Gensing Rest Home Limited

Gensing Rest Home

Inspection report

76-78 London Road
St Leonards-on-Sea
Hastings
East Sussex
TN37 6AS

Tel: 01424712982

Date of inspection visit:
18 January 2018
22 January 2018

Date of publication:
22 February 2018

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 the 18 and 22 January 2018 and was unannounced. At the previous inspection of this service in June 2016 the overall rating was requires improvement. At that inspection we found Breaches of Regulation 12, 17, 18 and 19 of the Health and Social Care Act (HSCA) (Regulated Activities) Regulations 2014. This was because care plans and risk assessments, both health and environmental, had not protected people from potential risk. Staff had not received training in safeguarding people and the Mental Capacity Act 2005 (MCA) and had not received regular supervision and appraisals. Robust quality assurance systems had not effectively identified the service shortfalls to enable service improvements to be made.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of safe, effective, responsive and well led to at least good. This inspection found improvements had been made and the breaches of regulation met.

Gensing Rest Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. It is registered to provide support to a maximum of 17 people. Twelve people were using the service at the time of our inspection. People who used the service were younger and older adults with either physical or mental health needs and people with alcohol and substance misuse needs.

The service had a registered manager in place. 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.
We undertook this unannounced comprehensive inspection to look at all aspects of the service and to check that the provider had followed their action plan as stated in their Provider Information Return (PIR), and confirm that the service now met legal requirements. We found improvements had been made in the required areas. The overall rating for Gensing has been changed to good. We will review the overall rating of good at the next comprehensive inspection, where we will look at all aspects of the service and to ensure the improvements have been sustained.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding people and what action they should take if they suspected abuse was taking place. Staff had a good understanding of equality, diversity and human rights. Medicines were managed safely and in accordance with current regulations and guidance. There were systems to ensure that medicines had been stored, administered, audited and reviewed appropriately.
Risks associated with the environment and equipment had been identified and managed. Emergency

procedures were in place in the event of fire and people knew what to do, as did the staff. Accidents and incidents were recorded appropriately and steps taken to minimise the risk of similar events happening in the future.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, including the care of people with dementia and catheter care training. Staff had received both supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place. People were being supported to make decisions in their best interests. The registered manager and staff had received training in the MCA and the Deprivation of Liberty Safeguards (DoLS).
People were encouraged and supported to eat and drink well. There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. Health care was accessible for people and appointments were made for regular check-ups as needed.

People felt well looked after and supported. We observed friendly and genuine relationships had developed between people and staff. Care plans described people's preferences and needs in relevant areas, including communication, and they were encouraged to be as independent as possible. People chose how to spend their day. Activities were on a one to one basis when people wanted the engagement. Activities were being discussed and the benefits to people evaluated. People were encouraged to stay in touch with their families and receive visitors. The provider had sent CQC notifications in a timely manner. Notifications are changes, events or incidents that the service must inform us about.

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where managers were always available to discuss suggestions and address problems or concerns. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

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 and had met the legal breaches previously found.

Staff had attended safeguarding training and had a clear understanding of abuse, how to protect people and who to report to if they had any concerns. Robust recruitment procedures ensured only suitable staff worked at the home.

Risk to people had been assessed. There was clear guidance for staff to follow to reduce the risk, ensure people were independent and made safe choices. Accidents and incidents were recorded and action was taken to reduce the risk of a re-occurrence.

Medicines were managed safely. Staff had attended relevant training, there were systems to ensure medicines were given as prescribed and records were accurate.

There were enough staff working in the home to meet people's needs.

Is the service effective?

Good

The service was good and meeting the legal requirements previously in breach.

Staff had the relevant skills and knowledge to deliver care and give support to people. Training was provided regularly. Consent to care and treatment was sought in line with legislation

People were helped to eat and drink enough to maintain a balanced diet.

People were supported access healthcare support. People's individual needs were met by the adaptations made at and the design of the service.

Is the service caring?

Good

The service was caring.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

People's dignity was protected and staff offered assistance discretely when it was needed.

People were enabled and supported to access the community and maintain relationships with families and friends.

Is the service responsive?

Good

The service was responsive and meeting the legal requirements previously in breach.

People's preferences and choices were respected and support was planned and delivered with these in mind.

Group and individual activities were decided by people living in the home and regularly reviewed by them.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Good

The service was well-led and meeting the legal requirement previously in breach.

