

Mr B & Mrs R S Oozageer

# 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 is a residential care home that was providing accommodation and personal care to five people with mental health needs at the time of the inspection. The service can support up to eight people. Care was provided in one adapted building over two floors. At the time of the inspection, a new wing was in the process of being built, to provide additional updated accommodation for people using the service.

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

People using the service were very positive about the care and support staff provided and told us they were happy living at the service. For example, one person said, "It is homely; I am happy here, nothing could be better."

People felt safe at the service. They were cared for by staff who knew how to keep them safe and protect them from avoidable harm. Sufficient staff were available to meet people's needs and people told us when they needed assistance, staff responded promptly. People received their medicines regularly and systems were in place for the safe management and supply of medicines. Incidents and accidents were investigated and actions taken to prevent recurrence. The premises were clean and staff followed infection control and prevention procedures.

The service continued to be effective. People's needs were assessed and care was planned and delivered to meet legislation and good practice guidance. Care was delivered by staff who were well trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they were complimentary about the food provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were cared for by staff who were kind and showed empathy and understanding towards them. The atmosphere within the service was friendly and welcoming and staff were warm and considerate towards the people they cared for. Staff reviewed and agreed the care provided with each person on a regular basis. People's privacy was respected and their dignity maintained.

Staff were responsive to people's individual needs and wishes and had an in-depth knowledge about each person. Staff engaged with people very well and offered them choices on an ongoing basis. People had access to a range of activities and entertainment and told us they could decide what they wished to do and staff facilitated this. People's views and concerns were listened to and action was taken to improve the service as a result.

The service continued to be well led and benefitted from clear and consistent leadership. The registered manager was open and committed to continuous improvement of the service. People using the service and staff had confidence in the registered manager and said they were fair and treated equally. Processes were

in place to monitor some aspects of the service and the registered manager discussed with us additional audits they were planning to put into place to strengthen the monitoring of the quality of care provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 21 June 2017).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Genesis Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Genesis Residential Care 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information we had received about the service since our last inspection and sought feedback from the local authority.

We used this information to plan our inspection.

During the inspection-

We spoke with the five people using the service. We spoke with three members of staff including the registered manager and two care workers. We reviewed a range of records. This included two people's care records and all the medication records. We looked at a staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service were also reviewed.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe at the service. However, there was no readily accessible information on display for people and their relatives about recognising abuse and who to contact if they had a concern. The registered manager said they would ensure this was displayed and explained this was due to the temporary environmental changes and constraints during the re-development work.
- Staff were aware of the signs of abuse and actions they needed to take if they had a concern. They showed they were skilled at recognising when people felt unsafe and said they would have no hesitation in reporting any concerns or unsafe practice.
- Staff completed training on safeguarding vulnerable adults. The service had an identified member of staff who was the safeguarding ambassador for the service. They provided advice to staff when required and ensured all concerns were reported appropriately. They were responsible for cascading updated information and guidance to staff.

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risk assessments were completed to identify risks to people's health and safety, such as risks of falling, or risks associated with them accessing the community independently. Staff explained how they encouraged people to be as independent as possible, whilst keeping them safe. Each person's care plan provided information for staff about the support the person needed to reduce risks to their safety and develop their independent living skills.
- Each person had a personal emergency evacuation plan to provide information on their support needs if there was an emergency situation such as a fire, which required them to leave the building. These were up to date and reflective of people's current needs.

Staffing and recruitment

- People told us there were enough staff to support them safely and if they requested assistance, staff responded promptly. One person said, "There are always enough staff around to help if I need it."
- The registered manager explained how they adjusted the number of staff rostered on duty according to the number and dependency of people using the service and day to day activities planned for people. They also told us they rostered an additional member of staff on duty for the first few days after a person was admitted to the service, to ensure they were able to provide additional support as they were settling in and until they were fully conversant with the person's needs. Rotas showed staffing was consistent with the levels described by the manager.
- Processes were in place for the safe recruitment of staff. The registered manager completed the required

recruitment checks, to reduce the risk of staff being employed who were unsuitable to work with vulnerable people.

