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Genesis Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Genesis Residential Home is registered to provide accommodation and personal care for eight people who need help to maintain their mental health. At the time of our inspection visit there were seven people living in the service.

The service was run by a partnership that was the registered provider. There was a manager in post who had applied to be registered by us. 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. While the manager's application for registration was being dealt with, they were being assisted by the person who was previously the registered manager. In this report when we speak about the partnership we refer to them as being, 'the registered person'.

At the last inspection on 14 April 2015 the service was rated Good.

At this inspection we found the service remained Good.

This inspection was announced and was carried out on 22 May 2017. We gave the registered person and the manager a short period of notice. This was because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling.

Care staff knew how to keep people safe from the risk of abuse and suitable steps had been taken to reduce the risk of avoidable accidents. Medicines were safely managed and there were enough staff on duty. Although some recruitment checks had been completed more needed to be done to ensure that new staff could fully demonstrate that they were suitable to be employed in the service.

Care staff knew how to support people in the right way. People enjoyed their meals and they had been helped to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

Although in practice people had been given all of the care they needed they had not been fully involved in reviewing how well this assistance was meeting their expectations. People had been supported to pursue their hobbies and interests and there was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. Although quality checks had been completed, effective action had not always been taken to address problems. These included both the shortfalls noted above and a small number of defects in the accommodation. Care staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from care staff acting upon good practice guidance.

Further information is in the detailed findings below.

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 remained Good.	**Good**
Is the service effective? The service remained Good.	**Good**
Is the service caring? The service remained Good.	**Good**
Is the service responsive? The service remained Good.	**Good**
Is the service well-led? The service remained Good.	**Good**

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 registered person continued to meet 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 the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 22 May 2017. The inspection team consisted of a single inspector and the inspection was announced.

During the inspection we spoke with six of the people who lived in the service, a team leader and the manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

People told us that they felt safe living in the service. One of them said, "I'm okay here and have no problems with it'. Another person said, "It's all right here. The staff are fine with me and I like the area."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Measures were in place to help people avoid preventable accidents such trips and falls. In addition, we noted that care staff promoted responsible risk taking. An example of this was the way in which people had been supported to enjoy going into the community. Care staff had checked that they were safe to negotiate road traffic on their own and that they knew how to find their way home.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

Records showed that the registered person had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. However, we found that the registered person had not always obtained a suitably detailed employment history. This oversight had reduced their ability to ensure that they had completed the necessary checks with all of the applicants' previous employers.

We raised our concerns with the manager who assured us that the service's recruitment procedure would be strengthened to address this shortfall. We also noted that no concerns had been raised about the performance of any care staff employed in the service. In addition, immediately after our inspection visit the manager sent us evidence to show that the recruitment procedure had been changed to address our concerns.

Good

Is the service effective?

Our findings

People told us that care staff knew what help they wanted to receive and had their best interests at heart. One of them remarked, "I get on very well with the staff who are friends to me." Another person said, "The staff are okay with me even if I get bad tempered with them."

Records showed that care staff had received all of the guidance and training they needed. We noted that care staff knew how to provide people with the care they needed. Examples of this were tactfully encouraging people to maintain their personal hygiene and helping them to deal with important correspondence. Another example was care staff showing people how to budget their money so that they had enough to buy the things they wanted.

People said that they enjoyed their meals and we noted that care staff were ensuring that people had enough nutrition and hydration. In addition, we saw that one person was being helped to follow a diet that had enabled them to meet their goal of losing weight. Another person was being helped to eat their meals more slowly so that there was a reduced risk of them choking.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians.

The manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this was the arrangements that had been made for a person who benefited from using a medicine that helped them to manage when they were distressed. Records showed that the person had been given information about the medicine in question and had agreed for it to be offered to them when care staff considered it would be helpful.

Records showed that when people lacked mental capacity the manager person had ensured that decisions were taken in people's best interests. An example of this was the manager liaising with a person's doctor, care manager and relatives when it appeared likely that they would benefit from reducing how much of one medicine they used. Records showed that this had enabled the person to gradually use less of the medicine while at the same being able to maintain their mental health.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that registered person had not needed to make any applications for DoLS authorisations. However, there were suitable arrangements in place to enable an application to quickly be made in the future if this was necessary. This helped to ensured that only lawful restrictions that respected people's rights would be used in the service.