The registered manager, staff and provider encouraged people, their relatives and friends to be involved in developing the service.

A quality assurance and monitoring system was in place and the registered manager used this to identify areas that could improve.

Feedback was sought from people through regular meetings and from relatives, friends and health and social care professionals through satisfaction questionnaires.

Gensing Rest 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 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.

This inspection took place on the 18 and 22 January 2018 and was unannounced. The inspection team consisted of an inspector.

Before the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications they had sent us. Notifications are information about significant events that the provider is legally obliged to send to the Care Quality Commission. We also reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection process we contacted the local authority with responsibility for commissioning care from the service to seek their views. We also spoke with and received correspondence from three visiting health or social care professionals.

During the inspection we spoke with four people who used the service and seven members of staff: registered manager, deputy manager, domestic and four care staff. We reviewed four sets of records relating to people including care plans, medical appointments and risk assessments. We looked at the staff recruitment and supervision records of four staff and the training records for all staff. We looked at medicines records of 12 people and minutes of various meetings. We checked some of the policies and procedures and examined the quality assurance systems at
the service.

Good

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 03 June 2016. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured adequate staff checks had been undertaken prior to people being employed and that the maintenance and safety of the premises had not been taken place in a timely manner. At this inspection we found improvements had been made and that the service now met the previous legal breaches.

People who used the service and their relatives told us they felt safe. One person told us, "Yes, I'm alright. I am safe here." Another person said, "They look out for me, and make sure everything is safe and proper."

The service had a robust staff recruitment system. All staff had references and DBS checks were carried out. DBS stands for Disclosure and Baring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. The service carried out risk assessments where appropriate for any contentious DBS findings. The recruitment process assured the provider that employees were of good character and had the qualifications, skills and experience to support people living at the service.

Staff had received training in safeguarding adults and records confirmed this. Staff we spoke with were able to identify the different types of abuse and were aware of their responsibility for reporting any allegations of abuse. The registered manager told us, "We have had safeguarding training. The local authority provides us with training and we also discuss safeguarding in team meetings and one to ones." The deputy manager said, "I would report any issues or safeguarding concerns to the manager or local authority." They also told us, "There are various kinds of abuse; physical, financial, emotional, sexual. If I come on shift and I am alerted to something I'd check the person to make sure they're ok and then do an incident report and tell the manager. I'd also inform CQC." Policies and procedures were in place for whistleblowing and safeguarding, as well as policies in relation to emergencies, fire safety, medicines, bullying and harassment. Staff told us they felt protected to whistleblow. A care staff member said, "I've never had to do it but I feel safe to do it."

People were safe from the risk of emergencies. Robust fire procedures included individual Personal Emergency Evacuation Plan (PEEP) were in place. PEEPs identify people's individual independence levels and provide staff with guidance about how to support people to safely evacuate the premises. The provider recorded when fire drills were completed and all staff received fire training.

Accident and incident policies were in place. Accidents and incidents were documented and recorded and we saw instances of this. We saw that incidents were responded to by updating people's risk assessments and any serious incidents were escalated to other organisations such as safeguarding teams and CQC. For example, we saw an incident report where one person who had had a fall whilst out in the community. An action plan was created, their risk assessment updated and a referral made to the GP for a medicine review and health check. This meant the service learned from incidents and put procedures in place for prevention.

A business contingency plan addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures identified ensured people had continuity of the service in the event of adverse incidents.

The provider told us that portable electrical and gas appliances had been serviced to ensure they were safe for people to use. Records seen confirmed appropriate safety checks had been completed.

The home environment was clean and free of malodour. The cleaner worked hard to maintain cleanliness. The cleaner worked five early shifts per week and staff tidied and cleaned at weekends and evenings. The cleaner told us, "It's a good place to work, it's not easy to keep clean but as things are being replaced and upgraded it gets easier." Records confirmed there were cleaning schedules and infection control audits. One care staff member told us, "We all do cleaning when necessary, we use aprons, disposable ones when cleaning toilets and doing personal care. We don't use the same aprons or gloves for doing all different things."