#### Using medicines safely

- People's medicines were managed safely. Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. Staff administered people's medicines safely and followed best practice guidance.
- An external pharmacist had completed a medicines audit earlier in the year and we saw that recommendations from this had mostly been addressed. We identified some liquid medicines were not labelled with the date of opening as required and medicines handwritten on the medicine administration charts were not signed by two people to ensure accuracy of transcription. The registered manager said they would speak with staff to ensure these issues were addressed going forward.
- People told us staff always remembered to give them their medicines at the same times each day. We observed staff asking people if they required any pain medicines and checking where the pain was, to enable them to administer prescribed pain relief.
- Staff completed regular medicines training and updates. For example, they had been provided with additional training earlier in the year when the pharmacy had moved to providing boxed medicines instead of individualised blister packs. Competency assessments or spot checks were completed by the registered manager.

#### Preventing and controlling infection

- The home was visibly clean at the time of the inspection and cleaning schedules were completed to ensure and demonstrate all parts of the service were cleaned regularly. The registered manager completed walk rounds to assess the cleanliness of the environment.
- Staff completed training in infection prevention and control and food hygiene. They were clear about their responsibilities when a person had an infection or in the event of an outbreak of infection. We observed them using personal protective clothing and equipment in line with requirements.

#### Learning lessons when things go wrong

- Staff said they were encouraged to report all incidents and accidents and records we reviewed were consistently completed. Staff were able to tell us of the actions taken following accidents and incidents, to reduce the risk of them happening in the future. For example, one person had moved to a ground floor bedroom following a fall. They had also been assessed by community healthcare staff and provided with a walking aid. Staff told us and records confirmed that staff had completed suicide awareness training following an incident where a person had tried to take their own life.



## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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 legislation and evidence based guidance. For example, the service used national guidance to assess whether bed rails could be used safely, to prevent a person falling out of bed. Staff identified positive outcomes for people in terms of increasing their confidence and independence. For example, a person who had been very withdrawn on admission to the service had developed their confidence and were now able to go to the local shops independently.
- People's oral health needs were considered and oral health care plans were in place for each person, that identified the support people needed to maintain oral health. People had access to a dentist and we saw evidence they visited the dentist for preventative care.

Staff support: induction, training, skills and experience

- People were supported by staff who were very experienced and knew them well. The service had a very low staff turnover and the registered manager told us the most recent recruit had started in the service over 18 months previously, although they were currently recruiting in readiness for expected increases in the number of people admitted, following the completion of the new accommodation. A thorough induction process was in place and the manager told us they worked alongside new recruits during their probation period to assess their knowledge and skills.
- Staff told us they were provided with regular training and if they identified a need for additional training this was provided. They said they discussed their training needs at their supervision sessions. The registered manager provided a training matrix which gave details of training completed by each member of staff each year and training planned for the current year, to ensure staff were able to attend update training.

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

- People were provided with a nutritious balanced diet. Staff knew people's preferences well and the menu was planned around these preferences. People told us they enjoyed the food. People said they were not provided with a choice; however, they could ask for an alternative if they did not want the planned meal. On the day of the inspection we observed people eating different meals according to their choice. Shortly before the meal, one person said they would prefer a different meal and staff accompanied them to the local supermarket to enable them to choose something for themselves.
- Staff monitored people's weight regularly. One person was obese and needed support to manage their

weight. They told us, and staff confirmed, they had discussed this with staff and their GP and had agreed a plan to manage their weight. This included, healthier options for sweets at lunchtime during the week and increases to their activities.

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

- People told us staff arranged for them to visit their GP when necessary. Staff were alert to signs of people's ill health and arranged for them to be seen by an appropriate professional when needed.
- People had access to a dentist and chiropodist regularly. Care records also showed people had access to other healthcare professionals and were referred for specialist services when needed.

