Genesis Housing Association

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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

Overall summary

Genesis Housing Association Limited provides a supported living service to people with learning disabilities, physical disabilities, mental health problems and dementia. The building is purpose built and consists of 65 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 time of this inspection people living in 43 of the flats needed support with medication and in 29 of the flats needed support with personal care.

There was a manager at the service who was in the process of becoming a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like

Summary of findings

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.

This inspection was unannounced and was carried out over two days on 21 and 24 October 2014. This was the first inspection to have taken place since the service first began to work with people.

People, family members and staff felt the manager was supportive and they would be able to approach them if they had concerns. Complaints were investigated and resolved in a way that was acceptable to people. People and their families were asked to give feedback on the service.

There were enough staff to provide support to people in a safe way and the service was in the process of recruiting a security person at night to ensure strangers were not let into building at night who might be a risk to people.

Each person had a detailed individual support plan which they helped put together. People were encouraged to do as much for themselves independently as they were able to. Detailed risk assessments were carried out to ensure people were able to participate in daily activities and go out as safely as possible.

Staff received regular training and were knowledgeable about their roles and responsibilities. However staff recognised that their work was complex working with a wide range of needs and told us they would benefit from more specialist knowledge.

People and family members thought the service was caring, that staff and the manager listened to them and that the service had improved greatly since the manager had joined the service.

Summary of findings

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.

Staff had received training in safeguarding and whistleblowing.

There were enough staff at the service to keep people safe.

The building was safe and secure. Maintenance records were up to date.

Detailed risk assessments were carried out which included plans to minimise risks whilst maintaining people's independence.

Medicines were stored securely and were managed by a small team of trained staff.

Good

Is the service effective?
The service was effective.

People were assisted by staff to access a range of activities including college and job coaching.

Staff had taken a wide range of training courses and there were plans for staff to take more specific courses.

People were supported with food shopping and planning menus.

Staff assisted people to make and attend appointments with health professionals.

Good

Is the service caring?
The service was caring.

Staff had developed good positive relationships with people and spoke to them in a supportive and patient way.

People told us the staff listened to them and were caring.

People were treated with respect and their independence, privacy and dignity were promoted.

People were involved in their care planning and were asked to consent to the care they received.

Good

Is the service responsive?
The service was responsive.

The service had a plan to respond to emergencies.

The service assisted people to arrange repairs in their flat and were looking at ways to improve the system further.

People and their families knew how to make a complaint.

Good

Is the service well-led?
The service was well-led.

There was a manager in the service who was in the process of becoming registered with CQC.

Good

Summary of findings

The manager was putting into action an improvement plan to increase the quality of service.

People and their families were asked for their opinions about the service through meetings and a quality survey.

Staff attended staff meetings in addition to team meetings with their co-ordinator. The manager met weekly with the co-ordinators.

Genesis Housing Association

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 21 and 24 October 2014. The inspection was carried out by two inspectors who were supported on the first day by an expert-by-experience. An expert-by- experience is a person who has personal experience of using or caring for someone who uses this type of service. Our expert had experience of caring for an older person with dementia and also had experience of working with younger people with support needs.

Before the inspection we reviewed notifications received at the Care Quality Commission (CQC). This was a new service which had not been inspected before. We also spoke to the local authority safeguarding team and commissioning team. We usually ask the provider to complete a Provider Information Return (PIR) before the inspection. 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. However, on this occasion, the provider was not asked to complete a PIR so we obtained this information during the inspection.

During the inspection we spoke with seven people who used the service, three family members, seven staff members, the manager and an external trainer. We observed care and support in communal areas, spoke with people in private and looked at care and management records. We reviewed five staff files and eight people's care records. We also reviewed training records, quality assurance records, policies, staff duty rotas and maintenance records.

Good

Is the service safe?

Our findings

The provider had effective procedures in place to ensure the safety of those using the service. We reviewed the training matrix and found that staff had received training in safeguarding adults during 2014. Staff were able to tell us about whistleblowing, how they could raise concerns confidentially and who they could speak to about concerns. However staff identified that they were not confident about safeguarding. We raised this with the manager who informed us they were aware of this and that they now had safeguarding as a standing item on the agenda for staff meetings in order to rectify this.

We reviewed the whistleblowing and safeguarding policies and found them to be comprehensive. The manager also told us the safeguarding policy was in the process of being rewritten to make the guidance clearer and when completed would be discussed in the staff meeting.

People we spoke with told us they felt safe with the care staff. One person told us, "I'm happy with all that." Another person said, "In case I have an accident, [staff support me] as I'm frightened of falling over." One family member told us they felt their relative "was very safe with the care staff." Another family member told us "I do feel [person] is safe here."