The deputy manager showed us the cleaning records for the kitchen which demonstrated that the kitchen was cleaned four times a day. Tasks included cleaning surfaces with anti-bacterial spray, washing down work tops and tiles and wiping cooker and serving hatch. Records confirmed that daily cleaning was taking place to support the infection control practices at the service. The maintenance of the premises was on-going. Carpets were due to be replaced in the near future and the registered manager confirmed that communal toilets and bathrooms were next to be upgraded and redecorated. There was evidence of repair work but as explained by the registered manager, some wall coverings in stair wells, whilst redecorated had been peeled and picked at by people as they went past. The registered manager stated that as soon as the maintenance person returned from sick leave an updated rolling plan of repair and redecoration would be sent to CQC.

Processes were in place to promote safe practices in relation to medicines. Medicines were stored securely in a locked and designated medicine cabinet in a dedicated small room and secured with locks. Records were kept of medicines entering the service and those that were returned to the pharmacist this meant there was a clear audit trail of medicines. Care staff told us they were only permitted to administer medicines to people after they had undertaken training and were assessed as competent by the deputy manager to do so. Medicine audits were completed monthly and records confirmed this. The deputy manager showed us the daily checks completed for medicines which included the process of counting medicines and recording quantities after each administration. Medicine administration records (MAR) were correctly used to show that administration had occurred and documented any issues. This meant that medicines were stored and administered safely.

People said they were supported with their medicines. One person told us, "I take medicine with staff support, I come down at the right time." Where people were assessed as safe to do so they were supported to manage their own medicines as much as possible. This helped to promote people's independence.

People had a medication risk assessment in the MAR which documented allergies, all of the medicines they were currently taking, what each medicine was for, the dosage and any potential side effects. There was also guidance for care staff about medicines that were given on an 'as and when' basis. This meant that medicines were managed safely.

Risk assessments provided guidance about how to support people in a safe manner and mitigate any risks they faced, both health-wise and socially. The registered manager told us, "Staff get training on identifying risk. We identify risks from people's life history, current problems and health conditions. It's about being

honest, real and personal, capturing people's risks individually." Risk assessments we looked at, balanced safety with allowing people to make their choices and remain independent. Risk assessments were person specific and based around the individual risks people faced. For some people it was drink or drug related. There were clear risk assessments that identified the risk, the management strategies staff and the individual discussed and how to measure its effectiveness. The registered manager said "We ensure we know where they are going, we record the times people leave the premises and return and whether they are under the influence. This gives us trends, themes and we can monitor risk. When people are under the influence they are very vulnerable to financial and physical abuse." Staff said, "We can't stop them drinking but we can support them to keep safe and well, Dr appointments, health monitoring and mental health support."

There was sufficient staff deployed to meet people's needs. Care staff told us they thought staffing levels were adequate for the needs of the people currently living at Gensing. One care staff member told us, "We can meet people's needs, there is always someone we can ring if something happens." The registered manager and deputy manager completed staff rotas in advance to ensure that staff were available for each shift. There was an on-call rota so that staff could call a manager out of hours to discuss any issues arising. Feedback from people and our observations indicated that sufficient staff were deployed in the service to meet people's needs. Staff were available for people, they were not rushed and supported people in a calm manner. We saw staff sitting with people in communal areas and spending time with people. People also approached staff for support throughout the inspection process and were always engaged with promptly. As staff covered additional shifts in case of sickness no agency care staff were used, which meant people were cared for by staff who knew them.

Good

Is the service effective?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 03 June 2016. At that inspection we found breaches of the legal requirements. This was because the provider had not ensured staff had an effective induction, training, supervision and appraisals. There was also a lack of safe care, care planning and adequate health care involvement. At this inspection we found improvements had been made and the service now met the previous legal breaches.

People said the staff had a good understanding of their needs. One person told us, "They understand me, I can talk to them about anything." Another person said, "I think they are very good." Staff told us they were required to attend all the training and were supported by management with regular supervision.

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 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 are called the Deprivation of Liberty Safeguards (DoLS).

The service had up to date policies and procedures in relation to the MCA so that staff were provided with information on how to apply the principles when providing care to people using the service and we were made aware of people subject to DoLS authorisations. All staff had received MCA training. At the time of inspection the registered manager informed us that only one person had been referred for a DoLS authorisation. The service had completed appropriate assessments in partnership with the local authority and any restriction on the person's liberty was within the legal framework. The service had submitted notifications to the CQC about the decisions of applications submitted for DoLS for people who used the service.