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

- The environment was adapted to meet people's individual needs. It had a homely feel and was pleasantly decorated. However, some areas would have benefitted from refurbishment and at the time of the inspection, access to the outside space and some areas of the home were restricted due to the building works. Staff had made the most of the accommodation available and sealed off areas affected by the building works. For example, one bedroom was out of use and the access to the rear of the building was sealed off.
- People using the service and staff told us they would be moving into the new accommodation when it was completed and the current facilities would be refurbished. The new accommodation was adapted for people with mobility issues and had a lift to enable access to all parts of the building for everyone. However, the provider had not discussed the initial décor of the new build with people using the service and they had not been given the opportunity to contribute their views.
- People could leave the building freely during the day and had keys to their room when they wished. People's bedrooms contained personal possessions and were individually decorated.

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 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. At the time of the inspection all the people using the service had the capacity to make their own decisions. Care records contained consent forms signed by each person, giving their consent for care and treatment during their stay, consent to the sharing of information with other professionals and consent to the use of photographs within their care records.
- 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). There were no restrictions on people leaving the home as they wished and no DoLS applications were necessary. However, the registered manager was aware of the requirements.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Staff treated people with kindness and respect and had developed very positive relationships with the people they cared for. A member of staff said, "They are like family and we really miss them if they are not here." They also spoke about how a person loved to go out on day excursions with a local travel company and the enjoyment the person gained from them, which made it so worthwhile. Another member of staff spoke about the job satisfaction they gained from helping people to achieve things they wanted to. They said, "I love my job. When you make a difference for someone, it's your reward."
- People said staff were always helpful and supportive. One person said, "The staff are very good and they know us well." They said that it was rare for unfamiliar staff to be on duty and they appreciated the continuity provided by staff they knew well. People, clearly trusted staff and were very comfortable with them.

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

- We observed staff had good interpersonal skills and spent time with people, listening to them and encouraging them to express their views. A member of staff said, "You can tell when someone is anxious about something; if we spend time with them, they will talk to you and you can help them think through it."
- People said staff listened to them and discussed their care needs with them from time to time. Care records provided evidence that people's care needs had been reviewed with them and they had participated in decision making.

Respecting and promoting people's privacy, dignity and independence

- People told us they could spend time on their own if they wished and they were free to decide how they spent their time.
- We observed staff discreetly speaking to a person and taking them to change their clothes prior to lunch. We also observed staff promoted people's sense of self-worth by involving them in day to day tasks and then commenting positively on it. For example, one person clearly enjoyed the responsibility of going to the local newsagents each week, to buy people's regular magazines or newspapers and they spoke with us about it with a sense of pride.
- Staff told us of steps they took to protect people's privacy and dignity, such as knocking on their bedroom door before entering and checking people's wishes before providing care. We observed staff doing this during the inspection.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's care plans contained personalised information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They were reflective of people's current needs and included information about their personal preferences. Care records also contained an outline of the person's preferred routine which had been completed with the person.
- People said they were able to follow their own routine and they chose when they got up, went to bed and how they spent their day. They said they were free to go out into the local community if they wished and staff would accompany them if they needed some support. A person said staff looked after their cigarettes for them; they said, "If I want a cigarette, I just ask and they give me one; there's never any problem."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and details of any needs were recorded. People using the service at the time of the inspection did not have any specific additional communication needs; however, the registered manager said they considered each person individually and would provide any support they needed.

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's family were able to visit at any time, and some people had regular visits from family. Others had more occasional contact and staff said they facilitated people to keep in touch.
- On the day of the inspection, one person was being supported to go on a day trip on the river Trent. They said they liked to go on trips and they chose which ones they were interested in from the brochure and staff organised it for them.
- We noted there were no group activities during the inspection; people told us they didn't really like group activities and staff said they had tried to engage people in exercise groups or Tai Chi and other activities, but people were reluctant to take part. However, they enjoyed outings in the local community together, such as going for a pub lunch or afternoon tea. They said everyone had chosen to go to a rock tribute band event recently and all had loved it. They were given alternatives, but all had chosen to go to the same event.

