

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:
26 November 2020

Date of publication:
23 December 2020

Ratings

Overall rating for this service	Inspected but not rated
---------------------------------	-------------------------

Is the service safe?	Inspected but not rated
----------------------	-------------------------

Is the service well-led?	Inspected but not rated
--------------------------	-------------------------

Summary of findings

Overall summary

About the service

Gensing rest home is a residential care home providing personal care for up to 17 people. People using the service were younger and older adults with either physical or mental health needs and people living with alcohol and substance misuse issues. 12 people were living at the home at the time of the inspection.

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

People told us they felt safe and were protected from harm. Safeguarding, accidents and incidents had been reported and any learning shared with all staff. Staff training was up to date and staff told us they knew how to deal with and report any issues. Care plans were in the process of being updated which included reference to up to date risk assessments.

We found some minor issues with medicines for example, staff signing for self-administered medicines, no protocol for dealing with refused medicines and the medicine fridge was set to the wrong temperature. The manager rectified all of these issues. Medicines were obtained correctly and there were enough staff trained in administering medicines. We saw a separate protocol for 'as required' medicines. We have made a recommendation about the management of medicines.

Infection prevention and control (IPC) was managed well with guidelines being followed. PPE, staff and resident testing protocols were all in place and an updated IPC policy was in place.

At the time of the inspection the management of the service was in the process of changing. The care manager was acting as registered manager and had taken overall responsibility for the service and was in the process of updating auditing processes and care plans. The care manager was confident in reporting processes and knew who to get support from if needed. Staff and people spoke highly of the care manager.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 February 2018)

Why we inspected

We undertook this targeted inspection to check on a specific concern we had about safeguarding, medicine management and management oversight. The overall rating for the service has not changed following this targeted inspection and remains good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

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?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Gensing Rest 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. This was a targeted inspection due to concerns we had about people's safety and care needs being met and the governance framework to support people and staff. These concerns included staff knowledge and reporting of safeguarding, safe provision of medicines and management of errors. The governance of the service, management oversight of staff and auditing.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Gensing rest home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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. Unfortunately due to unforeseen circumstances the registered manager was not able to attend the inspection and so the care manager took the lead.

Notice of inspection

We gave a short period of notice of the inspection. This was because of the COVID-19 pandemic. We wanted to be sure that appropriate infection prevention and control measures were in place before visiting the service.

What we did before the inspection

Before the inspection we reviewed the information we held about the service and the service provider. We sought feedback from the local authority and healthcare professionals that are involved in the service. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our 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.

Due to the COVID-19 pandemic we needed to limit the time we spent at the home. This was to reduce the risk of transmitting any infection. Therefore, we called the manager immediately before entering the service and discussed how we would safely manage the inspection. We also wanted to clarify the providers infection control procedures to make sure we worked in line with their guidance.

During the inspection

We spoke to four people who used the service. We spoke with seven members of staff including the care manager. We spent a short time in the service which allowed us to safely look at different areas of the home and to meet people and staff whilst observing social distancing guidelines. It also gave us an opportunity to observe staff interactions with people. We reviewed a range of records including safeguarding, accidents and incidents, complaints and support plans.

After the inspection

To minimise the time in the service, we asked the manager to send some records for us to review remotely. These included policies and procedures relating to the management of the service. We continued to seek clarification from the manager to validate evidence found.

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. We have not rated this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's safety and care needs being met. We will assess all of the key question at the next comprehensive inspection of the service.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "I feel safe here, I wouldn't stay otherwise." Another said, "The night staff are good, they always look in when you're poorly."
- We were shown policy documents relating to safeguarding and accident and incident reporting. Separate files were kept for each area with details of the issues and the outcome and resolution. Learning points were shared with staff and policies had been updated following specific issues. For example, following an incident where a resident could not gain access to the home late at night, the manager had put in place a booking in and out form, introduced a midnight curfew and had developed a process of alerting the police if people had not returned home. This was achieved with the consent of people.
- Staff knew what steps to take if they found risks or a situation they were not happy with. Staff had received training in safeguarding and managing risk. A staff member said, "I would tell the manager and if needed I'd call the police and CQC." Another told us, "I've raised issues in the past and they are always dealt with and I'm told the outcome."
- The manager was in the process of updating care plans. The older system involved very large files containing a lot of historic information not relevant to people's current care needs. The new system had risk assessments tailored to individuals for example, sections of falls risks and oral hygiene. The new plans made it easier for staff to quickly identify and assess people's care and support needs. This was a work in progress and not all risk assessments had been updated. Staff knew people well however and there was no impact on any of the residents
- Staff were aware of the home whistleblowing policy and told us they would not hesitate to use the process if needed. Whistleblowing provides anonymity to anyone raising issues who does not want to be identified.