Care plans set out that people were supported to make their own decisions. Mental capacity assessments had been carried out in line with the principles of the MCA, for example about managing people's finances and the administration of medicines. Where appropriate best interests meetings had been held with the involvement of the person, their relatives, staff from the service and representatives from the local authority were also appropriately involved. The registered manager told us, "It's really important we recognise that people have the right to say yes or no." One care staff member told us, "We offer choice to people. Giving someone choice makes them feel good about themselves. People feel empowered."

Staff had a good understanding of people's individual needs and they explained how they supported people to make choices and be independent. Staff told us the management provided the training they needed to develop the skills to support people and understand their needs. There was an on-going programme of training and records showed that staff had completed relevant courses. These included safeguarding, moving and handling, health and safety, fire safety, medicines, infection control, food hygiene, emergency

first aid and equality and diversity. Training in meeting specific needs such as diabetes, strokes and dementia awareness had been introduced. Staff said the training was good. One member of staff told us, "We have to be up to date with everything so that we can look after the residents." Another member of staff said, "The training is good and we can ask to do other training if we want to."

New staff completed induction training when they first started working at the home. They started working towards the care certificate when they completed their induction and had been assessed as competent to support people. The Care Certificate is a set of standards for health and social care professionals, which ensures that care staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support. Staff said they worked with senior staff as part of their induction training and, were assessed through observations of the care and support they provided and with supervision. One new member of staff told us, "Staff have been supportive and said if I wasn't sure just to ask. They took time to explain things to me. I like working here." Staff were supported to work towards national vocational qualifications. The deputy manager was enrolled on a management qualification course and another had signed up to level three.

Staff said they had regular one to one supervision with the deputy manager. They told us, "Supervision is good idea, we fill in part of the form and then talk about what we need in respect of training." "We talk about our residents and how we support them, if we think anything can be improved and if anything is affecting our work, like something outside of work" and, "The supervision is a two way conversation to talk about how the residents are looked after, if we have any training needs and if we have any suggestions." Staff also said they could talk to the registered manager and deputy manager at any time, "They are always available, even when they are not at work we can ring them if we need to." Appraisals were carried out when staff had worked at the home for a year. Staff said this was an overall view of the year and were very positive. If there had been any concerns about a member of staff's performance this would have been identified and addressed at the time.

People signed consent forms for sharing information, consent to care and treatment and consent to use photos. People had also signed consent forms to authorise staff to carry out physical pat down searches and room searches to ensure people did not have alcohol or drugs on their person. This condition was also written into people's tenancy agreements, which they had signed.

Where people had a history of substance and alcohol misuse, it was recognised that some people may be taking illicit substances. In these cases, where people became intoxicated regularly, there was guidance that enabled staff to help staff manage these needs effectively. Staff told us how they supported people when under the influence. This included assisting people to their room to sleep it off and ensuring that they were not at risk from being sick. Staff told us they monitored people at intervals to ensure they were recovering. Staff had an understanding of the people they supported and knew behaviours of individual people when they were intoxicated.

People were encouraged and supported to review their drug or alcohol use and see their G.P. Staff also supported people to attend East Sussex Drug and Alcohol Recovery Service (STAR). This service is available to provide people with support around their drug or alcohol use and create a recovery plan to address their drug or alcohol use. The registered manager told us that when people accessed this service, information was not always shared with the staff team but they had developed ways of sharing people's plans so as to be able to support people effectively. Staff told us "We develop support plans with people, we have had some real success with people where they become sober and start to live their life again. It's really rewarding." Staff supported people to stop smoking or reduce smoking, including helping people to attend a local cessation clinic to get local specialist support to help them stop smoking. One person told us, "Since I

have been here I'm not drinking or smoking as much, that's down to the staff helping me." Staff told us about people who they had encouraged and supported to stop drinking on a long term basis. Long term goals for people were set and this included people moving on to supported living, managing their own finances and developing friendships and maintaining relationships.

Where the responsibility for people's care and treatment was shared with health care professionals, reviews of care had taken place with their involvement, in a formalised way to ensure the health, safety and welfare of people. External specialist healthcare support was accessed as needed and formed part of an on-going review of people's needs. For example, where people had decreasing mobility and were developing a dementia type illness, appropriate referrals had been made and advice sought. Staff sought regular professional advice about how to manage people's health needs. Formal and regular reviews of people's health needs were maintained by allied health professionals. It was acknowledged that some people were not wanting advice and support from outside the home and staff clearly documented this within the care documents.

