

Winnie Care (Macclesfield) Ltd

Genesis Care 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

The inspection was unannounced and took place on the 18 February 2015.

The last inspection took place on the 18 September 2014 when Genesis Care Home was found not to be meeting a number of regulatory requirements which apply to this kind of home. As a consequence we issued the registered provider with four warning notices and three compliance actions. These were in relation to safeguarding people from abuse, staffing, assessing and monitoring the quality of the service, record keeping, staff training, the care and welfare of people and the premises.

Following the inspection the registered manager sent us an action plan explaining how the warning notices and compliance actions would be met and by when.

During this latest inspection we found that all of the issues had been addressed.

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

Summary of findings

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.

Genesis is a three-storey purpose built care home for people over 65 years of age. The home is owned by Winnie Care (Macclesfield) Ltd and is located in Macclesfield. It is close to the local shops and other community facilities. There are three floors with 42 single bedrooms all of which have en-suite facilities. Each floor has a lounge and dining area and access between floors is by a passenger lift or one of the staircases. On the day of our inspection there were 28 people, including two people in hospital living in the home.

We asked people using the service if they felt safe at Genesis and they said that they did. Comments included; "I suffer from anxiety and very severe panic attacks. That's one of the reasons I'm here. I feel really safe and happy here. Occasionally, they're a bit pressed [for time] but on the whole, they do extremely well", "Oh, I'm safe and happy here, I just need to be kept an eye on. If I ring my bell, they soon come. They help me with my bath, nobody has a bath by themselves", "I'm very happy here. The staff are lovely here", "I'm quite comfortable here, I've enjoyed it here" and "As happy as I can be. Yes, I feel safe here. I couldn't manage my own medicine, the staff look after that".

Visitors we spoke with told us, "It's always clean here, it's a nice environment. They've tightened up on security, you now have to sign in/out. You didn't used to have to, this is a recent thing" and "As a family, we're all very happy. Security wise there's no problem".

The service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm.

We looked at the files for the two most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults.

We asked staff members about training and they all confirmed that they received regular training throughout the year and that it was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

There was a flexible menu in place which provided a good variety of food to the people using the service.

The five care plans we looked at all explained what each person's care needs were. Although the plans were being reviewed monthly so staff would know what changes, if any, had been made we did find that some of the reviews were limited, for example, the only note in the review stated, 'outcome met'.

Meetings for the people using the service were taking place and we saw the minutes from the most recent meeting that had been held on the 4 February 2015. Topics discussed included, meals and activities plus feedback from any topics discussed at the previous meeting.

Staff members we spoke with were positive about how the home was being managed. Throughout the inspection we observed them interacting with each other in a professional manner.

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.

The provider had effective systems to manage risks without restricting people's activities. Risk assessments were up to date to ensure people were protected from the risk of harm.

We found that appropriate safeguarding procedures were in place and staff members understood how to safeguard the people they supported. People staying at the service felt safe and had no complaints.

The arrangements for managing medicines were safe. Medicines were kept safely and were stored securely. The administration and recording of when people had their medicines was safe.

Good



Is the service effective?

The service was effective.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date.

The service had a range of policies and procedures which helped staff refer to good practice and included guidance on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there.

Good



Is the service caring?

The service was caring.

We asked the people living at Genesis about the home and the staff members working there and received a number of positive comments about their caring attitudes.

Visiting relatives and friends also made positive comments about the home and the staff members working there.

The staff members we spoke to could show that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw that they were interacting well with people in order to ensure that they received the care and support they needed.

Good



Is the service responsive?

The service was responsive

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time.

Good



Summary of findings

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. We looked at the most recent complaint and could see that this had been dealt with appropriately.

Is the service well-led?

The service was well led.

There was a registered manager in place.

We asked the people using the service and visiting relatives and friends about how the home was being managed and received a number of positive comments regarding the registered manager.

Meetings for the people using the service were taking place and we saw the minutes from the most recent meeting that had been held on the 4 February 2015. Topics discussed included, meals and activities plus feedback from any topics discussed at the previous meeting.

Good



Genesis Care 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 checked 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 carried out an unannounced inspection on the 18 February 2015. The inspection was carried out by one adult social care inspection manager, an adult social care inspector and 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 care service.

Before the inspection, the registered 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 checked the information that we held about the service and the service provider. We looked

at any notifications received and reviewed any other information we hold prior to visiting. We also invited the local authority to provide us with any information they held about Genesis Care Home.

