Genesis Housing Association Limited

St Giles

Inspection report

Moor Hall Lane
East Hanningfield
Chelmsford
Essex
CM3 8AS

Date of inspection visit:
26 January 2017

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15 March 2017

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

This inspection took place on 26th and 27th January and was announced. St. Giles is part of Genesis Housing and provides a supported living service to people with a learning disability and/or mental health needs. At the time of inspection 30 people were being supported by the service to live in their own homes across three sites where Genesis provided housing.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008and associated Regulations about how the service is run.

The registered manager was supported by a management team which was made up of the service manager and two service co-ordinators, between them they provided support to staff and oversight and management of the service at all three sites.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to report any concerns and use the whistleblowing procedure if necessary.

Risks to people were well managed as staff knew the people they cared for and were provided with clear guidance to reduce identified risks and protect people from harm.

There were enough staff to meet the level of commissioned support that people received as agency staff were used to make up the shortfall. The service was continuing to recruit new staff to achieve a stable and consistent workforce.

Safe recruitment practices were adhered to. All staff were subject to a probation period and to disciplinary procedures if they did not meet the required standards of practice.

Medicines were managed safely. Staff were trained in the safe administration of medicines and maintained relevant records that were accurate.

The provider ensured that staff received regular training in mandatory subjects as well as some specialist training, specific to the needs of people using the service. We have made a recommendation about staff training on the subject of learning disability to ensure that all staff have the knowledge and skills to meet people's needs in an effective and individualised way.

Staff were supported by the management team through supervision and appraisal to maintain and develop their professional skills.

Consent to care and treatment was sought from people in line with current legislation. All staff and

management were trained in the principles of the Mental Capacity Act (MCA) 2005. The management understood their responsibilities in identifying where there is, or is likely to be, a deprivation of liberty that must be authorised by the Court of Protection.

People were supported to have enough to eat and drink that met their individual preferences and any health needs and promoted choice and independence.

Staff assisted people to attend healthcare appointments and liaised with their GP and other healthcare professionals as required to help people maintain their health and wellbeing.

People were treated with kindness and compassion and their privacy and dignity was respected and maintained at all times.

Individual needs were assessed and care plans gave clear guidance on how people were to be supported. Care was personalised so that each person's support plan reflected their views and preferences.

The service supported people to access educational, work and leisure activities of their own choosing as well as being able to develop their own independent living skills.

There was an effective complaints procedure in place and the service responded to complaints appropriately.

Staff and people were included in the day to day running of the service.

Quality assurance systems were in place to monitor the organisation's safety and effectiveness.

We made a recommendation that the provider explore ways to obtain meaningful feedback from people who use the service to drive improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People were protected from the risk of abuse.

Where people needed help with their medicines, this was provided in a safe way which promoted peoples independence.

Risks to people were well managed to keep people safe.

There were sufficient staff who had been recruited safely.

Is the service effective?

Good

The service was effective.

Staff received mandatory training to equip them for their role but would benefit from more specialist training to meet the particular needs of people with learning disabilities.

The service provided regular supervisions and appraisals to monitor staff effectiveness and support them to improve their knowledge and skills.

People had enough to eat and drink which met their preferences and any health needs and had access to appropriate healthcare services to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and caring and had formed positive relationships with people.

People were treated with dignity and their privacy was respected.

Staff encouraged people to be independent and develop their skills and abilities.

Is the service responsive?

Good

The service was responsive.

Staff provided care and support to people that met their individual needs in the way that they wanted.

People had access to a range of activities of their own choosing both in and outside the home.

The service had a system in place to deal with any complaints appropriately.

Is the service well-led?

Good

The service was well-led.

Staff and people told us the management team was accessible and listened to them and actioned any concerns.

There were systems in place to monitor the safety and effectiveness of the service and take any necessary actions to make improvements.

A recommendation was made to look at ways to capture feedback from people who used the service to develop the service.

St Giles

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 26th and 27th January 2017 and was completed by one inspector and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service for younger adults who are often out during the day; we needed to be sure that someone would be in.

Prior to this inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law. We also looked at the Provider Information Return (PIR) which the provider had completed detailing information about their service and any planned improvements.