Staff held a handover meeting at the start of each shift. This ensured important information to include health needs was shared, acted upon where necessary and recorded to ensure people's progress was monitored. Staff told us updates concerning people's health and welfare were appropriately communicated between staff at handover meetings to support people's continuity of care. Staff had a developed a handover document to be able to monitor actions and discussions.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People, said the food was really good. The menus were based on good home cooking and there was always a choice for people to choose from. People confirmed there were choices for all the meals. One person said, "We can really have what we want. There are usually two main meals, but if we don't want them we can ask for something different and the cook is always asking us if everything is ok." The dining room was used by most people for lunch and supper. It was a sociable time and people talked between themselves and with staff. Tables had condiments and a choice of hot and cold drinks were offered throughout. The cook had a good understanding of each person's needs; their likes and dislikes and spent time ensuring that they provided the food and drinks that people wanted. Specific diets were catered for to support people's health needs. For example, for diabetes. An individual diet plan had been discussed, developed and agreed with the people who needed special meals. Meals were attractively presented and each person's preferences were catered for. This included the size of the meal, the vegetables they preferred and their preferences, such as a sandwich rather than a cooked meal.

People said they could have something to eat or drink at any time. One person told us, "If I miss out on lunch they save me a meal." Cold and hot drinks were available in the lounge and dining room and staff offered tea and coffee to people throughout the day. Fruit bowels were seen in communal areas so people could help themselves. Staff weighed people monthly and more often if there were any concerns. One member of staff said, "We know how much residents eat and drink and that means we know immediately if they are not eating as much as usual and we do something about this straight away." GPs were contacted if staff had any concerns and referrals had been made to the dietician for advice to support people, including with high calorie meals or supplements.

The physical environment was suitable to meet people's needs. The service had responded to people's needs with regard to mobility. One person had moved into a downstairs room as their mobility had deteriorated, making it difficult for them to climb stairs. The communal areas were comfortable and well-furnished and people told us they enjoyed sitting and relaxing in there. There was a small garden area which people used for smoking and sitting and relaxing when the weather permitted.

Good

Is the service caring?

Our findings

People said the staff were very good and provided the support they needed. One person told us, "Staff are kind, caring, funny and always give you time." Another person said, "Nice staff, good sense of humour, they will help in any way they can." Staff said they had the time and management support to provide the care people wanted and the level of care they felt people should have.

The atmosphere in the home was relaxed and comfortable; people said they decided how and where they spent their time and there was always staff available if they needed anything or, "Just want to chat." People said they were, "Very comfortable," "It is like a community. I like that," and "Happy with the care provided." Staff said "Genuinely there is nothing to improve here, everything is done as the residents want it."

The staff and people talked sensitively of people who had recently passed away. People felt staff had been open and had supported them to express their grief. One person said, "It's like losing a family member because we all live together." Staff demonstrated caring attitudes to people at the service. They told us that they were available at any time to support people to come to terms with the person's death. Staff told us that they would support people to attend the funerals if they chose to.

People and staff knew each other very well. One person said, "Got to know all the staff very well and they know me which is really good." Staff had a good understanding of people's lives before they moved into the home, their interests and the challenges they had faced. Staff said all the information was in the care plans but, "We talk about things all the time so we get to know about what residents used to do; we ask them what they want to do now and plan the support on that basis." People told us the provider, who was also the registered manager, was "A special bloke, listened, supported and talk to him about anything." Another person said, "Smashing staff."

Staff had attended training in equality and diversity and had a good understanding of people's individual preferences and how they could support people to make choices. One member of staff said, "The residents choose what support they want, they are the decision makers and each one has a different idea of how we should be supporting them and, we always ask them if it what they want."

People told us staff treated them with respect. "They always knock and ask if they can come in to my room, even when the door is open" and, "The staff ask us if we have everything we need." We saw staff knocked on people's bedroom doors and waited to be invited in before they entered. Staff were respectful to people in how they spoke to them, and people were respectful back to staff. This demonstrated that mutual respect had grown and people benefitted from this and were confident that staff would support them.

Advocacy services were available to people at Gensing. It was clearly recorded how staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs. Advocacy services such as Independent Mental Capacity Advocates (IMCAs) or Independent Mental Health Advocates (IMHAs) help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and

responsibilities and speak out about issues that matter to them. The registered manager spent a lot of time with one person trying to ensure they got the right help and support.