Good

Is the service caring?

Our findings

People were positive about their relationships with care staff and about the support they received. One of them went to stand close to a member of care staff when we asked them how well they liked their home. Another person said, "The staff are good people, plain and simple."

We saw that people were being treated with respect and kindness. Care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became worried because they could not decide which room they wanted to sit in. A member of care staff noticed them becoming anxious and suggested that they spend time firstly in one of the lounges and then in their bedroom. This was so the person could enjoy being in both spaces. The person followed this advice and later on we saw them relaxed and sitting in the garden chatting with another member of care staff.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this included care staff asking people how they wished to be addressed. Another example was care staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day. A further example was care staff asking people if they wanted to be checked during the course of the night.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which they could lock and which they had been encouraged to make into their own personal space. We saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.

Good

Is the service responsive?

Our findings

People said that care staff provided them with a lot of care so that they could be as independent as possible. One of them remarked, "The staff are great and they're always around but never take over." Another person remarked, "The staff are more in the background and ready to help if they're needed but they're not in your face all the time." The care people received included encouraging them to do their laundry so that it did not build up too much. It also included helping them to keep their bedrooms tidy enough so that they could enjoy their private space.

We noted that care staff had consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. The manager told us that it was important for each person to be frequently invited to review their care plan to make sure that it accurately reflected their changing wishes and expectations. However, records showed that some of these reviews had become overdue. This oversight had increased the risk that people would not be fully involved in making decisions about their care. We raised our concerns with the manager who assured us that steps would quickly be taken to fully engage people in reviewing their care plans to make sure they were correct.

Care staff understood the importance of promoting equality and diversity. This included people being supported to meet their spiritual needs by meeting with their vicar. It also included an example of a person being helped to understand how members of their family felt about and reacted to them living in the service.

People said that they were offered enough opportunities to engage in occupational and social activities. Records confirmed that people were undertaking a range of occupational and social events. These included activities such as helping with household tasks, enjoying indoor games and participating in social functions in the community.

People told us that they had not needed to make a complaint about the service. However, they were confident that if there was a problem it would be addressed quickly. One of them remarked, "Even if I get right moody with the staff I don't have a complaint to make as such. They're doing their best for me, even if I don't see it that way sometimes." We noted that there was a complaints procedure that described how the registered person intended to respond to concerns. Records showed that since our last inspection the registered person had not received any formal complaints.

Good

Is the service well-led?

Our findings

People told us that the service was well run. One of them said, "I'm settled here for now and have no reason to leave." Another person responded by giving a thumbs-up sign when asked how well the service was living up to their expectations.

We noted that people had regularly been invited to chat with care staff in order to give feedback about their home and to suggest improvements. There were a number of examples of these suggested improvements being put into effect. These included various changes being made to the menu so that it offered a wider range of meals that better reflected people's individual preferences.

The manager said that they regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order. However, we noted that other quality checks had not been wholly effective in identifying the shortfalls we found in the completion of recruitment checks and in the reviewing of people's care plans.

In addition, we were told that regular checks were also being made of the accommodation to ensure that any breakages or other damage could be quickly addressed. However, we noted that these checks had not always been effective. This was because they had not quickly resulted in various defects being put right. Examples of this included a wooden window that was rotten in places, an area of carpet in a hallway that was stained and a patch of damp damage in one of the bedrooms.

We raised our concerns with the manager about how well some quality checks were contributing to the running of the service. They assured us that the audits in question would quickly be strengthened to more effectively address problems in the future. They also told us that each of the defects in the accommodation we noted would be put right in the near future. In addition, immediately after our inspection visit the manager sent us evidence which confirmed that work was underway to develop the quality checks in question.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there was an open and inclusive approach to running the service. Care staff were confident that they could speak to the registered persons if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was the manager and care staff accessing professional websites to obtain guidance about how to support people to be as independent as possible in a gentle way that promoted their mental health.