We saw risk assessments for people were clear and detailed. There was a risk assessment written for each scenario relevant to the individual. These covered, for example, risk of fire and burns, food poisoning, going missing, awareness of danger, medicines, abuse from others and aggression to themselves or others. Each risk assessment covered what the risk was, who was at risk and plans to reduce the risk. We saw evidence that risk assessments were reviewed every month and were updated and changed if circumstances and needs of a person changed. The care files we checked showed all risk assessments were updated during September 2014.

The service had appropriate systems in place to manage medicines. We reviewed the medicines policy which contained clear guidelines on the administration of medicines. We were told this policy was in the process of being reviewed to include guidelines for "pro re nata" (PRN) medicines. PRN medicines are those used as and when needed for specific situations. The service kept a register for controlled drugs which was dated, and double signed and we saw this was completed accurately.

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

Each person kept their medicines and medicine administration record (MAR) sheets in a locked cupboard inside their own flat. We reviewed the MAR sheets and found they were completed accurately. We saw it was recorded when a person refused medicines and this information was collated to present to the GP at medicine reviews. A member of the medicines team told us they are considering changing the supplying pharmacy to one that offers more in depth training and monitoring.

We noted that some medicines were administered to people by district nurses. We noted that all visitors including district nurses were required to sign in and out when they visited the building. However the service did not keep a record of district nurse visits in the medicines records when they came to administer medicines. This meant that this information could be overlooked when collating information for the GP at medicines reviews. We discussed this with the manager who agreed it would be a good idea for the service to record in the medicines records when the district nurse had visited to administer medicines.

At the time of our inspection, the reception area was in the process of being refurbished. The manager told us there was a plan to employ a night security person to enable people living in the service to feel safer. During our inspection, a contractor came to check the fire sprinklers in the building. We saw evidence the building's water supply was tested and the report for this on 12 June 2014 showed the water was free from legionella. The last electrical installation test had been carried out in August 2012 which is within the timescales for building regulations and no issues were identified.

Most people told us there were enough staff to support them. For example, one person said "they're always here if you want" and another person told us, "there seems to be [enough staff]." However one person told us "they should

Good

Is the service safe?

have more staff." Another person told us there was "not enough if people needed additional support." During the inspection we observed there were enough staff available to support people in communal areas and in their flat.

We checked the staff rota and saw that 15 staff were on duty during the day for each shift and five staff were on duty at night. We observed that this number of people were working during our inspection. We saw there were three co-ordinators who had responsibility of managing a staff team covering three floors each. The manager explained they were in the process of recruiting a floating co-ordinator who would cover any rota gaps and provide extra support where needed. There were also team leaders who deputised for their care co-ordinator.

We discussed staff numbers with the manager and asked how they were decided. The manager told us this was decided according to the care plans and number of support hours funded by the local authority for each person. The manager also explained that some people who needed additional hours received support from other agencies as agreed with the local authority. We confirmed this was the case when we checked care plans and spoke with the local authority commissioner. We found there were enough staff to meet people's needs.

Good

Is the service effective?

Our findings

We saw from people's care plans that people received one to one staff support to attend activities. Additionally, the provider organised communal activities to take place in the building which included cooking sessions, music therapy, natural product making and a knitting and sewing group. One person said "I go out with my worker. We go bingo." A family member told us staff helped her relative with activities such as going to college. We saw from the records that funding had been available for people to access the gym. This was discussed during one of the "customer" meetings and everybody attending this meeting said they wanted to make use of this funding.

We noted that people were enabled to do things for themselves. People told us they were able to choose whether to go out or stay in. One person told us they had a job coach who supported them to develop the skills and knowledge they might need to take on employment. Another person told us they had enrolled in college to take courses in computers and photography.

People were supported to plan their food menu and shopping list with staff and time was allocated for this in the care plans. The manager and staff confirmed that all grocery shopping is done through the internet which is then delivered to people's flats. People were also given the option of eating in the café during the day. We saw that a lot of people chose to eat lunch in the café because it gave them the chance to socialise with other people.

The provider stores information about staff recruitment electronically. We checked this information and found evidence that all staff employed had the right to work in the UK, had produced evidence of identification and had background checks to show they had no relevant criminal convictions. We confirmed that any gaps in employment were explained on the application forms and at least two references were obtained for each staff member before they began working in the service.

We reviewed the staff training matrix and saw staff had received a broad range of training during 2014 including first aid, safeguarding, food hygiene, autism and asperger's syndrome and challenging behaviour, dementia, mental capacity act and introduction to mental health. Staff we spoke with confirmed they had attended training but stated the training was too general and they would benefit from more specific detailed training for example, in autism.