The provider was following the Accessible Information Standards (AI).The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager was fully aware of their responsibilities under AI standards.

People's individual communication needs were clearly recorded in their care plans and this enabled staff to promote peoples independence. For those with a sensory impairment there was access to talking books and radios. They felt that staff were sensitive to their impairment and supported them appropriately. They also had equipment to help them to find their way around the home safely and effectively. One person's mobility had decreased so staff had looked at risks such as foot wear and room location. They had also ensured the person was seen by a health professional and walking aids had been provided.

People said there were no restrictions on their family or friends visiting them and, they were made to feel very welcome. People were able to go out and maintain family relationships and stay overnight as long as staff know they are safe. Staff said it was important that people kept in touch with their family, friends and the community if they wanted to.

Care records were stored securely and information was kept confidential. There were policies and procedures to protect people's personal information. A confidentiality policy was accessible to staff and people received information around confidentiality in the service users guide. Staff were aware of the importance of maintaining confidentiality and said they would not discuss people's needs with other people or visitors and, referred them to the registered manager if they wanted to discuss a person's needs

Good

Is the service responsive?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 03 June 2016. At that inspection we found breaches of the legal requirements. This was because there was a lack of person-centred care planning and lack of adequate activities to meet people's individual needs. At this inspection we found improvements had been made and that they now met the previous legal breaches. People were involved in developing their care, support and treatment plans as much as they wished to. Staff said "Not everyone wants to be involved but we encourage and try to involve them, it's on-going." One person said, "Yes I know what is in my file, due to my health issues staff sit and discuss what is happening."

People's needs were assessed before they moved into the home by the registered manager or senior staff to ensure, "We can provide the care and support they need." This information was then used to develop the care plans, which were produced with the person concerned and where possible family members. One person told us, "They came to see me before I moved in. We talked about how I felt about moving and the support I needed and what I wanted." Care plans had been reviewed regularly and updated when people's needs changed. People had signed to show that they had been involved in these reviews.

Care plans detailed people's preferred routines and the support they needed. This included the support for specific health needs such as personal care, continence and diabetes. The staff told us how they supported one person to be independent with their insulin and manage testing their blood sugars. This was going well with the support of the diabetic community team and the GP. Care plans were up to date and reflective of people's identified needs. Staff told us they wanted to encourage people to be part of their care reviews, to discuss their goals and expectations to ensure their needs could be met.

Staff knew people well and responded to changes in their health and welfare needs as they happened. One person was unwell and had stayed in bed, this alerted staff as this was unusual. The registered manager rang for advice and the person was admitted to hospital. This demonstrated that that staff responded to changing needs immediately.

People's care plans were personalised and enabled staff to meet people's individual preferences. Long term goals were included and this included people who would hopefully with support be able to move on to live independently. However not all people wanted to be discuss this and staff didn't force the issue. The registered manager said they waited until people were settled and wanted to discuss options. From talking to people it was obvious that they felt settled at Gensing and felt safe. One person said it was their choice to remain at Gensing. They said, "I feel secure, I'm happy here, I have friends and I've got three meals a day."

Activities were discussed, set activities for the people who currently lived at Gensing did not work for them all. This was confirmed from talking to people. We were told that activities at this time were on a one to one basis when people wanted the engagement such as card games. Activities were being discussed and the benefits to people evaluated. People chose to do their own thing during the day, some people spent time in the lounge but most preferred their own company. People were supported to follow their interests. One person told us he was going 'jamming' with friends to a café bar, another went out to meet friends in the

town to have a drink. Staff spoke of people who had skill at painting and another whose art was a way of communicating their thoughts. Staff said there were limited activities provided, "People like to sit and chat. People go out independently and can do their own thing. Some people like to watch television. One person likes to go to the town." When we discussed activities with people, it was difficult to gauge whether or not people wanted more activities in the home. One person said, "I'm not old I don't need to be entertained,' whilst another said, "I would like to go out on trips. But not on my own." We fed these comments back to the registered manager to take forward for further discussion. Staff recorded peoples' interactions with staff and other people, their mood status, visits out throughout the day on a daily basis.

People's bedrooms were personalised and decorated to their own preferences. People were happy with their rooms. They have their own key so they can lock it if they go out. One person said, "It is my space, so it's good I can lock my door." People told us, "I like my room, I've got my books, my coins and photographs." Another said, "I like peace and quiet and like to listen to my music or watch telly."

