

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 

Overall summary

This was an unannounced inspection carried out on 14 April 2015.

Genesis Residential Home provides accommodation for up to eight people who live with special mental health needs. There were seven people living in the service at the time of our inspection.

There was a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make

Summary of findings

decisions and where it is considered necessary to restrict their freedom in some way. This is usually to protect themselves. At the time of our inspection no one was being deprived of their liberty.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. Staff helped people to adopt a positive approach to taking reasonable risks while at the same time helping them to avoid having accidents. People's medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had been supported to assist people in the right way including helping them to eat and drink enough to stay well. People had received all of the healthcare assistance they needed. People's rights were protected because the Mental Capacity Act 2005 Code of Practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the support they needed including people who needed special support to reduce the risk of them becoming distressed. People were consulted about their support, were helped to maintain family contacts and were supported to celebrate their diversity. There was a system for handling and resolving complaints.

People had been consulted about the development of the service and quality checks had been completed. The service was run in an open and inclusive way and people had benefited from staff receiving good practice guidance.

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 knew how to recognise and report any concerns in order to keep people safe from harm.

People were helped to manage risks to promote their independence while reducing the risk of avoidable accidents.

There were enough staff on duty to give people the support they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had been supported to provide the right care.

People were helped to eat and drink enough to stay well.

People had received all the medical attention they needed.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy, acknowledged their citizenship and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

Staff had provided people with all the support they needed including people who could become distressed.

People had been consulted about their support, were assisted to maintain family contacts and were helped to pursue hobbies and interests.

People were supported to make choices and to celebrate the diversity of their life histories.

There was a system to receive and handle complaints or concerns.

Good



Is the service well-led?

The service was well-led.

People had been asked for their opinions about the service and quality checks had been completed.

Good



Summary of findings

There was a registered manager and staff were well supported. People had benefited from staff receiving good practice guidance.	
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Genesis Residential 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 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.

We visited the service on 14 April 2015. The inspection was unannounced. The inspection was completed by a single inspector.

During the inspection we spoke with five people who lived in the service, three support workers and the registered manager. We observed support being provided in communal areas and looked at the support records for three people. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

Before our inspection we reviewed notifications of incidents that the registered persons had sent us since the last inspection.

After our inspection we contacted commissioners of the service to obtain their views about how well Genesis Residential Home was meeting people's needs.

Is the service safe?

Our findings

People said that they felt safe living in the service. We saw that people were relaxed in the company of staff and were confident about going into the office when they wanted a chat or to ask for something. A person said, "Yes, the staff are good enough and dead kind. I like having them around."

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They said that they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that since our last inspection, the registered manager had responded correctly to a minor concern that had come to his attention. This had involved informing the local safeguarding authority, investigating and concluding the matter.

People had been supported to take reasonable risks so that they could lead full lives of their choosing. For example, people had been supported to safely access the local community in order to do their shopping. This had involved staff helping people to find their way around the local neighbourhood and giving them the confidence they needed to go out on their own. In addition, staff had helped people to avoid unnecessary accidents when at home. For example, some people were helped to manage their cigarettes so that they did not create a fire risk.

Registered persons have to inform us of important events that take place in their service. The records we hold about this service showed that the registered persons had told us about any concerning incidents. We saw that when accidents or near misses had occurred they had been analysed and steps had been taken to help prevent them from happening again.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training. We noted that they correctly followed the registered persons' written guidance to make sure that people were given the right medicines at the right times.

Background checks had been completed for new staff before they were appointed. These checks included confirming with the Disclosure and Barring Service that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

The registered persons had established how many staff needed to be on duty to meet people's support needs. We saw that there were enough staff on duty at the time of our inspection. This was because people were given individual attention and received all of the support they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover that the registered persons said was necessary. People who lived in the service and staff said that there were enough staff on duty to meet people's care needs. A person said, "The staff are always around and they give me whatever help I need."

Is the service effective?

Our findings

Staff had regularly met with the registered manager to review their work and to plan for their professional development. We saw that support workers had been enabled to obtain a nationally recognised qualification in providing social care. In addition, records showed that staff had received training in key subjects including how to support people who lived with special mental health needs, first aid and food hygiene.

The registered manager said that all of these measures were necessary to confirm that staff were competent to support people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, staff were aware of how important it was for some people to follow their particular chosen routines that helped them to avoid potentially stressful situations. Another example we saw was the way in which staff correctly followed good hygiene practices when working in the kitchen so that people were protected from the risk of acquiring an infection.

People were provided with enough to eat and drink. Staff tactfully checked how much people were eating and drinking to make sure that they had enough nutrition and hydration to support their good health. We noted that staff had given assistance and encouragement to people so that they benefited from having a healthy and balanced diet. A

person said, “The staff do remind me to avoid too many sugary foods and they suggest alternatives which is good because without their help I just eat the wrong stuff.” In addition, people were offered the opportunity to have their body weight checked to identify any significant changes that might need to be referred to a healthcare professional. Records showed that staff had supported a person so that they could lose some weight and promote their good health.

People had been supported to receive a range of healthcare services. This included having consultations with their family doctor when they were unwell and seeing consultants who responded to their special needs. A person said, “The staff do what they can to get me to go the doctor or the dentist when I need it although I’m never that fussed to go really.”