During our inspection visit, we observed the interactions between staff and four people who were receiving care and support in their own homes.

As part of the inspection process we spoke to the registered manager and four members of staff. We also spoke with four people and two relatives of people who used the service.

We reviewed four people's care plans, to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated to check how information was gathered to improve the service. This included medicine records, the provider's quality assurance audits, satisfaction surveys and records of complaints. We also looked at four staff files, the training programme and staff supervision and appraisal records.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "I am safe here, they do everything that I need them to do." Another person said, "I feel safe here, they talk about safety during our residents meetings." A person's relative told us, "I think [Person] is safe at the service, they look after them well."

On the day of inspection there were sufficient staff to meet people's needs. A relative told us that there had been occasions when they experienced missed calls due to staff shortages however, they felt there had been a steady improvement over time and that things had turned around significantly over the past three months. Staff told us that in the past they were short staffed but that things had improved recently. One staff member said, "There are enough staff now, we are a good team who support each other."

We spoke to the registered manager about staffing levels. They told us that recruitment was an ongoing challenge because of the rural location of the service. This meant that the service had to rely on the use of agency staff to make up the shortfall. They confirmed that improvements had been made and new staff recruited and when they had to use agency staff they tried to use regular long-term workers to ensure continuity of care. We spoke with one agency worker who had been at the service for over six months and found they knew people very well and were held in high regard by individuals who used the service.

Staff told us and training records confirmed that staff received training in how to protect people from the risk of abuse. Staff demonstrated that they understood the principles of safeguarding and were aware of their roles and responsibilities with regards to protecting people from harm. All of the staff we spoke with could clearly explain how they would recognise and report abuse if they had any concerns.

We saw that the registered manager understood their safeguarding responsibilities and made referrals to the relevant authorities to get help for people to keep them safe. For example, we saw where a person had engaged in behaviour that had put them at risk the registered manager had notified the police and appropriate health and social care authorities, the person's care plan and risk assessment was updated and they had liaised with the local authority to secure more hours of support for the person to ensure their safety.

The registered manager told us that all safeguarding referrals were typed onto an electronic database system and were then monitored by the provider to ensure they were dealt with appropriately and in a timely fashion.

Risks to people's safety were well managed. Staff told us that information about risk was shared between them using a verbal hand-over system and a communication log and that people's care plans were always updated when something changed. We saw that people had a range of up-to-date risk assessments which were unique to each individual with detailed guidance for staff on how to keep people safe. The risk assessments were signed by people demonstrating that they were involved in decisions around risk. Staff we spoke with had a good awareness of the risks to people and how to manage them. For example, one staff member told us, "[person] tires easily, we check how they are when they have been out, see how their

fatigue is and offer extra help at home with cooking etc when we know they are tired."

We found that the service managed risk positively and supported people to exercise choice and control. For example, where a person who had always had support to go shopping expressed a desire to go out independently, they were supported to do so with staff initially monitoring them at a distance to ensure their safety.

Accidents and incidents were recorded by staff and analysed by the registered manager to look for any patterns to reduce the risk of reoccurrence. Staff understood their responsibility to report incidents as they happened to the management team. Incidents were discussed and shared with staff to ensure they learnt from events. Where necessary referrals were made to external agencies and people's risk assessments were updated to reflect any changes in people's needs to keep them safe. For example, we saw that where a person had fallen a referral had been made to the falls clinic and their risk assessment updated to remind staff to ensure the person wore their glasses and used their mobility equipment to reduce the risk of further falls.

There were systems in place to help people protect their finances from possible misuse. Staff supported people who required help to manage their daily finances and keep their money safe. This involved a number of checks and records made by staff each time they supported someone with their finances which included a system of recording money received and money spent, with receipts provided for each transaction. Where people lacked capacity to manage more complex financial affairs support was arranged through the local authority to provide a service to safeguard people's money and protect them from the risk of financial abuse.

Recruitment processes were robust. All of the relevant checks had been completed before staff began work, including taking up references and obtaining a Disclosure and Barring Service (DBS) check on all staff before they started work. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Medicines were managed safely. Where people needed support to take their medicines they had Medicine administration records (MAR) kept in folders in their rooms which staff signed to say people had taken their medicines. We looked at four peoples MAR sheets and found there were no gaps which indicated that people had received their medicines as prescribed.

