

Genesis Housing Association Limited

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Inspection report

Amber Court
11 Warton Road
Stratford
London
E15 2GE

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23 March 2017

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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

Genesis Housing Association Limited provides a supported living service to people with learning disabilities, physical disabilities, mental health issues and dementia. At the time of this inspection people living in 53 of the flats needed support with personal care. The building is purpose built and consists of 65 flats including four respite flats across nine floors. There is also a communal area with a homely feel which encourages people to spend time there to socialise. There is a café which has a large dining area and a smaller television area allowing people to watch television, play games or chat with each other.

At the last inspection in October 2014, the service was rated Good. At this inspection we found the service remained Good.

We found staff knew how to report concerns or abuse. There were enough staff on duty to meet people's needs who were employed through safe recruitment processes. Risk assessments were carried out and management plans put in place to enable people to receive safe care. Medicines were managed safely.

Staff received support through supervisions and training opportunities. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service support this practice. Staff knew when they needed to obtain people's consent. People were supported to eat a nutritionally balanced diet and had access to healthcare professionals as required to meet their day-to-day health needs.

Some people thought staff were kind and caring. Other people thought staff were focussed on completing tasks. The provider was working on staff attitudes in supervisions and team meetings. Staff were knowledgeable about respecting people's privacy and dignity and maintain people's independence.

Staff knew the people they were supporting including their preferences. A variety of activities were offered which included building life skills. Complaints were investigated and resolved in accordance with the service's policy and procedures. The service kept a record of compliments.

There was a registered manager at the service. Staff spoke positively about the management team. People and their families were asked to give feedback on the service. The provider had regular meetings with staff and tenants. The service had various quality assurance systems and issues identified were used to improve the quality of service provided.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Genesis Housing Association Limited

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 checked 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.

We carried out this announced inspection on 20 and 23 March 2017. The provider was given 24 hours' notice of this inspection because the location provides a domiciliary care service and we needed to be sure that someone would be in. Two inspectors carried out this inspection on the first day and one inspector visited the second day.

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 looked at the evidence we already held about the service. This included the last inspection report and notifications the provider had sent us. We also contacted the local authority to obtain their views about the service.

During the inspection, we spoke with the registered manager, the general manager, the deputy manager, a care co-ordinator, the activities co-ordinator and three care workers. We reviewed seven care records, six staff files and records including medicines, staff training, complaints, policies and quality assurance. We also spoke with seven people who used the service and following the inspection we spoke with a relative.

Is the service safe?

Our findings

People told us they felt safe using the service. The staffing rota showed there were enough staff on duty to meet people's needs and activities. The rota included floating staff to help across the floors during busy periods. The registered manager told us they covered staff absences or vacancies using agency staff who regularly worked at the service. This was to ensure that people received a consistent service from staff who knew them well.

There was a process in place for recruiting staff that ensured relevant checks were carried out before a new staff member was employed. For example, staff had produced proof of identification, confirmation of their legal entitlement to work in the UK and the provider had received written references. New staff had criminal record checks carried out to confirm they were suitable to work with people and the provider had a system to obtain regular updates. This meant a safe recruitment procedure was in place.

The provider had a comprehensive safeguarding and whistleblowing policy which gave guidance to staff about what action to take if they had concerns about abuse. Staff were knowledgeable about how to raise concerns about abuse. One staff member said, "Being able to raise information if a [person] is being abused. First of all you inform the management and you can tell CQC." Another staff member told us, "If I had a safeguarding concern I would speak to co-ordinator, for example, if there were concerns about financial abuse." Staff confirmed they knew what processes to follow in an emergency. One staff member said, "There is always a senior person on site, call out of hours doctors, call 999 or inform the regular manager or deputy manager." This meant staff were able to escalate concerns when needed.

People had risk assessments documented in their care records to assess the safety of delivering care in the person's home. Risk assessments identified the risks and documented the plans to manage the risks. Identified risks for people included falls, burns, and refusing medicines. One person was identified as being at risk of choking. The risk management plan stated, "I need support to cut up my food and to eat slowly. I need to have fairly soft food." Another person was at risk of falling and the risk management plan included, "Ensure the seat belt is applied while in wheelchair. Staff to encourage [person] to always put on his life saver pendant."