A complaints procedure was in place; a copy was displayed on the notice board and given to people when they moved in. People said they knew how to make a complaint, but had nothing to complain about. One person told us, "I love living here and I have no complaints, everything is very good." Another person said, "They ask if we have any complaints or even concerns, but we don't. If we ask for anything they just arrange it." Staff said they encouraged people, relatives and visitors to tell them if they had any concerns or complaints. The registered manager told us, "We talk to the residents all the time about the support provided, the meals, the activities and if there is anything else they want to do and, if they have any concerns or complaints. But we rarely have any complaints and if we do we learn from them." Residents meetings had not been successful and therefore staff engaged with people daily to make sure they have no complaints or grumbles.

Care plans contained information about people's wishes and preferences around end of life and death. For example, information consisted of whether the person wanted to be buried or cremated and who they wanted to be invited to their funeral. Staff said it was a sensitive topic for their people but they encouraged gentle discussion when reviewing care plans. At present there was no one of end of life care or who was not for resuscitation. Staff had received support and training in caring for people who were approaching their end of life.

Good

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 03 June 2016. At that inspection we found breaches of the legal requirements. This was because there was a lack of effective audits, quality assurance systems, consultation processes and service improvement plans to continuously improve the service. This inspection we found improvements had been made and that they now met the previous legal breaches.

The registered manager and owner of the service had managed the service for 34 years. People respected and liked the registered manager. People told us, "He listens and is very kind," and "He's remarkable, and really cares about all of us." A staff member told us, "I really like working here, it's dedicated to the residents, we really do make a difference to them I think." Another staff member said, "Staff and people can talk openly with each other, appositive and open culture."

Systems had been developed to monitor the quality of care and support and to keep people safe. For example, the provider had introduced ways of to monitoring the safety of medicine management. No medicines errors had been identified as part of a recent audit. This system helped ensure that people received their medicines safely and this was accurately recorded. Audits included checking the MAR charts to ensure they were correctly completed. Records confirmed audits were taking place and action plans for issues were being completed and learned from. Following a recent incident where someone had a fall, steps had been taken to prevent a re-occurrence. Infection control audits and cleaning schedules were undertaken both daily and monthly to ensure standards of cleanliness were adequate.
Care plan audits to ensure people's care plans were up-to-date and were reviewed with people's involvement and relevant health care staff to meet people's needs. This ensured people were receiving effective care. Health action plans were in place for those that required them. Following the inspection one care plan that had not been available to view during the inspection was sent to the inspector as requested.

Management and staff had the same values and ethos, which was to encourage people to be independent and live the life they wished to with appropriate support or guidance to help them to do this. Staff said they worked very well together as a team. This included listening people living in the home. One member of staff told us, "This is their home, we support them."

People said the management of the home was good, the manager was always available and asked them regularly for feedback about the services provided. One person said the registered manager and staff, "Ask us if everything is ok and if we need anything." Another person told us, "I feel that I can decide how much support I have. I feel in control even though I am not living at home anymore" and, "I wasn't sure if it would suit me, but I am very glad I moved in. It is my home now."

Regular surveys enabled people to discuss the support they received and put forward suggestions for improvements. People told us they used to have resident meetings but no one attended, they said, we can talk to the staff at any time. One person said, "We asked for different meals and got them." Staff informed people about proposed improvements to the service and asked for feedback about any changes that had

been made. For example, updating the décor. People put forward a number of suggestions about colour schemes, one person said he had chosen the colour of his room which made it his.

Recent staff meeting minutes showed staff talked about people's needs and how best to support them. Staff were informed of any changes occurring at the service, any admissions expected and changes to staff. The deputy manager told us regular team meetings had taken place since the last inspection. Staff also confirmed they had regular meetings. At the last meeting they had discussed recent events and the passing of two people. This enabled staff to share how they felt and how they could support each other and the people in the service. One member of staff told us, "The staff meetings are really good, we can talk about anything but mostly about our residents" Another member of staff said the management style was supportive and helpful it was like, "A good place to work, has its challenges" and, "I love working here, can't think of anything to improve really ."

The registered manager notified CQC of significant events which had occurred in line with their legal obligations and these were recorded on our system.

The service attained the food hygiene rating of '5' on 30 May 2016. This is the highest level that can be achieved. The cook told us how they had worked to ensure high standards of cleanliness in the kitchen and food preparation practice.