Using medicines safely

- Some people were self-administering medicines. The staff were signing the medication administration record (MAR) in these cases and this was brought to the attention of the manager who agreed to take immediate steps to modify the MAR records to reflect when medicines were self-administered. We spoke to staff who acknowledged this issue and changes were straight away put in place. Similarly we recommended adding photographs of people to their MAR records. More information was needed of people's allergies and a protocol for managing when medicines were refused. Staff were aware of what action to take and knew people well but records needed to be clearer.
- The medication fridge was set at the wrong temperature but this was immediately rectified. Controlled drugs were being used but had not been entered onto a controlled drug register. The manager

acknowledged these shortfalls and took immediate steps to change. Staff responsible for administering medicines also understood the need for a controlled drug register.

- Staff were trained in providing and managing medicines and had regular competency checks. Staff described medicine rounds and the process they went through and the completion of MAR. Any errors were dealt with in line with medicine protocols. A staff member said, "I'd report any error to the manager straight away and make a clear entry on the MAR chart."
- Medicines were being ordered safely and a system of returning unused or spoilt medicines was in place.
- Some people were prescribed 'as required' (PRN) medicines. People took these only when needed, for example, for pain relief. A separate protocol was in place to inform staff why and when these medicines might be needed.
- We made a recommendation that the provider refers to the current guidance regarding the safe storage of medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. Only professionals had visited during the pandemic. All wore PPE and observed social distancing.
- We were assured that the provider was meeting shielding and social distancing rules. No one had tested positive for the virus but guidelines were in place for isolating and shielding if required.
- We were assured that the provider was admitting people safely to the service. Two new people had moved to the service since the beginning of the pandemic. Both had required two clear tests before admission and then kept in isolation for 14 days.
- We were assured that the provider was using PPE effectively and safely. Staff wore masks all of the time and full PPE when providing personal care or serving food.
- We were assured that the provider was accessing testing for people using the service and staff. Staff were tested weekly and residents every 28 days.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. The home employed a full time cleaner and effective cleaning products were used. A room was being redecorated for use as an isolation room.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Staff only worked at Gensing. One regular agency staff was employed exclusively to the home. The building layout meant that zoning would be possible if required.
- We were assured that the provider's infection prevention and control policy was up to date.

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. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on specific concerns we had about people's safety and care needs being met and the governance framework of the service to support people and staff. We will assess all of the key question at the next comprehensive inspection of the service.

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

- The care manager was acting as registered manager at the time of the inspection and had taken overall responsibility for the service. During this transition some oversight had been affected in that several audits had not been completed. Care plans were in the process of being updated but this was in the very early stages. We were given assurances by the manager that work was ongoing and audits and updates would be completed as a priority.
- We were shown a complaints book that had no new entries made for several years. The manager told us that there had been no complaints made and that minor issues were dealt with but not recorded. We suggested that even minor incidents should be recorded so that trends or recurrences could be picked up and any learning taken forward. A person told us, "On odd occasions things happen but there're always sorted out."
- Managers have a legal obligation to inform CQC of significant events that occur at their service. Few had been received from the service but we were shown files that contained details of events that had been considered for submission and had been correctly submitted when required. The manager was aware of their obligation and knew the process to follow.
- The manager had worked at the home for many years and knew the staff and people well. The manager and provider often visited the home to speak to and support the night staff. A member of staff told us, "When we work nights the manager will nearly always call us and sometimes pop in." Another said, "We know we can call the managers anytime, even during the night if there is an issue."
- All staff we spoke to told us that the managers were approachable and supportive.
- The manager kept up to date with government guidelines relating to the pandemic and to local developments in adult social care by monitoring local authority and CQC websites and bulletins.