Quality assurance systems in February and March 2017 identified that risk assessments needed to be updated and records showed this was happening. However during the inspection we noted that one person with epilepsy did not have a risk assessment around their epilepsy in their care plans. We raised this with the registered manager and general manager who took immediate action, a detailed and comprehensive epilepsy risk assessment was written for this person and shown to us.

Staff confirmed they knew what processes to follow in an emergency. One staff member said, "There is always a senior person on site, call out of hours doctors, call 999 or inform the regular manager or deputy manager."

The service had a comprehensive medicines policy which gave clear guidance to staff of their

responsibilities regarding medicines management. Medicines were managed by a team of staff, who were responsible for the collection, storage and distribution of medicines. The medicines team had received up to date medicines training.

Support needed with medicines was clearly documented in care records. One person's care file stated, "Pop pills into [medicine] pot, leave it on my bedside table with a glass of water, and prompt me to take them."

Each person kept their medicines and medicine administration record (MAR) sheets in a locked cabinet inside their own flat. We reviewed the MAR sheets for three people who used the service and found they were completed correctly. Prescribed medicines that are controlled under the Misuse of Drugs Act 1971 are called controlled drugs. The service stored controlled drugs in a locked cabinet as required by legislation which was located within the locked staff flat. Each person who was on controlled drugs had their own box containing their medicine in the cabinet. Records showed controlled drugs were administered and accounted for appropriately.

People who required "pro re nata" (PRN) medicines had guidelines in place. PRN medicines are those used as and when needed for specific situations. Records showed PRN medicines had been administered and signed for as prescribed. This meant the provider had a system in place to ensure that people received their medicines safely and as prescribed.

Is the service effective?

Our findings

Staff confirmed they had opportunities for learning and development. One staff member told us, "We do a lot of training." Another staff member told us, "The training is good, covers all the areas and can ask questions." The registered manager and general manager told us new staff had a two week induction period including one day corporate induction, working through a checklist of policies and training, shadowing experienced staff and being observed at work.

The training matrix confirmed staff had received a broad range of training including dementia awareness, safeguarding, mental health awareness and moving and handling. Records showed that staff had been booked on refresher courses which were arranged to take place later in the year.

Staff received professional observation supervision and face to face supervision. Records showed that staff had received supervision in February and March and topics discussed included staff member's well-being, what is working well, policies, training, work practice, safeguarding and feedback from work observations. This meant staff received the support they required to perform their roles.

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.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. Where people are deprived of their liberty in community settings this must be authorised by the Court of Protection. We checked whether the service was working within the principles of the MCA. Records showed the service was working with the local authority to obtain Court of Protection authorisation to deprive nine people of their liberty.

Staff told us that the families and people who used the service met with the care co-ordinators and issues around consent were documented and signed prior to care worker involvement. One staff member told us, "We get [people who used the service] to sign a consent form. We seek their consent and when we get the consent, we take the actions needed." Another staff member told us, "If someone was refusing care, I would go to them and explain. You have to put yourself in their position. You try to find out how [person] wants me to administer the care. I engage with them." Care records confirmed consent was gained from the person who received the service or from their legally appointed representative.

Records showed that people were supported to plan their food menu and shopping list with care staff and time was allocated for this in their care plans. The manager and staff confirmed that grocery shopping was done through the internet which was then delivered to people's flats. People were also given the option of eating in the café during the day. Our observations showed that a lot of people chose to eat lunch in the café

because it gave them the chance to socialise with other people. This meant that people were supported to eat nutritional food of their choice.

Staff confirmed they assisted people to attend health appointments. The service worked with other professionals to enable people to maintain good health and well-being. Care records showed that appointments were documented with the date, location, reason and outcome. For example, records showed that a district nurse visited one person every day. Care files contained correspondence with healthcare workers and reports.

Is the service caring?

