Genesis Homes (Essex) Limited

Lindale Residential Care Home

Inspection report

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West Midlands
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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 21 June 2016 and was unannounced. The last inspection we conducted was on 13 March 2014. This was to check, that the provider had taken action to meet standards that they had not met, at the previous inspection on the 23 July 2013. At the inspection on 13 March 2014, the provider had met the essential standards of quality and safety.

Lindale Residential Care Home (Lindale) is registered as providing accommodation for a maximum of 9 persons with learning disabilities or autistic spectrum disorder who require personal care.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

People were protected from abuse because staff were trained in identifying and dealing with suspected abuse and safeguarding.

We saw staff were available to meet people's needs and manage risks associated with providing care for people living at the home. We found that staff were effective in ensuring people received their medications safely.

The provider had ensured that suitably qualified staff provided care to people who used the service. People were able to consent to the care they received from the staff.

People's health care needs were effectively met by the staff and the registered manager.

People liked living at Lindale and had positive views of the staff. Staff interactions with people were warm and friendly. The staff were knowledgeable about people's likes and dislikes. Staff ensured that people's privacy and dignity was maintained.

People were involved in planning their care and activities. The registered manager had received no complaints from people or their relatives recently. We could see that learning had taken place from past complaints.

The registered manager carried out audits to evaluate the quality of the service provided to people.

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 harm and abuse by the systems that the provider had in place.

There was sufficient staff to meet people's needs.

People received their medications safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People's human rights were not fully protected.

People's needs were met by staff with the appropriate training and skills.

People were asked for their consent from the staff.

People were making choices about what they wanted to eat and drink.

People's physical and emotional health care needs were met.

Is the service caring?

Good

The service was caring.

People were cared for by staff with a warm and friendly manner.

People were supported by staff that knew them well.

People were cared for by staff that had a good understanding of how to maintain their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their future care.

People were free to choose what activities they wanted to do.

People had not made any recent complaints to the provider.

Is the service well-led?

Good

The service was well led.

People were asked for their views from staff.

People had access to approachable management.

The registered manager carried out audits to evaluate the quality of the service provided to people.

Lindale Residential Care Home

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.

This inspection took place on 21 June 2016 and was unannounced. The inspection was undertaken by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in being a family member of a person with a learning disability.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information held by us on the provider. This included details of statutory notifications, which are details of incidents that the provider is required to send to us by law. We requested information from the local commissioning team. We also contacted the local social services team and reviewed information available by the local Healthwatch organisation.

During our inspection, we met with seven of the nine people that lived at Lindale Residential Care Home. All the people living at the home have a learning disability and additional complex needs. Most people have limited verbal communication. We spoke with people and observed how staff supported them throughout the inspection to help us understand people's experience of living at the home.

We spoke with four relatives, the registered manager, senior carer and three staff. We also spoke with one social care professional.

We looked at the care records of three people, as well as the medicine management processes and, records that were maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures to check people received a quality service.

Good

Is the service safe?

Our findings

People felt safe. One person told us, "I feel safe here because no one shouts at you". A relative told us, "We know that [family member] is kept safe because staff know their needs and they know what they are doing". We could see that people were relaxed and comfortable in the company of staff and other residents.

Staff told us they had received training on identifying and dealing with suspected abuse and safeguarding people who used services. All staff we spoke with gave examples of different types of abuse. One member of staff told us if, "A person seemed scared or was quieter than they normally are, I would be concerned and try to find out what was wrong". Another staff member told us confidently that the registered manager took any reports of suspected abuse seriously and investigated reports appropriately.

All staff were aware that they could report issues to appropriate organisations if needed. Records we hold showed that the registered manager appropriately reported concerns about people's safety to us and other relevant authorities.

Staff knew about risks that could affect people's wellbeing in the home and in the community. Staff we spoke with talked knowledgably about people's individual risk assessments. For example, all staff we spoke with were aware of one person who was at risk of dehydration. We saw that staff were vigilant in ensuring this person received enough water throughout the day and then recorded the fluid the person drank in their fluid intake plan. Staff told us this was part of the person's risk management plan for preventing dehydration.

Staff said that the registered manager reviewed risk assessments regularly and informed them of changes in staff meetings. The registered manager told us they talked with people and staff about any changes or concerns about risk as part of the risk assessment reviews. Records showed that changes to people's risk assessments were communicated to staff in staff meetings.

People said that staff were always available to meet their needs and we saw that this was the case. Staff spoken with felt that there were enough staff members' on a shift. One member of staff said, "There is never an issue, we have plenty of time to do things with people".

We looked at the providers' recruitment procedure. As part of this, we asked staff about how they were recruited. They told us after accepting the job; the registered manager had requested references and a Disclosure and Barring Service (DBS) check. Staff told us that they were not able to start working until the registered manager had received their DBS and references. Staff records showed that the provider had obtained relevant recruitment documents, references and checks to ensure that only suitably qualified staff were recruited.

