

Genesis Residential Home (Spalding) Limited

Genesis Residential Home

Inspection report

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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

About the service

Genesis residential home is a care home providing personal care and accommodation to up to 14 people. The service provides support for people with mental health needs. At the time of our inspection there were 11 people using the service.

People's experience of using this service and what we found

People living at the service were supported safely. Their independence was encouraged and risk assessments in place to support this. Staff had a good understanding of how to protect people from the risks of abuse.

There were enough staff to provide support for people and staff had received appropriate training for their roles, including administering medicines safely. We saw safe practices in place for the storage and management of people's medicines. People were also protected from the risks of infection as there were good infection prevention and control (IPC) practices in place.

People told us staff were caring and respectful when providing care. People told us there was a family atmosphere at the service and they felt comfortable and had confidence in the staff who supported them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There was evidence of people being supported to manage their own health and nutritional needs when they wished this. The environment people lived in was fit for purpose and gave people the freedom to socialise with each other or have privacy when they wished. Staff worked in partnership with people when planning their care.

People received person centred care from staff who had good knowledge of their needs. Their decisions and choices around their care was respected.

The service was well led. People and staff told us they found the registered manager approachable and supportive. There were opportunities for people to voice their views on the service and staff were supported with regular supervisions with the registered manager.

The registered manager had processes in place to learn from incidents or events to reduce reoccurrence. Quality monitoring processes were in place to review and maintain good standards of care for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update This service was registered with us on 17 September 2020 and this is the first inspection. The last rating for the service under the previous provider was Good, published on 23 October 2019.

Why we inspected

We inspected this service to provide a rating for the service following changes in the provider's registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Genesis Residential Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Genesis residential care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with 5 people who used the service and 1 relative by telephone following the site visit. We spoke with 2 care staff. We also spoke with the registered manager. We reviewed a number of documents associated with people's care needs, this included medicine administration records and 2 care plans. We also reviewed documents associated with the running of the service, this included quality monitoring records, policies, environmental risk assessments and cleaning schedules.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse as there were processes in place to ensure any safeguarding issues were reported and investigated. People felt the staff were approachable, one person said, "I do feel safe, if I had any concerns I would go to my key worker or the manager." They told us staff would sort any concerns out for them.
- Staff were knowledgeable about the different types of abuse people living in care homes could be exposed to and had received training in safeguarding adults. They told us they had confidence their registered manager would deal with any safeguarding issues.

Assessing risk, safety monitoring and management

- The risks to people's safety were managed proactively. For example, the registered manager showed us how they had consistently kept in touch with the local fire safety officer to ensure the building of the extension had not impacted on any fire safety issues which would cause a risk to people's safety.
- People had personal emergency evacuation profiles (PEEP's) in place which gave information on how to support them should they need evacuating from the building.
- People's individual risks had been assessed and measures were in place to support people both to reduce risks and promote their independence. A number of people enjoyed accessing the community and there were assessments in place to show the level of support they needed to achieve this.
- Staff showed good knowledge of how they needed to support people's safety. For example, a staff member told us the service supported a person with a movement sensor mat outside their bedroom and window restrictors as they would be a risk if they left the service without support.

Staffing and recruitment

- People were supported by safe numbers of staff who had received appropriate training for their roles. The registered manager had recently reviewed the rosters to support a person who due to a physical illness needed more support at certain times of the day.
- People told us there was enough staff to support them. One person told us they did not need a great deal of physical support, but staff were always able to provide the level of support they needed.
- Staff recruitment processes in place were safe. The staff files we viewed showed the application process, references being obtained from previous employer and the use of the Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were managed safely. People told us they got their medicines on time. Where people

were prescribed 'as required' medicines there was guidance in place to ensure people got these medicines when they were needed. We saw there was no overuse of medicines required to support people's anxieties. Staff used alternative strategies to support people to reduce their anxieties where possible.

- The storage of people's medicines was safe. There were regular medicines audits in place to monitor the use of medicines in the service. The staff who administered medicines had undertaken training in the safe handling of medicines and underwent regular competency assessments

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were supported to see their relatives and friends and the service worked in line with current government guidelines. One relative who visited regularly told us they felt welcomed into the service when they visited.

