the registered manager confirmed that safeguarding referrals had been made where we identified concerns. This meant suitable action was now being taken to ensure people were safe.

The registered manager told us they had been involved with one safeguarding investigation. They showed us the care records which demonstrated the safeguarding team had taken action to ensure people were safe. There was evidence that the provider was supportive with this investigation to ensure positive outcomes for people using the service.

Since the service was registered with us we have not received any information about safeguarding people. The registered manager told us they were not aware they should notify us of safeguarding information and would inform us of this information for future

referrals.

**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 to an appropriate standard.

---

## Reasons for our judgement

---

The staff we spoke with told us they had received an induction when they had started employment which gave them the knowledge and skills to start to work safely. The staff told us they only worked alone when they felt confident and they had an opportunity to work alongside experienced staff to ensure they provided appropriate support for people using the service. One member of staff told us, "I shadowed for an extra week because I didn't feel confident going out on my own. The manager was fine about this." This meant people received the necessary individual support and training so they were safe to start their job.

People we spoke with generally told us they received support from staff they knew were competent and trained. We saw one care record where a person was unable to swallow and was fed through an artificial feeding system. We saw a support plan had been devised by health care professionals to ensure the person received adequate nutrition and hydration through this system. We spoke with staff who told us they had received training in this area before they started providing a service to the person. One member of staff told us, "We were told how the feeding should be done and what to do if anything went wrong, or who to contact if we were worried." This meant staff were provided with the training necessary to provide appropriate care.

People using the service told us the staff were well trained and they had confidence in the staff who supported them on a regular basis. One person we spoke with told us, "We are satisfied with the current arrangements, we hope it won't change." Another person we spoke with told us, "One carer is very good. The others are alright."

We received other comments where people were not always satisfied with the staff who visited them infrequently. One person told us, "In the week it's fine but at weekends they can send anybody and that's not as good." Another person told us, "All the staff are alright, it's just that the one's that know me are excellent." The provider may wish to review how they can ensure all staff provide the care to the necessary standard expected by people using the service.

The staff told us they received regular updates to make sure they knew how to provide appropriate support and where people had specific identified needs. The service had a

training room and staff told us, "They're very good here. Whatever training you need, they provide it." Another member of staff told us, "It's good that we get together here and do the training together so we know we are all doing things the same." This meant the staff received training to provide appropriate care to people.

The staff we spoke with confirmed they received regular supervision and appraisals of their work. Supervision is a vital tool used between an employer and an employee to capture working practices. It is an opportunity to discuss on-going training and development. This meant that staff's performance and development needs were regularly assessed and monitored.

## Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider had a system to assess and monitor the quality of service that people received but this was not used to influence service delivery or the results fed back to people using the service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

---

### Reasons for our judgement

---

The provider carried out an annual quality assurance audit to gain people's views. We saw that this covered whether staff stayed for the correct time, whether staff wore a uniform and whether staff respected their privacy and dignity and followed agreed care plans. We saw this information had been collated and a small number of responses were not positive. We asked the registered manager how they had developed an action plan to address any concerns and how this information had been fed back to people using the service. The registered manager told us that where people had expressed any concern, they were contacted personally, which meant people did not have the option of completing the questionnaire anonymously if they wished. An action plan was not developed and the overall results were not fed back to people. This meant actions were not always taken to improve the outcomes for people using the service and information about any improvements was not made available.

We looked at five care records and saw that people generally received their visit within half an hour of the time which was agreed within the contract. The local authority, who contracted with the service to provide the agreed care, also monitored this through their electronic care system. This system recorded when people arrived and left people's homes. People we spoke with told us the staff generally visited when they expected them to, although some people told us visit times varied. One person told us, "It's a bit erratic." Another person told us, "The staff are usually here when I expect them to be." The staff told us where they were late they would contact the office to alert people of the change in time and this was monitored by the provider. This meant systems were in place to ensure people received their agreed care and this was monitored to make continual improvements.

Equal opportunity monitoring forms were completed for all staff and people using the service. The form stated that this information was required to monitor the effectiveness of the services policies and procedures and to ensure the service was free from unfair

discrimination. The manager told us that this information was not monitored, but held on file. This meant the provider was not following their own guidance to ensure the service was effectively monitored.

This section is primarily information for the provider

✕ Action we have told the provider to take

## Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	<p><b>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Care and welfare of people who use services</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not taken proper steps to ensure that each person using the service was protected against the risks of receiving inappropriate care.</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Safeguarding people who use services from abuse</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not made suitable arrangements to ensure people were safeguarded against the risk of abuse.</p>
Regulated activity	Regulation
Personal care	<p><b>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</b></p> <p><b>Assessing and monitoring the quality of service provision</b></p> <p><b>How the regulation was not being met:</b></p> <p>The registered person assessed the service but did not use this information to influence the development and improvement of the service.</p>

**This section is primarily information for the provider**

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 29 March 2014.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

## 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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.

## Contact us

---

Phone: 03000 616161

---

---

Email: [enquiries@ccq.org.uk](mailto:enquiries@ccq.org.uk)

---

---

Write to us  
at: Care Quality Commission  
Citygate  
Gallowgate  
Newcastle upon Tyne  
NE1 4PA

---

---

Website: [www.cqc.org.uk](http://www.cqc.org.uk)

---

---

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.

---