During our inspection we saw how the people who lived in the home were provided with care. We spoke with 11 people living there, three family members, one visiting friend and approximately ten staff members including the registered manager [some staff members spoke to more than one member of the inspection team]. The people living in the home and their family members were able to tell us what they thought about the home and the staff members working there.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked around the home as well as checking records. We looked at a total of five care plans. We looked at other documents including policies and procedures and audit materials.

Is the service safe?

Our findings

When we visited Genesis on the 18 September 2014 we found that the registered provider was not taking proper steps to ensure that the people who used the service were protected from the risk of abuse. The provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found that the registered provider was not taking proper steps to ensure that there were enough qualified, skilled and experienced staff to meet people's needs. This was a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We served warning notices regarding these issues.

Following the inspection the registered manager sent us an action plan explaining how the warning notices would be met and by when.

During this inspection we found that the issues had been addressed and people were being safeguarded appropriately and that there were enough suitably skilled and experienced staff members to meet people's needs.

We asked people if they felt safe. All the people we spoke with said that they felt Genesis was a safe environment. Comments included; "I suffer from anxiety and very severe panic attacks. That's one of the reasons I'm here. I feel really safe and happy here. Occasionally, they're a bit pressed [for time] but on the whole, they do extremely well", "Oh, I'm safe and happy here, I just need to be kept an eye on. If I ring my bell, they soon come. They help me with my bath, nobody has a bath by themselves", "I'm very happy here. The staff are lovely here", "I'm quite comfortable here, I've enjoyed it here" and "As happy as I can be. Yes, I feel safe here. I couldn't manage my own medicine, the staff look after that".

Visitors we spoke with told us, "It's always clean here, it's a nice environment. They've tightened up on security, you now have to sign in/out. You didn't used to have to, this is a recent thing" and "As a family, we're all very happy. Security wise there's no problem".

During our visit we observed relaxed and friendly relationships between the people living in Genesis and the staff members working there.

We saw that the service had a safeguarding procedure in place. This was designed to ensure that any possible problems that arose were dealt with openly and people were protected from possible harm. The registered manager was aware of the relevant process to follow. They told us they would report any concerns to the local authority and to the Care Quality Commission [CQC]. Homes such as Genesis Care Home are required to notify the CQC and the local authority of any safeguarding incidents that arise. We checked our records and saw that there had been no safeguarding incidents requiring notification at the home since the previous inspection took place.

Staff members confirmed that they had received training in protecting vulnerable adults and that this was updated on a regular basis. The staff members we spoke with told us they understood the process they would follow if a safeguarding incident occurred and they were aware of their responsibilities when caring for vulnerable adults. They were also familiar with the term 'whistle blowing' and each said that they would report any concerns regarding poor practice to senior staff. This indicated that they were aware of their roles and responsibilities regarding the protection of vulnerable adults and the need to accurately record and report potential incidents of abuse.

Risk assessments were carried out and kept under review so the people who lived at the home were safeguarded from unnecessary hazards. We could see that the home's staff members were working closely with people and, where appropriate, their representatives to keep people safe. This ensured that people were able to live a fulfilling lifestyle without unnecessary restriction. Relevant risk assessments, for example, medication and mobility were kept within people's care plan folders.

We observed that the staff members were kept up to date with any changes during the handovers that took place at every staff change. This helped to ensure they were aware of issues and could provide safe care.

We looked at the files for the two most recently appointed staff members to check that effective recruitment procedures had been completed. We found that the appropriate checks had been made to ensure that they were suitable to work with vulnerable adults. Checks had been completed by the Disclosure and Barring Service (DBS). These checks aim to help employers make safer recruitment decisions and prevent unsuitable people from

Is the service safe?

working with vulnerable groups. We saw from these files that the home required potential employees to complete an application form from which their employment history could be checked. References had been taken up in order to help verify this. Each file held a photograph of the employee as well as suitable proof of identity. There was also confirmation within the recruitment files we looked at that the employees had completed a suitable induction programme when they had started work at the home.