Another person had been to watch a local football match. A person said they often chose to watch the television, however, that was their choice.

- People regularly visited the local shops and accessed facilities in the community such as the library. Staff told us the local traders knew people by name and welcomed them. No one currently using the service wished to attend church or other community groups, but these were available if they wished.

Improving care quality in response to complaints or concerns

- People told us they had no reason to complain. They said they were able to speak with staff about anything concerning them and staff supported them to resolve the issue. The service had received no complaints since the last inspection.

- People using the service and visitors were encouraged to make suggestions for improving the service. A suggestion box was placed centrally where it could be easily seen.

- We did not see any information within the service on how to make a complaint and any support people could obtain if they wished. The registered manager said they were planning to put up a noticeboard with complaints information, safeguarding information and advocacy services, when the building work was completed.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection. However, staff had explored people's preferences and choices in relation to end of life care and this was documented in advance care plans. A member of staff told us a person had not wanted to think about their end of life wishes. However, they had spent time with all the people together, speaking discussing why it was needed. They said after spending time with the person over a considerable period, they had become more willing to discuss their wishes; they had completed a funeral plan and had even chosen a spot in the cemetery close to one of their friends.

## 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 service was led by an enthusiastic and person centred registered manager. Staff echoed the commitment to person centred care and worked flexibly and collaboratively together, to enable them to respond to people's changing needs and wishes. Staff were open and honest and very willing to discuss how the service could be improved.
- The registered manager explained they were always open and honest when things went wrong and had a full discussion with the person affected and their relatives (with the person's permission). They were committed to completing a full investigation to identify learning and prevent recurrence.
- People told us they were very happy with the care and said their views were listened to. They were positive about the developments to the service and were looking forward to the completion of the new accommodation.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service.
- The provider had displayed the last CQC rating on their website and there was a link to the full CQC report. A copy of the report was also available in the entrance hall.
- Staff were also clear about their roles and responsibilities. The registered manager said they were proud of the staff team and how well they worked together, supporting each other.
- The registered manager monitored the quality of the service through walkabouts and regular reviews of documentation and the care provided. However, they agreed that formal audits could be further developed and identified audits they were starting to put into place to strengthen this and provide further evidence of quality monitoring.
- The provider visited the service on a monthly basis and the registered manager said they could contact the provider at any time if they required support or advice. The provider completed checks of the quality of care and the environment on their monthly visits, however, they did not formally document their findings.
- Notes of staff meetings showed there was a discussion of quality issues and outcomes of audits, training, medication issues, safeguarding, the staff rota, and the work programme along with updates about people

using the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to give their views about the service and through surveys, residents meetings and on a one to one basis. Notes of meetings showed a full range of topics were discussed including, the menus, activities and outings, care plan reviews, staffing and the environment. When people were not able to contribute to group discussions, staff spoke with them on a one to one basis. However, the provider had not consulted with people or staff about the décor and furnishings in the new development.
- People using the service and staff said that everyone was treated equally and fairly. They had the opportunity to discuss their diverse needs and these were catered for.
- Staff told us communication was good and handover records showed there was a discussion of each person and any changes were communicated.
- People felt part of the local village community. Staff told us they were recognised and welcomed by name in the local shops, library, hairdressers and pub. When one of the people using the service had died recently, local people went to the funeral.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The work on the new build had been continuous for approximately a year and the staff had worked hard to minimise the disruption for people and reduce the impact on them. As the work was nearing its conclusion, staff were enthusiastic about how the new environment would be used to improve people's experience and increase the accessibility of the service for a wider range of people with diverse needs.
- Although there was no formal action plan from audits, we were able to see that actions had been taken and improvements made in response to findings.