

Mr & Mrs J Bryant

# Genesis Residential Care Home Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

Genesis Residential Care Home Limited is registered to provide care and support for up to seven adults with a learning difficulty. At the time of our visit the service was providing care for three people.

The service registered with the CQC on 02 December 2010. During our inspection the registered manager informed us that they were considering changing their registration to reflect the lower numbers of people that it was providing care for.

The service is required to have a registered manager in post. 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.

People were not always safe in the home as the registered manager had not assessed all the factors that might pose a risk to people. However, staff had a good understanding of safeguarding and knew what constituted abuse. Most risk assessments were clear and detailed and reviewed regularly. Staff acted in accordance with the guidance and protocols that were in place to help reduce the risks for people.

Medicines were administered, stored and managed safely and appropriately and people received their medicines on time and in the manner the prescriber intended.

Staffing levels were sufficient to meet people's needs appropriately and the staff on duty had the skills and knowledge to support people effectively and meet their needs in a timely manner. However, some training was in need of refreshing.

Appropriate and safe recruitment practices were followed, to ensure staff were suitable to work with people in a care environment. Staff received support from the manager which included supervisions and appraisals.

The CQC is required to monitor the Mental Capacity Act (MCA) 2005 Deprivation of Liberty Safeguards (DoLS) and report on what we find. The manager and quality assurance officer ensured the service operated in accordance with the MCA and DoLS procedures. Staff also demonstrated a clear understanding of the MCA, DoLS, capacity and consent. People were able to make their own decisions and choices as much as possible.

People received enough food and drink to meet their individual needs and staff had a good understanding and knowledge of people's dietary needs. Prompt referrals were made to healthcare professionals as needed and any advice or guidance given was followed appropriately by staff.

People were involved in planning and reviewing their own care and staff appropriately supported people,

when necessary, to make informed choices for themselves. The staff were kind, caring and compassionate. People were treated with dignity and respect and their privacy was upheld. People were also supported to do as much for themselves as possible, in order to enhance and maintain their independence.

People pursued hobbies and activities of their choice, which helped enhance their overall wellbeing. Visitors were welcome without restrictions and people were supported to form and maintain personal relationships. People were listened to and any complaints were fully investigated and actions taken to improve the quality of care provided. Staff and people living in the home could be involved in making decisions on how the home was run.

Record keeping and management systems were in good order, with effective auditing and follow up procedures in place. Environmental audits were regularly maintained and up to date.

## 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 not always safe.

That service had not assessed all factors that may have put people at risk of harm.

Staff had received training in safeguarding to recognise when people might be at risk of abuse.

Recruitment procedures ensured that staff were suitable to care for vulnerable people and there were sufficient staff deployed to meet people's needs.

Medicines were stored safely, their administration was recorded appropriately and people received them as intended by the prescriber.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Staff training was not all up to date

The service was compliant with the Mental Capacity Act.

People had sufficient amounts to eat and drink and were given choices for their meals.

People had access to health care services when they needed.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People were supported by staff who were kind, caring and patient and who had a good knowledge of the needs of the people using the service.

People were involved in planning their care.

People had their dignity and privacy respected and promoted by the service.

**Good** ●

### Is the service responsive?

Good 

The service was responsive

The service had gained detailed information about people's personal histories to provide personalised care.

People were able to enjoy their preferred leisure activities

Complaints were responded to appropriately.

### Is the service well-led?

Requires Improvement 

The service was not always well led.

The registered manager did not have sufficient overview of staff training needs.

People and staff were able to express their views to the registered manager and felt listened to.

The registered manager had good auditing systems for monitoring the physical environment of the service.

# Genesis Residential Care Home Limited

## **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 registered persons were 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.

Before our inspection, the provider completed a Provider Information Return (PIR). 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.

We also looked at other information we held about the service, including any statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We visited the service on 17 and 23 March 2016. The inspection was unannounced and carried out by one inspector.

During the inspection we spoke with 2 people who used the service to obtain their views about how well the service was meeting people's needs. We spoke with the registered manager and two members of staff. We also spoke to the local authority quality assurance team and safeguarding team to gain their views about the service.

een, to gather information during the inspection; for example people who use the service, staff, relatives, health care professionals, commissioners and so on.

# Is the service safe?

## Our findings

The registered manager told us that they were using the property next to Genesis, which they also owned, as a supported living facility for people with mental health problems and substance misuse issues. The people using the supported living service living were able to access Genesis freely. We were told that they would only do this if they needed to find the registered manager. However, this meant that people living at Genesis could be subject to unknown and unassessed people entering their home without supervision or permission.

The registered manager had not completed any risk assessments in respect of the people using the supported living service to protect the people living in Genesis. Additionally, they had not explored whether the supported living venture should be a registered activity. This showed us that the service had not considered all the risks for people living at Genesis. However, when this was pointed out, the registered manager made enquiries into whether the supported living arrangement needed to be registered and completed risk assessments around the people using that part of the service.