There was guidance in place for people who were on PRN (as needed) medicines. Records included details about the amount of these medicines people should be given and the reasons why they should have it.

When people joined the service they had a medicine assessment to find out what support people wanted and needed. This was to ensure people were supported to be independent and manage their own medicines safely wherever possible. For example, one person was responsible for their own PRN (as needed) medicines with an agreement in place that they would inform staff when they had taken any. The staff and the person would then fill in the MAR sheet together. As an additional safeguard staff kept a count of the boxed medicines to check what had been taken.

All of the staff who administered medicines had been trained and were regularly checked to ensure they were competent. The management team completed a weekly audit to ensure medicines were being managed safely. The results of the audit were shared with staff on the notice board and in team meetings to ensure that all staff followed the correct processes, for example, staff were reminded to ensure all medicines in original packages were counted.

Good

Is the service effective?

Our findings

People and their relatives told us that staff were competent in their role. One person said, "They're doing their job properly." Relatives told us how their family member's skills and abilities had developed due to the skills and expertise of the staff. One relative said, "The core staff are absolutely fabulous with [person], they really have the knack with them, they have got them in the kitchen doing things they would never do before."

When new staff joined they received a comprehensive induction which provided essential training based on the care certificate. The care certificate represents a set of minimum standards that social care and health workers should stick to in their daily working life. Staff confirmed they had completed an induction when they started work at the service. They told us that it included E-learning and working alongside, and shadowing more experienced members of staff which allowed them to get to know people before working independently. One staff member who was new to the service told us, "I have read policies, done E-learning, and have been reading people's care plans and before meeting people I was briefed and given a verbal hand-over and history about people."

The service kept a training matrix to identify when staff required training or refresher courses to ensure their knowledge and skills were up to date. We saw that the majority of staff training was up to date or had been booked. Staff told us they found the training useful and helped them feel competent to do their job.

Aside from mandatory training which included aspects such as safeguarding, infection control and medicine management, staff had received specialist training that was relevant to some of the people who used the service. For example, a workshop had been organised in diabetes awareness and positive behaviour support. This meant that those people were supported by staff who understood some of the difficulties they might experience and how best to support them.

However, we found that there were gaps in training as staff had not been provided with specialist training to help them understand and meet the particular needs of people living with a learning disability and/or a mental health condition. We spoke with the registered manager about our concerns. They told us that the provider had arranged for staff to have access to practice advisors who were specialists in the field of learning disabilities, mental health and older people. These advisors were available to provide specialist training and advice to staff to support them in their role. However, this was a new system which was not yet embedded so staff had not yet accessed this support.

We recommend that the service finds out more about training for staff, based on current best practice, in relation to the specialist needs of people living with a learning disability and/or a mental health condition.

Staff told us they were supported in their role and felt able to raise issues or ideas with any of the management team and at the regular staff meetings. One staff member said, "I feel supported big time by staff and the management team."

Records confirmed that staff received formal supervision on a one to one basis and also group supervision through the use of staff meetings. In addition, observations of staff delivering care and support and managing medicines were regularly completed to monitor staff performance and identify any learning and development needs. Where staff expressed an interest in taking further vocational qualifications in health and social care the service supported them to do so.

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.

The management team had recently been on a training workshop in the Mental Capacity Act to help them support people in accordance with the legislation. We saw that posters were displayed for staff reminding them of the five principles of the Act. Staff we spoke with demonstrated a good awareness of the MCA and were able to tell us how they supported people to make their own decisions and exercise choice and control. For example, one staff member told us, "I always assume capacity and would always work in people's best interests, I will always give people choice, show them pictures or items to help them decide and judge by their reaction what their decision is." Another staff member said, "It's very non-restrictive here, very empowering for people."

Care records showed that the service had considered people's capacity for decision-making and had identified when people may need an independent advocate to ensure people had a voice so that their views and wishes would be respected when important decisions were to be made. Staff understood the importance of gaining people's consent. People's care records showed that their consent was sought and that if people refused the offer of care or support this was respected and documented.