We spoke with the trainer who told us that staff needed to move the theory into practice. This was confirmed when we raised this with the manager who told us the aim was to ensure staff understood and put into practice the basic training before they progressed to the next stage. The manager explained the service was complex because they worked with people with a wide range of needs. The provider was planning to introduce the National Vocational Qualification (NVQ) as part of training and development to ensure that staff are able to increase their knowledge and skills in care work.

The service had a "keyworker" system shared between the care co-ordinators and team leaders. A keyworker is a staff member who is responsible for overseeing the care a person receives and liaising with other professionals involved in a person's life.

Staff told us they had regular supervisions every month. We saw evidence of staff supervisions in the records. The manager explained that when they began working in the service, staff did not receive regular supervisions and this was one of the actions on the service's improvement plan. Topics discussed in supervisions included personal development, performance and people's care plans.

We discussed the Mental Capacity Act 2005 (MCA) with the manager and staff who detailed what this was. MCA is law protecting people who are unable to make decisions for themselves. The manager was able to demonstrate knowledge of the need to make an application to the Court of Protection for a decision to be made when a person lacks capacity to make relevant decisions. At the time of this inspection there was nobody using the service who was subject to a Court of Protection decision. However the manager explained they were in discussions with the local authority with regards to people with dementia using the service who may require a Court of Protection decision in the near future.

We saw from care records that people were assisted to access health services when they needed to. Contact details for other involved professionals were kept on the front sheet of people's care records so they were easily

Good

Is the service effective?

accessible to staff. Details of appointments with the outcome were recorded in the "significant visits report" section of the care files. These included appointments with the GP, dentist and hospital services.

Good

Is the service caring?

Our findings

Staff were seen to be caring and supportive to people throughout lunch and into the afternoon. Staff asked people what they wanted to eat and drink and where they wanted to have lunch. We observed staff sat and talked to people in the café during and after lunch and provided companionship whilst people watched television or socialised in the communal area.

We asked people if they felt staff listened to them. People told us "it's got a lot better", "they speak to you as a person now" and "they treat you as a human being." Everybody felt that staff were caring and said "yeah, they are actually", "they do anything for you" and "they're always here if you want."

We observed a member of staff assisting a person who had mistaken the room we were in for a bathroom. The staff member helped this person to find the right place in a positive and supportive manner. Another person was upset and became verbally and physically aggressive. We saw a staff member was able to calm this person down by gently talking to this person and accompanying them to their flat and stayed with them. It was clear that staff had developed good positive relationships with people.

Two family members told us that staff were caring and one said "they adore [relative]." Another family member told us "some staff are very good, spot on", but there were a few staff who were "laid back and lazy." We raised this with the manager who acknowledged awareness of some staff not performing well and explained that these staff were being closely monitored.

People told us their privacy was respected. One person said staff "always ring the bell." We observed staff knocked on people's door or rang their door bells when visiting their flats. People with mobility difficulties had made individual arrangements for carers to enter their flats such as knocking before entering and coming in when called. A family member felt that people's privacy and dignity was respected but told us that staff could improve by thinking about what personal care is needed without having to be asked.

People were involved in their care planning. We saw from care files that care plans were developed with the person, who gave their thoughts and wishes on each aspect of their care. This was then used to set goals and support needs for each area. Staff were able to give details about people's care needs. The manager was able to describe each person's background, details of previous placements and showed an understanding of their support needs.

People were encouraged to be as independent as possible. One person told us the service had helped them "to be independent by adapting the shower." Another person told us, "in the morning I have a shower and get dressed myself."

We saw from care records that people had signed forms giving their consent to their medicines being administered, to being weighed and to staff allowing access to their flat for repairs when the person is out.

Good

Is the service responsive?

Our findings

The occupants of each flat had a file which contained a basic profile, a copy of their housing application, tenancy agreement, welfare benefits and official letters and other documents to support them with their tenancy. People who needed assistance with aspects of personal care also had a care file.

We reviewed people's care files and found these to be comprehensive and detailed. These contained an information front sheet with details of next of kin, GP, health conditions and diagnoses, national health number, national insurance number and other professionals involved. Each file contained a service agreement which detailed number of support hours provided and funding arrangements.

There were independent support plans which were divided into several different sections including a summary of the support plan, weekly independent living support activities and contact with family, friends and relationships. The support plans detailed individual likes and dislikes, described long term goals and how the person would be assisted to work towards achieving these.

The support plans also detailed how the person wanted their personal care to be delivered and the person's ability was rated for each area which enabled staff to know how much assistance to offer.

There were assessments for every part of life in each person's file including community life and leisure, education, work and health and well-being.