People were supported from the risk of harm by staff who were well trained in recognising the signs of abuse. The registered manager told us that the training was due to be refreshed soon and we saw records to back this up. The staff we spoke with told us that they would speak to the manager or the police if they suspected someone living in the home was suffering or at risk of suffering abuse.

Staff had received some training in safeguarding although this was not recently. The manager informed us that some staff were due to have their training refreshed in the near future. Staff had received training in first aid and fire safety and were confident that they would be able to respond appropriately to emergency situations.

People told us that they felt safe. One person told us that if they were worried about anything they would speak to a member of staff. One person living in the home enjoyed going out on their own and we saw that risk assessments had been recorded to reflect any perceived dangers the person might encounter in the community. We saw risk assessments in the care plan files for all the people living in the home. These risk assessments were robust and covered areas where the respective person might encounter risk such as mobility, self medication and medical issues specific to the individual. We noted that these risks had been regularly reviewed to ensure that they reflected the current situation for the person concerned.

The service ensured that there were sufficient numbers of staff available to meet the needs of the people living there. A member of the care staff was on duty at all times and the manager was available if needed. The manager lived nearby and was able to support staff if needed, even out of office hours. Staff told us that they supported each other to cover shifts and the manager showed us that holiday cover requirements were put in the office diary and staff picked up the shifts they could work.

Staff had received training in medicines administration. We saw records of this in the staff files and the staff we spoke with demonstrated their understanding of how to administer medicines safely. We saw the

medicines administration records (MAR) charts and these had been fully completed. As a result we were confident that people living in the home were receiving their medicines safely and as the prescriber had intended. We saw that medicines were stored safely in line with current legislation



## Is the service effective?

### Our findings

The staff did not always have the knowledge to support people's needs. Staff had received some training but it was acknowledged by the manager that some areas had been neglected. The manager assured us that this would be rectified as soon as possible. On the second day of our inspection the registered manager showed us their plans for how the deficiencies in training were to be rectified.

An example of the lack of training in some areas was that one person had occasional mobility problems and had fallen over. However, the staff had not had any moving and handling training and had to rely on the attending paramedic to support the person. The manager told us that they were aware of this shortfall in the staff training now but had not felt that there had been a need for this before. They assured us that since the need had been identified, the training would be sought and provided. A stair lift had been provided for the person although they refused to use it. As a result, and with the person's input, the home had decided to create a bedroom downstairs in order that the risks associated with using the stairs was eliminated for them.

Staff had many of the skills to meet the needs, preferences and choices of the people living in the home. Staff told us that they had received an appropriate induction when they started working at the home. All the staff we spoke with had worked at the home for some considerable time. We saw that the staff spoke with people respectfully and clearly knew them very well. One person told us how one member of staff prepared a range of meals for them that met their health needs. The person was involved in the preparation of the meals and was able to express their choice of what was prepared. The meals were then frozen and the person was able to choose which one they wanted on any particular day. Staff demonstrated how they communicated effectively with the people at the home. They took their time to speak with people using an approach and language that was the most appropriate for each individual.

One person living in the home was reported to exhibit behaviours that may challenge others. Staff told us how they would approach this to ensure that the person, other people living in the home and staff were kept safe. There was clear guidance in their care plan around how to manage the behaviours.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

One person was subject to a DoLS application. We saw that a mental capacity assessment had been carried

out in respect of this. This assured us that the home and staff understood the implications of the Mental Capacity Act and were compliant with it.

We observed staff seeking consent from people before they commenced care tasks. One person told us that they could go out whenever they wanted.

People living in the home were able to access health care whenever they needed it. One person told us that the staff would support them to go to see their GP or they could go on their own. The people living in the home were all registered with a local GP practice.

## Is the service caring?

### Our findings

People told us that they were happy living at Genesis. One person told us, "I love living here, lovely staff". We observed staff sitting with people who lived at the home. At one point a staff member sat with one of the people and they did some knitting together. The person told us that they really enjoyed this pastime with the carer.

People told us that the staff always had time for them and that they felt listened to. One person told us, "I feel listened to". The registered manager told us that they did not hold regular meetings for the people living in the home. However, they gained the views of the people by sitting with them each evening and discussing issues in a relaxed situation. The manager explained that as there were only three people living in the home, they felt that this was a better way to gain people's views. We observed the interactions between staff and one person and noted that they were respectful and caring. The member of staff offered friendly advice to the person about their knitting and then they both chatted.

One person's relatives and a friend regularly visited them. There were no restrictions on these visits. A risk assessment regarding the friend who visited this person had been carried out to ensure that the person was safe and not likely to exploit the person. The person's relatives were welcomed to the home and there was clear evidence of them being involved with the person in their care planning.

The service were very respectful of people's privacy and dignity. This was evidenced by how the staff provided care for one person who wished to maintain their privacy in their own room. The staff were aware of this person's wishes and observed them. They knocked on the door and waited for a permission from the person before entering. The person confirmed that staff respected their wishes regarding their privacy.