The service supported people to have enough to eat and drink that met their preferences and any health needs. Staff were aware of people's specific needs around food and drink. One staff member told us, "[person] is diabetic so we try to help them make healthy decisions." A relative told us, "As a diabetic they [staff] know what is good for [person] and what is not."

The choice of whether to eat at home with support provided if needed or make use of one of the communal dining facilities was available to people. At the St. Giles site there was a restaurant where people could pay for meals and socialise if this was their preference. Relatives told us that their family members chose what they wanted to eat and were supported to shop for groceries and were given any help they needed with preparing the food and drink.

People were supported to maintain their health and had access to health care services. Where a health need was identified the service made the appropriate referrals to health and social care professionals to ensure people's needs were met.

The service had developed hospital passports for people. A hospital passport is a document containing relevant health information that travels with the person when they have health appointments or hospital admissions. People's passports contained helpful information to make people's experience at hospital less stressful, for example, details for health staff on how to tell if the person was in pain or worried and how best to communicate with them.

Good

Is the service caring?

Our findings

People we spoke to said that staff were kind and caring. Feedback we received included; "They [staff] are excellent." And, "They help me a lot, they are very helpful people." And, "They are very friendly; I think they are very caring." Relatives told us, "The carers are very nice and caring." And, "They are very good and often go the extra mile."

On the day of inspection we observed that staff provided care and support in a calm and kind way. We found that staff had a good rapport with people, chatting laughing and joking with them which people enjoyed.

Staff were able to demonstrate that they were aware people's likes, dislikes, and the importance of listening to people and getting to know them. One staff member said, "It's about understanding and respecting people's preferences, for example, some people want you to use the intercom before entering their building, address them how they want, each individual is different so you must take the time to get to know them."

Workers spoke about the people they supported with kindness and warmth. One staff member said, "[person] is lovely, they come and sit with me, they like to hold the fort with me, they only like me to shave them because I make it fun."

All of the staff we spoke with understood the importance of treating people with dignity and respect. One staff member told us, "You treat people how you want to be treated; I have learnt a lot about mutual respect since working here; we talk and joke with people as equals and don't talk down to people."

The service understood how to uphold people's dignity. Staff described how they protected people's privacy when supporting people with their personal care, for example, through closing doors, shutting curtains and ensuring people were covered up.

People's care plans promoted their privacy; the written guidance for staff stressed the importance of knocking on doors and giving people the space they wanted. For example, one person's care plan stated; '[Person] has bell on outside of flat, press and wait for them to answer before going in.'

Independence was supported and encouraged; staff helped people to be as independent as they could be. One person told us, "They [staff] help me live my life, they help me with my washing and housework and shopping." Staff told us they would encourage independence by motivating people and working with them to achieve shared goals.

Good

Is the service responsive?

Our findings

When people joined the service they received an assessment of their needs which was developed into a care plan. People were included in the assessment which gave them the chance to talk about their likes, dislikes, things they needed help with and things that they were good at. This meant that people's strengths were identified which helped the service support people to be as independent as they wanted to be and improve their life skills.

The service planned to review people's care plans twice a year with the person's social worker or to review sooner if something changed. People and their family members, if appropriate, would be included in the process along with any relevant health and social care professionals to ensure that a complete and up to date picture of the person and their individual needs could be obtained. All of the people living at the other sites had already had a review however no-one living at St. Giles had received a review yet. The registered manager told us that they were currently working with social workers who would lead on the review to arrange for this to happen.

We looked at four people's care records and found they were personalised to each individual and were written in a person centred way which means they were all about the person and put them first. Care plans were written in an easy to read format to help people understand what had been written about them and detailed people's likes and dislikes and how they wanted their care and support to be delivered; this gave staff the knowledge required to deliver person-centred care.

Staff understood the importance of a person-centred approach. One staff member told us, "We deliver person-centred care here, we always ask people's opinions, never impose our values on people, it's not a one size fits all situation, everyone's care is designed to meet their specific needs."