The registered manager and staff were knowledgeable about the Mental Capacity Act 2005. This had enabled them to protect the rights of people who were not able to make their own decisions. This included consulting with relatives and other representatives to help people make decisions that were right for them.

The registered manager was knowledgeable about the Deprivation of Liberty Safeguards. They had taken the necessary steps to ensure the service did not place unlawful restrictions on people who lived there.

Is the service caring?

Our findings

People were positive about the quality of care provided in the service. A person said, “I get on well with the staff, they’re kind to me and I feel okay about them”. Another person who had special communication needs pointed to a passing member of staff, smiled and saluted in an appreciative way.

We saw that people were treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when providing support to people. We saw that staff took the time to speak with people as they supported them. We observed a lot of positive interactions and saw that these supported people’s wellbeing. For example, we noted that a person had asked staff to hold their cigarettes for them so that they didn’t run out. We saw how when they came to the office to collect a cigarette staff reminded them to make sure that they were dressed warmly before going to the outside smoking shelter.

Staff were knowledgeable about the support people required, assumed that people had the ability to make their own decisions and gave them choices in a way they could understand. They also gave people the time to express their wishes and respected the decisions they made. For example, a person who had chosen not to complete their normal personal hygiene tasks was discreetly asked if they had forgotten and wanted any help to get them done.

Some people who could not easily express their wishes did not have family or friends to support them to make decisions about their care. The service had links to local advocacy services to support these people if they required assistance. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Staff recognised the importance of not intruding into people’s private space. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal lounges. Bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care. People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so.

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. For example, we noted that staff did not discuss information relating to any of the people who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

Each person had a written plan that described the support they needed and wanted to receive. People had been invited to meet with staff to review the support they received to make sure that it continued to meet their needs and wishes. A person said, “I have a chat with staff every day about stuff and every now and then we have a sit down and talk about stuff in more detail. That’s enough talking for me.”

People said that staff provided them with all of the practical everyday assistance they needed. This included support with everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, people were helped to get their laundry done, manage their money and respond to any correspondence they received.

Staff were able to effectively support people who could become distressed. We saw that when a person was at risk of becoming distressed, staff followed the guidance described in the person’s care plan and reassured them. They noticed that the person was becoming concerned about managing their money and reassured them that they would be accompanied to the bank so that they could withdraw the funds they needed.

People were consulted about the meals they wanted to have and there was a choice of a dish at each meal time. Everyone said that they liked their meals. A person said, “I’ve no problem at all with the meals which are very good and the staff know what sort of grub we want and what we don’t like.”

Staff were knowledgeable about the people living in the service and the things that were important to them in their lives. People’s care records included information about

their life before they came to live in the service. Staff knew this information and used this to engage people in conversation, talking about their family members, where they lived and the jobs they had done.

Staff understood the importance of promoting equality and diversity in the service. They had been provided with written guidance and they had put this into action. People had been supported to meet their spiritual needs and to value their personal histories. For example, staff had supported a person to visit a relative’s grave in order to pay their respects. Another example was that arrangements had been made to ensure that a person only received close personal care from a member of staff who was the same gender as them. All of these measures helped to ensure that people received support that respected their diverse needs.

Staff had supported people to pursue their interests and hobbies. Some people chose to be supported by staff to access community resources including visiting places of interest. However, staff also understood that other people needed to promote their mental health by spending most of their time at home where they could be quiet and relaxed.

People said that they would be confident speaking to the registered manager or a member of staff if they had any complaints or concerns about the support provided. A person said, “I’ve never really had anything to complain about but if there was I’d just have a word with the staff and they’d be fine about it.”

Each person who lived in the service had received a document that explained how they could make a complaint. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any complaints since our last inspection.

Is the service well-led?

Our findings

People who lived in the service were asked for their views about their home. In addition to speaking with staff as part of everyday life, they were actively supported to comment on their home when they reviewed their support plan. A person said, “I don’t want any other meetings like house meetings with everyone there, that would be too much for me.”

The registered persons had regularly completed quality audits to ensure that people reliably received all of the support they needed. These checks included making sure that care plans were up to date, medicines were safely managed and that the accommodation remained in a good condition.

People knew who the registered manager was and said that they were helpful. We noted that the registered manager was actively involved in providing people with support and consequently had a very good knowledge of the help each person was receiving. They also knew about important points of detail such as which members of staff were on duty and which tasks they were going to complete. This level of knowledge helped the registered manager to run the service effectively so that people could be supported in the right way.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. There was a named senior person in

charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person’s support. In addition, there were periodic staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to support people in a responsive and effective way.

There was open and inclusive approach to running the service. Staff said that they were well supported by the registered manager. They were confident that they could speak to the registered manager if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

In addition to these measures, people had benefited from the registered persons contributing to good practice initiatives. These included working with partner agencies to develop good systems for promoting good standards of hygiene and for preventing infection. Another initiative had involved the registered persons subscribing to a nationally accredited scheme that promoted the importance of staff training to enable staff to work in an effective way. These arrangements had helped to ensure that people received support that was enriched by regional and national good practice guidance.