Learning lessons when things go wrong

- The registered manager had processes in place to ensure learning from incidents and events at the service. They used a communication book to record any changes following events. Handover and meetings also took place to discuss any incidents and how they could learn from them. One member of staff was able to give an example of how the staff team worked together to share the strategies used to reduce one person needing medicines for their anxieties.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, and care was planned and delivered in line with evidence-based guidance. For example, the malnutrition universal scoring tool (MUST) was used to help monitor people's weight to support people maintain a healthy weight.

Staff support: induction, training, skills and experience

- Staff received appropriate training to support the people they cared for. One person told us the staff understood their needs. They said, "They (staff) know what they are doing." Throughout our visit we saw staff supporting people in ways that both supported their independence and maintained their safety.
- There was a low turnover of staff, but one person who had started working at the service in the last few months told us they were very well supported when they started and received a thorough induction. They told us they enjoyed working at the service and their mentor had been very supportive.
- The training matrix showed the registered manager monitored staff's training needs and ensured their training was updated when required. One member of staff told us they were encouraged to undertake one training module a month to keep themselves updated.
- Staff told us they received regular supervisions from the registered manager. Furthermore, staff told us they felt this was useful and gave them an opportunity to discuss what was working well and any concerns they had.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to have a healthy diet. When people needed support with eating this was highlighted in their care plan and staff provided this support. People who required specialist diets were provided with them. For example, one person required help to maintain a healthy weight had an agreed plan in place to support them. Staff encouraged them to make healthy choices and have a varied and enjoyable diet.
- On the day of our visit the food provided for people looked appetising and people told us they enjoyed the food at the service.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- When required people were supported to access healthcare services. Staff worked closely with different external healthcare professionals to ensure people received support to meet their differing needs. This included GP's, mental health teams and community nurses. One person told us they were able to manage a lot of their appointments themselves and just kept staff informed.

- People told us if they needed support from health professionals, staff were quick to sort this out. We saw one person had an acute physical illness which had affected their mental health and other aspects of their physical health. Staff had worked with the person's GP and other health professionals to monitor and manage their symptoms. The registered manager had changed staff working patterns to specifically ensure the person got support when they needed it.

Adapting service, design, decoration to meet people's needs

- People lived in a well-maintained environment. There had been a recent extension to the service, which had been decorated with artwork completed by one of the people at the service to make it feel more homely.
- The provider had a refurbishment plan in place for newer and older parts of the building. We saw areas which had been redecorated and others in the process of being redecorated. The plan also detailed other areas to be refurbished.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider was working in line with the principles of the MCA. Where people required a DoLS authorisation these were in place. There had been clear assessment of people's mental capacity and decision specific best interest meetings showed the least restrictive options were in place to support people.
- Staff showed a good understanding of the mental capacity act and this was reflected in the way support was provided for people. One member of staff was able to give an example of one person who had an acute illness at the time of the inspection. They told us this had affected their capacity, and meant the person needed more support. However, they recognised that this fluctuation of the person's capacity was temporary, and they monitored the person each day to ensure they provided the person the right level of support to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us the staff supporting them were caring and respectful. One person told us the staff had a good attitude toward people who lived there. They said, "I think of the people who live here as my family and the staff too."
- A relative we spoke with had nothing but praise for the staff who supported their family member. They told us staff's attitude was caring and open.
- Staff we spoke with clearly understood the importance of treating the people they supported with respect. One member of staff said, "Everyone (staff) is really nice to the residents it's like a big family." Our observations on the day of the inspection supported this. People spoke easily with staff and there were some very positive interactions showing staff being led by people's wishes.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views about their care. People had key workers who helped them develop their care plans. One person told us their key worker talked with them about their care needs so they could develop their care plan together. A relative told us staff involved them in their family member's care and what support the person needed.
- Another person told us they had choice and control over their daily life and staff were led by them. The person gave examples of the things they chose to do such as cooking some of their own meals and this was reflected in their care plan.
- Where needed people were able to use the services of an advocate. One person had an Independent Mental Capacity Advocate (IMCA) allocated to them. IMCAs are a legal safeguard for people who lack the capacity to make specific important decisions: including making decisions about where they live and about serious medical treatment options. IMCAs are mainly instructed to represent people where there is no one independent of services, such as a family member or friend, who is able to represent the person.