We reviewed the medication procedures with the staff and registered manager. We looked at the systems that the registered manager had in place for the receipt, storage and disposal of drugs including controlled medication. We found these systems to be effective in ensuring people received their medications safely. We

saw that staff had received training in administering medication and that staff were knowledgeable of people's medication needs. One relative told us that they were, "Confident in the ability of staff" to administer medication to their family member. Another relative said, "Staff are good at giving medication to [family member]".

Requires Improvement

Is the service effective?

Our findings

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had not applied for any DoLS for people on the advice of a social care professional given some years ago. The registered manager had not reviewed this decision in light of recent changes to the law because of this advice. Although the registered manager confirmed that people were free to leave the building when they wanted, in practice most people were always accompanied by staff when they went out. The registered manager agreed they would contact the relevant social care organisation for a review to ensure people were not being deprived of their liberty improperly.

We saw that staff had a good practical understanding about seeking consent from people when giving care. We saw that people consented to the care they received from the staff. However, records including care plans contained unclear information about people's capacity to consent to care and treatment. Therefore the provider was not clearly able to demonstrate that people's rights were not being deprived unlawfully and that people's consent where necessary was being sought and recorded.

People we spoke with told us that they felt the staff were good at their job. Relatives told us that they felt staff were suitably qualified to provide their family member with effective care. One relative said, "Staff definitely know what they are doing".

Staff told us that the registered manager encouraged them to undertake training relevant to their role. One staff member told us, "I have had lots of training since I started working here as a result of which I feel I am better at doing my job". Another member of staff told us, "We get lots of training. Some of it is online, some in workbooks and sometimes with a trainer but all of it is useful". Another member of staff said, "The training in Autism helped me understand why people need to do some things the way they have to. This has helped me support people better".

All the staff records reviewed confirmed that staff received a variety of training relevant to their role. The registered manager showed us records that helped them to ensure staff training was always up to date so that suitably qualified staff provided care to people who used the service.

Staff confirmed that they had received an induction when they started their role. One member of staff said they had found the induction helpful in learning how to do their job. Another member of staff told us they had received lots of training during their induction. They said it was useful because it gave them an insight into how they needed to care for people with learning disabilities as they had not worked in the care sector previously.

People told us that they were free to choose whether they wanted to eat food that was on the menu, ask for an alternative or purchase food from local eateries. On the day of the inspection, most people had chosen to eat out for lunch and to have a cooked evening meal. One person told us that they enjoyed the food staff cooked. Another person told us that some staff were better than others at cooking but that the food was enjoyable. We saw that people had ready access to a variety of drinks and snacks.

Staff acknowledged that it was difficult to ensure that people always had healthy meals because people had the right to choose what they wanted to eat. However, staff said that they still offered people alternatives. For example, one member of staff told us how they had been able to improve the amount of healthy food a person they supported was eating. They had negotiated with them to buy sandwiches on some occasions instead of less healthy choices. The staff member believed the person lost weight because of this change. They showed us the person's weight monitoring records as evidence of this conclusion.

We saw records showing that staff undertook regular checks to monitor changes in people's health. This included records of people's weights and fluid intake depending on people's individual care needs. Staff told us they undertook these checks weekly and if they noted any changes of concern, they would contact the relevant health professional.

We saw people's care records showing that staff had contacted health professionals in the past to seek support to ensure people's health care needs were appropriately met. For example, we saw assessments and advice from a Speech and Language Therapist for some people. The registered manager told us they made the referral following care staff having noticed changes in the way people swallowed their food. A relative we spoke with told us that staff were good at managing their family members' health condition.

People received regular reviews of their physical and psychological health from the community Psychiatrist and the GP. Records of these visits were kept in people's Health Action Plans. A Health Action Plan is a personal plan about what people need to do to stay healthy. It lists any help that people might need in order to stay healthy and makes clear what support they might need. The plans also detailed information about people's health care support needs.

Good

Is the service caring?

Our findings

People told us that they liked living at the home. One person said, "I like it here because everybody is very friendly to me". Another person said, "We love it here it is so nice and friendly". Another person said that, "The staff are lovely to us all". A relative told us, "[Family member] just loves it, they cannot wait to get back when they come to my house for tea".

We saw that people were comfortable and relaxed in the company of staff. We saw people interacting with the staff in a friendly way. Staff addressed people with warmth and used humour when supporting people. The staff were able to tell us about people's likes and dislikes, routines and habits. This was confirmed by people's relatives. For example one relative said, "The staff definitely know what [family member] likes and dislikes" adding "I see how the staff are caring to [family member] when I visit".

Throughout the day, we saw that staff asked people what activities they wanted to do. When one of the staff started a group activity, other staff on duty invited people to participate. We saw that some people chose not to participate and staff respected their decision.

We asked people if they were involved in making decisions about their care. They told us that staff and the registered manager talked to them regularly about what they wanted to do. We saw records which showed that people had regular one to one meetings with their named care worker to discuss their care and the activities they wanted to do. We saw that people's individual communication needs were taken into account when these discussions had been written, in that, the records were in easy to read and clear language.