Our findings

Four people told us staff were kind and caring. One person told us they were particularly happy with their regular care worker and stated, "She's a fantastic carer. You know you are in excellent hands with her." Another person told us their regular worker went above and beyond the call of duty and gave an example of how this care worker had helped them to fix their wheelchair. A third person told us, "It is ok here. Staff are nice. Staff respect me and are nice to me."

However, two people and a relative told us they had issues with the attitudes of some of the staff. These two people told us some staff were nice but others were not because they were rigid and task orientated. The relative told us, "Sometimes they [care staff] showed no empathy." We spoke with one of the care co-ordinators about this who told us the service had identified this issue and were working on the rigidity of staff attitudes and stated, "We have started working on this in supervision and team meetings." Records confirmed this was the case.

Staff were knowledgeable about how they got to know people who used the service. For example, one staff member said, "You introduce yourself to the customer, read their care files. Know what they like to do and how they like to do it." This staff member gave an example of a person who does not eat meat so they made sure the meal from the on-site café did not contain meat.

The provider had a diversity and inclusion policy to give guidance to staff on how to value diversity, how to create an environment where everybody felt respected and provide an inclusive service to people. People's religious and cultural needs were recorded in their care plan. The provider also had a dignity and respect in care policy which gave clear guidance to staff on providing dignified care in accordance with the seven core care principles including treating people with equal worth and valuing the uniqueness of every individual. Care plans showed that people were supported to maintain links with partners or significant others.

Staff were knowledgeable about respecting people's privacy and dignity. One staff member said, "Have to knock before going in. Doors have to be shut behind you. Make sure [person's] underneath is covered whilst I wash the top, then when top is dressed and creamed, then wash the underneath part. Curtains, blinds, windows are shut." Our observations showed that staff rang the doorbell or knocked on the door and announced who they were before entering people's flats.

Staff demonstrated awareness of maintaining people's independence. One staff member said, "Sometimes we encourage them to do it." This staff member explained that one person is able to eat and drink independently but when staff are present wants staff to feed them so they encourage the person to feed themselves. Another staff member told us, "Care depends on the needs of [the person]. Some are totally dependent and need full support. Others need prompting only."

Is the service responsive?

Our findings

Staff were knowledgeable about people's care needs and preferences. One staff member said, "[Personalised care] is the way you give customer care. Involving the [person] and putting their interests first." Another staff member told us, "By respecting what they want you to do. Try to respect the time they want their care."

Care records documented people's likes and dislikes including their preference of care worker gender. One person's care plan stated, "I don't like to be told what to do. I don't like to be rushed." Another person's care plan stated, "I like staff to be patient with me as I sometimes get a little confused." Care files indicated which aspects of care the person was independent and which aspects of care the person required support. Where appropriate, people had pictorial care plans in an easy read format to help them to understand the care they would receive. One person had an 'Independent Living Support Plan' with goals the person wanted to work on achieving in the next twelve months. For example, this plan stated, "I would like to be able to use kitchen facilities to rinse/wash basic utensils, cups and plates." Records showed that another person had regular visits from a barber who assisted with hair care and shaving. This meant the provider was responsive to people's needs and preferences.

The service had a guest room which was available for family members to stay if they had far to travel. People were able to access a variety of activities inside the service and out in the community. The activities co-ordinator told us activities were planned around increasing the skills of people who used the service and included cooking lessons, healthy eating and money management. The activities co-ordinator also told us there were six people participating in job shadowing and learning how to build their own business. The provider had supplied six new digital tablet devices to help people with online shopping, skyping family, dexterity and games. One person told us a staff member had helped them that morning with their banking using one of the tablet devices and they thought this was very good.

The building had a room dedicated to be used by people who used the service for cooking lessons or playing games. Records showed that people could have one to one activities in their flat and volunteers were employed by the service to share their knowledge in skills such as knitting, music and arts and crafts. Records also showed that people have been asked to complete an activity survey so the provider could find out if people were happy with activities on offer or if there are other things they would like to do. As a result, an action plan was written to include introducing armchair exercises, a sensory room and an activities newsletter. This meant that the provider used feedback to improve the service provided.