We also saw evidence that people had a review of their needs carried out by the local authority within the last year. The manager confirmed that if a change in a person's need was identified, they would contact the local authority to ask for an early review so that the care plan and hours could be adjusted accordingly.

The service had an on-call system operating so that staff could get managerial support if needed outside of office hours. There was a system for reporting repairs. The manager showed us that repairs were logged in a book and reported to the housing officer who was responsible for arranging the repairs. The co-ordinators and housing officer checked and monitored the status of repairs and signed them off in the book when completed. The manager explained that the system of assisting people to deal with repairs was not working as efficiently and quickly as they would like. There was a plan to introduce a system with a new contracted maintenance company having the responsibility for repairs which was hoped to be more satisfactory.

People knew how to make a complaint. Some people said they would speak to the staff in the office and others said they would speak with the manager. One person said "put it in writing and make it official." Another person said they did not need to make a complaint, "I don't know what I've got to complain about." We saw there was a complaints policy which was clear and detailed.

We reviewed the complaints log and saw this showed the date of complaint, details of the complaint, resolution and date of resolution. We noted that a few people had recently complained they were waiting too long for their call bell to be answered. At this time, the manager did not have a system for monitoring call bell response times when they were not present in the building. The resolution to this was the provider agreed to fund the installation of a call bell monitoring system so that the manager could obtain print-outs of response times. People were informed that this was happening and they were happy with the solution. At the time of this inspection, this system had just been installed so the manager was yet to analyse response times.

We saw that one person complained several times that they were not receiving assistance with keeping their flat clean. The manager investigated and found when staff tried to offer support with cleaning, they were being refused entry. The manager explained as this was an on-going situation, they were keeping a record of all refusals and a meeting was planned with the social worker to try to find a resolution.

Family members told us they knew how to make a complaint and one of them said they had done so in the past about their relative's washing when a staff member had ruined expensive clothes. The family member said this situation had been resolved quickly and the staff member was no longer working in the service.

Good

Is the service well-led?

Our findings

There was a manager in position who was going through the process of becoming registered with CQC. The manager explained that when they began working in the service their remit was to put into action a plan to further improve the quality of the service. We checked this plan and saw that a substantial amount had been achieved and that the rest was in process. An example of an action that had been completed was the process of managing medicines was reviewed and changed to ensure people got the right medicines at the right time. Another example of a completed action was targets were set for supervisions and a standard template was introduced to record these meetings.

The manager told us they spent their first few weeks at the service assessing the performance of staff which included unannounced night visits. The service had been operating entirely with agency staff when it was first opened. The manager explained that the agency staff who were performing well were encouraged to apply for permanent positions. We asked if staff had annual appraisals and the manager informed us that there was an appraisal plan in place but nobody had yet been in post for a full year.

The manager said they held meetings with co-ordinators and the frequency of this was changed from 2 weekly to weekly briefs in order for her to closely monitor the service. This was confirmed when we spoke with the co-ordinators. We reviewed the records of these meetings and found the most recent meeting on 7 October 2014 covered safeguarding, complaints and Christmas.

The manager told us the co-ordinators met with their staff team every month and there was a full staff meeting every two months. Staff and records confirmed this was the case. We saw the topics covered in the staff meeting held on 24 July 2014 included staff communication with people and relatives, working practices and the café service.

We saw from the records that meetings were held for people using the service every 4 to 6 weeks. The manager explained that the frequency of these meetings was dictated by the "customer" and that family members were invited to join these meetings. The topics covered at the most recent meeting on 9 September 2014 included complaints, safeguarding and refurbishment of the reception area.

People told us the manager was approachable and "I think [manager] will listen." One person told us "I'm impressed with their train of thought." Two family members said they felt comfortable talking to the manager about any concerns or ideas and that since the new manager had come "I've seen a vast improvement" and "it's a lot better, it has improved immensely." Another family member told us the service was well managed and they had developed a good relationship with the deputy manager.

Staff told us they would be able to go to the manager, who was supportive, if they had any concerns. One staff member told us "the manager is approachable, person-centred, fulfilling and making people happy." Another staff member told us the "organisation is supportive" and they would be happy to raise concerns with the care co-ordinators.

The service had a system in place to capture the views of people using the service. We saw a sample of "customer" feedback questionnaires for 2014. One person had said they were "very happy" with the service. Another person said they wanted a new bed. We saw the service had taken appropriate action and assisted this person to buy a new bed. Other people had indicated they would like more variety of food on offer in the café. The outcome of this was the manager had met with the chef and put a plan in place to include more choices of food.

The manager told us the provider had a system of annual staff nominations for staff who perform exceptionally well. The manager said they were considering the introduction of "staff of the month," to show recognition of good staff performance and encourage other staff to follow by example.