People had a set amount of hours commissioned by the local authority to have one to one support from care staff so they could engage in activities of their choosing. We saw that people were supported to access to a range of leisure, education and work opportunities both in and out of the home. Three out of four of the people we spoke with told us that they had enough to do. One person said, "I work in the kitchen, I clean and tidy, it gives me a sense of purpose and the mental ability to improve, I feel like I'm doing something worthwhile." However, one person told us they would like more hours so they could go out more often. We spoke with the registered manager about this. They told us that they had requested a review with the person's social worker to support the person to ask for more hours.

The service had systems and processes in place to respond to complaints. We saw that the manager responded appropriately to complaints in line with the provider's complaints procedure. People and relatives we spoke with told us they knew how to make a complaint if necessary. One person told us, "If I had a complaint I would go straight to [registered manager]. We saw that an easy read version of the company's complaints policy was filed in people's care folders in their rooms.

Good

Is the service well-led?

Our findings

There was a registered manager in post who understood their registration requirements including notifying us of any significant events to help us monitor how the service keeps people safe.

The management team was made up of the registered manager, the service manager and two service co-ordinators that were all responsible for the day to day running of the service across the three sites where care and support was delivered.

People spoke highly of the management team. One person said, "[registered manager] is the best one of the lot." A relative told us, "[service co-ordinator] deals with things, they are very good; I feel I can be more straight down the line; they come back to me and feedback on any actions they have taken."

Staff also spoke highly of the management team. One staff member said, "[registered manager] is fantastic, very available and treats everyone as equal." Another told us, "[registered manager] is a good leader; I feel listened to and supported."

We asked staff about the values of the service. One staff member told us, "Respecting individuality and walking in the customers shoes which reminds us how we would feel if we were that person." Another staff member said, "It's about promoting peoples independence; full involvement in everything; encouraging people to do what they can and what they want."

On the day of inspection we found that the culture of the service was respectful of people's differences and people were treated as equals and empowered to make their own choices and live their lives the way that they wanted.

We saw that staff were supported and included in the running of the service by management through regular staff meetings. We looked at the minutes of staff meetings and saw that they were used constructively to share information and reinforce staff learning.

People were invited to attend regular resident meetings. To promote empowerment, these meetings were organised and chaired by the people who used the service. After the meetings, the service typed up the minutes for people using an easy read format and pictures to make the information more accessible and help people understand and remember what had been discussed and agreed.

We looked at the minutes of meetings and found that people were included in day to day decisions about how the service was managed. For example, where money was available to purchase a new television for a shared communal area, all of the people who lived at the site were involved in choosing the model of television from a catalogue and also voted on where it should be positioned.

We found there were no current formal systems in place to request feedback from people on their opinion of the service. We were advised that in 2015, a satisfaction survey had been sent out to people via the housing

provider. However, this was a generic questionnaire used across all of the housing providers which was not the best fit for this service and client group. The registered manager told us they recognised that to obtain quality information which was relevant to the service they delivered a more person-centred approach was required, for example, a bespoke survey in an accessible format, tailored to meet the specific needs of people who used the service.

We recommend that the service seek advice and guidance from a reputable source, about supporting the people who use the service to give meaningful feedback to drive improvements.

The management team were visible within the service and monitored the safety and effectiveness of the organisation by completing random checks which included looking at people's care records to make sure they were up to date and also checking staff knowledge and skills. Where they found improvements were required these were addressed. For example, the registered manager spoke to a member of staff and found out that they did not understand about whistle-blowing. Whistle-blowing is when a member of staff raises a concern about a wrong doing in their workplace. In response to this issue a training workshop was organised to promote learning and ensure that all staff were aware of their responsibilities and how to report whistle-blowing to keep people safe. All of the staff we spoke with on the day of inspection knew how to report a whistle-blowing concern and said they would feel confident that their concerns would be listened to and actioned.

Other more formal quality assurance systems were also in place to monitor the safety and effectiveness of the service being delivered. The management team completed a range of audits such as medication, care plans and staff supervisions and appraisals. The results of the audits were analysed and action plans were developed with specific staff members identified to take responsibility for making the necessary improvements.

In addition, the provider's practice excellence team had recently visited the service to complete a detailed and thorough audit of the whole of the service. As a result of this an action plan was generated and we saw that the management team were working through this document, implementing the necessary changes to address any failings and develop the service.