People told us they know how to make a complaint. The service had a comprehensive comments, complaints and compliments procedure which gave clear guidance to staff on how to deal with these types of feedback. Record of complaints made in the last year showed these were dealt with in accordance with the policy. For example, a relative complained on 10 November 2016 about a missed care visit. The action taken was the provider investigated why the visit had been missed under disciplinary procedures and informed the complainant that their complaint was substantiated. The complaints log showed details of complaints, actions taken and whether or not the complaint was substantiated. The registered manager

signed and dated a complaint when it was concluded.

The service also kept a record of compliments received and we saw three compliments were received in the last year. For example, one relative had emailed on 3 August 2016 and said about a member of staff, "I just wanted to say a big thank you for being there from date one to support [person who used the service]. You have remained a constant good feature at Amber Court and we really appreciate all that you have done. You have been reliable, super efficient and someone who always gets things done."

Is the service well-led?

Our findings

There was a registered manager at this service. 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.

The registered manager told us they were not based on site but visited the service regularly and there was a general manager on site. Staff spoke positively about the management team and said management were always available to give support if needed. For example, one staff member said, "[Registered manager] been really good if I have a concern or any enquiries. She asks for staff opinions, very reachable and a good listener. [General manager] has been taking very good actions. He's very quick and he's got an open door policy." Another staff member told us, "Co-ordinators are supportive, always someone around." A third staff member said, "We support each other and work well as a team."

The provider had a system of quality assurance visits to people who used the service. During these visits people were asked to give feedback on how satisfied they were with the service provided. Comments from these visits were documented and included, "Support workers seem to work well. No concerns", "[Person] is happy and satisfied with the service he is receiving", "Very happy" and "No pressing concerns." A comment from a quality assurance visit stated, "[Person] is not happy when the staff ring the doorbell. He would prefer them to knock at the door due to his health condition. Has panic attack when the carer rings the doorbell." Records showed the action taken was that guidelines were put on the front of the care file instructing staff to knock on the door.

The provider had recently issued a consultation survey to people who used the service. The survey was in a pictorial and easy read format and asked people to indicate what their favourite meal was and what new food they would like to try. The general manager told us the aim was to use this feedback to plan a new menu for the café.

The provider held monthly tenants meetings. We reviewed the minutes for the most recent meetings held on 25 January and 22 February 2017. Topics discussed included activities, menu, red nose day, foodbank, residents association and sensory room. Records showed a focus group report on 25 January 2017 which explored the experiences of friends and family of people who used the service. Topics discussed included the location and security of Amber Court, views about care staff, respite care and management. This meant the provider had systems in place to obtain feedback in order to improve the service provided.

The provider held care staff meetings every five weeks. Staff told us they found these meetings useful. One staff member told us, "Very, very useful. We get updates on changes to care, how to be a perfect carer and you get to air your view." We reviewed the two most recent care staff meetings held in February 2017 and March 2017. Each meeting was held twice to ensure as many care staff as possible could attend. Topics discussed included the new rota, recruitment, safeguarding, health and safety, new handover process, communication and people who used the service

Records showed that the care co-ordinators had a meeting every two weeks. We reviewed the minutes of the two most recent co-ordinator meetings on 25 January 2017 and 16 March 2017. Topics discussed included the structure of the meeting, the new rota, the GP surgery, communication, co-ordinator work plans and care plan reviews. This meant the provider had systems in place to involve staff in developing the service.

During our inspection, we noted that some care plans did not contain enough detail about the support people needed. The management team told us this had already been identified during their audits. Records showed the management audit, peer audit and deputy manager audit done in February and March 2017, identified that care plans required improvement and further information. The service had drawn up an action plan to address these issues and this was in progress at the time of inspection. The new style of care plans contained the required detail needed to meet people's needs.

The provider carried out an audit of the medicines system each month. Records showed that any concerns identified were documented and actions taken were noted. For example, records showed the audit on 23 February 2017 identified one person had been regularly refusing to take their medicines. The action taken was the person was referred to the GP and an appointment booked for a medicines review. Another example was action from the audit on 3 March 2017 was that staff were reminded to report all medicine refusals to the care co-ordinator. The various audit systems used by the provider meant that issues identified were used to improve the service provided to people who used the service.