People told us that they were encouraged to maintain as much independence as possible. One person was supported to go out on their own and manage their own personal care. This included bathing themselves and visiting the shops to buy what they needed. Other people living in the home were less able to live independently but the service supported them to exercise appropriate choices as much as possible. They were able to use the stair lift independently so were able to access both floors of the home when they wanted to.

People were supported to maintain strong links with the community and were often out and about; pursuing their interests and maintaining their friendships. Some people accessed regular day services and staff maintained frequent contact with other health and social care professionals. During this inspection we observed people going out for a walk with staff into the town, during which, one person also met up with a family member.

We saw that people's records were kept securely in the office of the home. We observed that discussions about people were discreet so that they could not be overheard by others.

## Is the service responsive?

### Our findings

There was clear evidence that the people using the service had been involved in planning their care and expressing their preferences for how their care was delivered. One person was clear that they did not want any support with their personal care. This was clearly stated in their care plan.

People living in the home were supported to enjoy a range of pastimes from going for walks to accessing clubs and societies. During our inspection people were offered the opportunity to go out for a walk with the carer and those that wanted to went along. People told us that they attended clubs and enjoyed pastimes such as swimming and a local religious club. The registered manager told us that people were enabled and encouraged to follow their interests. People told us that they were happy with the access to leisure activities. There was evidence within the care plans that the service had identified people's hobbies and interests with them.

We saw in people's care plans that those who were able to had been fully involved in planning and reviewing their care. One person told us that they and their relatives were fully involved in planning their care. The care plans had been regularly reviewed to ensure that they reflected the person's current needs. There was a great deal of information to inform the carers how to meet people's needs including a 'day to day care plan' and a 'person centred plan'. Daily records were kept up to date and notified staff of any changes in people's needs. They were comprehensively written and completed by each member of staff working each shift.

The care plans that we saw were person centred and had taken into account the individual needs of each person. There were clear descriptions of each person's likes and dislikes and a personal history for them. We saw that people had signed their care plans in agreement with what had been written for them.

People living in the home were encouraged and supported to maintain relationships with family and other people important to them. One person told us that their family visited weekly and a close friend was able to visit regularly. This person was also able leave the home when ever they wanted to meet their friend and a risk assessment had been drawn up around this to ensure that the person was kept as safe as possible.

We saw that the home had an appropriate complaints procedure, which contained detailed information about the steps to be taken in the event of a complaint being received. People living in the home were supported by staff on an individual basis to make a complaint or raise any concerns if they had any. We saw that any concerns were listened to and responded to appropriately. We saw that a complaint about heating in the home had been received from a person living in the home and had been listened to and acted upon.

The registered manager told us that they talked with the people living in the home and the staff all the time and this was evident during our inspection. The communication was informal and relaxed and ensured that people were able to confidently express their views. People told us that they felt listened to.

## Is the service well-led?

### Our findings

There was a registered manager in post and they had a good oversight of the care provided by the service. However, staff training had been neglected but the manager told us about the plans they had to rectify this to bring the training up to date. Staff who we spoke with told us that the registered manager modelled best practice in the home and would identify any areas of practice that did not meet with the standards expected. However, the staff team was long established and knew the way the service worked.

The manager was very visible in the home and was also available at short notice to attend if needed, even on their days off. Staff also confirmed this fact. The registered manager was open to suggestions both from staff and from us during the inspection. They also maintained links with the local authority quality assurance team in order to improve the service. The registered manager had a good oversight of the care planning process and clearly knew the people who lived at the service very well. This was evidenced by their discussions with staff on the needs of the people who lived in the home and in the way that they interacted them. The registered manager told us that they aimed to make the service like a family home and hoped that people saw it as such.

The service had not submitted any notifications to us but the registered manager was aware of their responsibilities in respect of this. The registered manager was aware of the conditions of the service's registration and agreed to look at the implications regarding the supported living arrangement they had set up next door to Genesis.

The service maintained good records for environmental audits and the records that we saw were up to date. For instance, gas and electric safety checks, fire alarm checks and emergency lights checks had all been carried out recently.

The premises was maintained to be a homely environment and people clearly identified with it as their home.

The registered manager told us that they had tried to hold meetings for people living in the home but had found them to be unsuccessful so relied on regularly talking to the people while they relaxed in the evenings. However it was clear that people living in the home and staff were able to express their views and that these were taken on board and any issues raised were dealt with appropriately.

Staff told us that the management were, "lovely" and were, "100 per cent for the staff". Staff told us that the management were also very accessible and that they could discuss any issues with them. The registered manager clearly had a very good relationship with the staff and the atmosphere was very friendly but it was clear who was responsible for the management of the home. During our inspection we noted the interaction between the registered manager and staff celebrating some good news that a staff member had received. This showed us that the staff were valued and respected by the manager.

The service was clearly very important to the registered manager who had invested heavily in making the

business work and was looking at other ways to develop it. This told us that the owner was prepared to make resources available to improve the service as evidenced by their commitment to improve training for staff.