Respecting and promoting people's privacy, dignity and independence

- Throughout the inspection we saw people's independence being promoted by staff who provided the right level of support for each individual. For example, one person needed staff support to go down the steps outside the service, but was then left to enjoy a cigarette in the garden and chat to other people?
- People told us staff were mindful of their privacy, they knocked and called out to people before entering people's rooms. They respected when people wanted to spend time alone in their rooms.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff worked with people to promote their independence and tailored people's care to match their needs. One person told us when they had an injury affecting their ability to manage their personal care needs staff increased their support, tailoring it to the level the person needed.
- Staff showed good knowledge of people's care needs, what their routines were, their likes and dislikes. One member of staff told us they would both read people's care plans to check for changes, but also as a team they met regularly and discussed people's needs.
- People were encouraged to increase their independence if they wished, by managing their own laundry or maintaining cleanliness in their own rooms. People told us they enjoyed keeping busy. The registered manager told us they consistently worked to support people to gain confidence and increase their independence

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met by staff at the service. There was large print and easy read documentation available where this was needed and one person whose vocabulary was limited, used flash cards to help them communicate with staff.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were able to access the community either independently or with staff support to do the things which were important to them. One person had been supported to visit a close relative's grave and following this visit the local church. The registered manager told us both the person and the other people living at the service had been offered the opportunity to attend their chosen place of worship regularly, but no one had wished to do so.
- Staff arranged group activities for people such as going out for a walk or going out for meals. People told us they always had the choice to join in all group activities. One person told us they preferred to spend time in their room with their TV and electronic tablet. They said it was their choice as to how they spent their time.

- People were encouraged to follow their hobbies and we saw evidence of this during our inspection. A relative told us they were able to visit their family member regularly and they also enjoyed going out and spending time together. One person also told us they were able to go out with a friend on a regular basis.

Improving care quality in response to complaints or concerns

- There was a copy of the complaint's procedure up in the service for people. People told us they had not had any need to complain, but if they had any concerns or queries the registered manager would deal with things before it became a problem. Staff we spoke with understood their responsibilities in dealing with any concerns raised to them.

End of life care and support

- The service was not supporting anyone who was at end of life at the time of the inspection. But the registered manager had worked with people to understand their wishes around this aspect of their life. Information around choices were documented in their care plans.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff were clear about their roles at the service. Quality monitoring processes were in place to support the maintenance of good practices. This included environmental audits, medicines and infection prevention. However although incidents and accidents were highlighted, actions undertaken would have benefited from greater detail. For example, measures introduced following an incident were recorded in people's care plans and we saw them in place, but these were not clearly recorded on the monthly accident and incident audit. We raised this with the registered manager and provider who told us they would address this going forward.
- The registered manager understood their responsibility to notify us of particular events at the service in line with their registration regulations via statutory notifications as they are required to do by law. We had received notifications of significant events at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager promoted a positive person-centred culture at the service. People were supported by the staff group in an individualised way. There was a wide age group and level of ability among people living at the service and there were clear strategies to support them in the way they wished. There was an emphasis on promoting people's independence. As mentioned elsewhere in this report, for some people this meant the ability to go out into the community. For other people it was being able to undertake daily tasks such as managing their laundry or cooking their own meals.
- People were treated as equals when planning their care, with staff offering varying levels of support dependent on need. People told us they had key workers who supported them. One person told us they would manage their own health appointments and just tell staff what support they needed. Another person had limited verbal skills, a staff member said the person could only give one-word answers, so they had spent time with the person to establish how they wanted to receive care.
- People told us they considered the service their home. Everyone told us they found the registered manager approachable and caring, they felt they ran the service well. One person said, "The best thing about the service is you can do what you want when you want to do it."
- The registered manager worked in an open and honest way with people and their relatives, being open about any incidents. One relative told us the registered manager spoke with them if there were any issues involving their family member and they always worked to offer support and valued the relative's input.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives and staff told us the registered manager worked to ensure they were involved in the running of the service. One person said, "I am asked my opinion, and my key worker sits with me to help me complete the survey making sure anything we want to say is recorded."
- The registered manager was in the process of creating a 'you said we did' notice board so they could show the suggestions people raised were listened to. The registered manager also gave us an example of how people's input influenced the menus at the service with the introduction of more salads following people's requests.
- There were regular meetings at the service for both people and staff. Staff told us they found the meetings very useful and there was always a lot of open discussion on how they could improve people's care. They felt able to voice their opinions on different subjects and felt they would be listened to

Continuous learning and improving care; Working in partnership with others

- The registered manager worked to keep themselves updated in their role by attending meetings with a local providers group. They also used the information on the CQC website
- The service worked in partnership with a range of health professionals to active good outcomes for people as highlighted in other sections of this report.