Relatives had mixed views about how the registered manager involved them in decisions about their family members' care. Two relatives felt the registered manager could be more proactive in contacting them about planning their family member's care, though they said this had not affected the level of care their family member received. The remaining two relatives we spoke with said that they were involved and felt fully included in their family members' care.

Staff told us that people were supported to be as independent as possible and develop their self-help skills. For example, staff told us that they went shopping together with people to purchase food for the home on a weekly basis. We saw throughout the day that people helped themselves to drinks and snacks.

Staff were able to give us examples of how they respected people's privacy and dignity. One staff member said, "I knock on the door and wait before I go in". We saw an instance where staff noted that one person needed to attend to their personal care needs whilst they were in a communal area. The staff member who assisted was discreet in alerting the person of the issue and then accompanied them to the bathroom to be supported, thus maintaining both this person's privacy and dignity.

Good

Is the service responsive?

Our findings

During the inspection, our observations showed that people chose what they wanted to do in terms of activities. Some people had an established routine of regularly attending day services. One person excitedly told us that they worked on a farm as a volunteer. It was clear that they loved working with animals and wanted to continue.

People were free to choose individual as well as group activities. For example, most people chose to take part in a session run by one of the care staff consisting of two parts. Firstly, people undertook some gentle exercises. We could see that most people clearly enjoyed doing this activity. The staff then undertook a group discussion activity that drew less attention from some people. Nevertheless, staff respected the level of interaction people gave and did not pressure them to be more involved.

Staff told us that they undertook regular meetings with people to discuss their care needs and plan what they wanted to do. One member of staff told us that people undertook regular reviews with their key worker. A key worker is a member of staff that works in agreement with, and acts on behalf of, the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life. One relative we spoke with confirmed that regular meetings took place with the staff and their family member. We saw records of people's care review meetings. These showed that people were asked about their choices concerning the activities that they wanted to do in the future. The records also showed how people preferred to be communicated with by staff.

Staff told us that the registered manager or sometimes the key worker shared changes that were agreed at people's care review meetings. One member of staff said, "[Registered manager] regularly calls a meeting to share changes in people's care plans that affect how people need to be cared for". They clarified this by saying, "For example, if someone's medication changes after the Psychiatrist has visited the [registered manager] will hold a meeting straight away and inform us of the change".

People we spoke with did not have any complaints about the service they were receiving. They told us they would speak with the registered manager if they had any complaints. One relative told us, "I haven't had to raise any issues with [registered manager] but I would not hesitate to call them on the phone if I did".

We saw that there was a complaints procedure clearly displayed outside the registered manager's office and the kitchen. This was in a clear and easy to understand format using pictures and symbols to cater for people's different communication needs.

We reviewed the complaints logs with the registered manager. We saw that although there had not been any recent complaints reported, that the registered manager had responded to historical complaints by following their company procedure. We could see that the registered manager had acted on these complaints. The learning taken place from these complaints was shared with the staff during team meetings to improve the care delivered to people.

Good

Is the service well-led?

Our findings

People we spoke with knew who the registered manager was. We saw that people were happy to approach the registered manager and ask for their help and advice during our visit. A relative we spoke with told us, "[Registered manager] is very approachable".

All staff we spoke with talked positively about the registered manager. One member of staff said, "The manager is really supportive and has encouraged me to develop by doing further training". Another member of staff said, "[Registered manager] is always available. I haven't had to take a complaint to her but I know if I did she would deal with it straight away". Another member of staff said, "I applied for a job after working here as a student on placement because of the friendly staff team and because the manager is great and listens to staff".

Staff were aware of the providers' whistleblowing procedures and felt confident that issues would be dealt with. All staff stated that they had not had any cause to undertake a whistleblowing. This was consistent with our records which showed that there had been no whistleblowing notifications raised at the location in the last 12 months.

The registered manager was able to demonstrate that they had not recently received any complaints from people or their relatives about the quality of service provided. Relatives we spoke with told us that they were satisfied with the service the staff and the registered manager gave to their family members. One relative said, "If I had any issues I would speak with the manager". Another relative said, "I am completely satisfied with the quality of care [family member] is getting".

The provider has a condition on their registration that they must have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There was a registered manager in place at the time of inspection therefore the provider had complied with this condition.

Organisations registered with CQC have a legal obligation to tell us about certain events at the home. We saw that the provider had the systems in place to ensure we were appropriately notified of these events.

The registered manager told us that they undertook monthly quality audits to ensure that all staff were keeping accurate records and that people were receiving a service that met their needs. In addition, the registered manager reviewed action plans developed from previous audits to improve the quality of the care delivered.

A registered manager from another location but part of the same organisation visited every three months to review the consistency and quality of the audits undertaken. Any points identified were recorded, shared and action plans developed by the registered manager of Lindale. However the audits and the reviews had not identified that the organisation may not be compliant with current DoLS legislation.

The provider had completed our Provider Information Return (PIR). The information provided on the return gave an account of the service. This generally reflected what we saw during the inspection. The provider also told us in the PIR, about how they planned to make improvements to the care given to people.