We saw that systems were in place to help ensure that people's medicines were being managed appropriately. Each person's medicines were either kept in a lockable cupboard in their room or in a lockable medicine trolley in the office. We checked the medicine arrangements for six people using the service and saw that clear records were kept of all medicines received into the home, administered and if necessary disposed of. Records showed that people were getting their medicines when they needed them and at the times they were prescribed. This meant that people were being given their medicines safely. Staff members received regular medicine training. Whilst we did not identify any issues around the administration of medicines we did find a discrepancy in one of the balances of co-codamol we checked. This was because the number of tablets carried forward from the previous month had not been recorded; it was therefore not possible to see if the balance was correct. This was discussed with the registered manager at the end of the inspection. They agreed to address the issue.

The staffing rotas we looked at and our observations during the visit demonstrated that there were sufficient numbers of staff on duty to meet the needs of the people living at the home. On the day of our visit there was the deputy manager, a senior carer and three care staff member on duty between 9.30am and 2.30pm. From 2.30pm until 9.30pm there were two senior carers and two care staff members on duty. During the night there was one senior carer and two care staff members on duty. The registered manager was in addition to these numbers. We looked at the rota and could see that this was the usual number of staff deployed each day.

In addition to the above there were separate ancillary staff including an administrator, three people working in the kitchen, three people cleaning the home, one person doing the laundry and a maintenance staff member.

From our observations we found that the staff members knew the people they were supporting well. There was an on call system in place in case of emergencies outside of office hours and at weekends. This meant that any issues that arose could be dealt with appropriately.

Our observations during the inspection were of a clean, fresh smelling environment which was safe without restricting people's ability to move around freely. One person told us, "The place is kept nice and clean. I've no problems with my laundry, it's all done in a day. The bed linen is changed once a week. They're always cleaning and hoovering. The bathroom is cleaned and wiped down."

Is the service effective?

Our findings

When we visited Genesis on the 18 September 2014 we found that the registered provider was not taking proper steps to ensure that people were cared for by staff who were being supported to deliver care and treatment safely. This was in relation to shortfalls in staff training and supervision. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found that the registered provider was not taking proper steps to ensure that the people who used the service, staff and visitors were protected against the risks of unsafe or unsuitable premises. There had been concerns raised regarding the security of the building that had not been addressed. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We made compliance actions regarding these issues.

Following the inspection the registered manager sent us an action plan explaining how the compliance actions would be met and by when.

During this inspection we found that the issues had been addressed and people were being cared for by people who were being supported appropriately. The security concerns had been also addressed.

The provider had their own induction training programme that was designed to ensure any new staff members had the skills they needed to do their jobs effectively and competently. We looked at the induction record used for two newly appointed staff members and could see that it was based upon the Skills for Care Common Induction Standards, a nationally recognised and accredited system for inducting new care staff. In addition to this new staff members completed an 'in house' induction that provided basic information such as the location of fire exits and the procedures to follow if there was an incident. Following this initial induction and when the person actually started to work they shadowed existing staff members and were not allowed to work unsupervised for a period. Shadowing is where a new staff member works alongside either a senior or experienced staff member until they are confident enough to work on their own.

We asked staff members about training and they all confirmed that they received regular training throughout the year, they also said that their training was up to date. We subsequently checked the staff training records and saw that staff had undertaken a range of training relevant to their role. This included fire safety, safeguarding, moving and handling, health and safety, modern slavery [equality and diversity training], hand hygiene and infection control. The provider used computer 'e'learning for some of the training and staff were expected to undertake this when required. These training packages had been produced by an independent training provider called Mulberry. The staff members competency was assessed through the supervision system and through the auditing of records such as medication and care plans. Staff members we spoke with told us that, "The training gives us the confidence to do our jobs properly".

The staff members we spoke with told us that they received on-going support, supervision and appraisal. One staff member we spoke with told us, "I've just had a six month appraisal which I found really useful as I can give them comments. I've asked the manager about doing NVQ3, and she's sorting that out for me. I feel well supported. I love working here, I'm part of the team".

We checked records which confirmed that supervision sessions for each member of staff had been held regularly since the previous inspection visit had taken place. Supervision is a regular meeting between an employee and their line manager to discuss any issues that may affect the staff member; this may include a discussion of the training undertaken, whether it had been effective and if the staff member had any on-going training needs.

During our visit we saw that staff members took time to ensure that they were fully engaged with the individual and checked that they had understood before carrying out any tasks with the people using the service. They explained what they needed or intended to do and asked if that was alright rather than assume consent. We observed staff members supporting people throughout the day and saw that they took their time and did not rush the person. All contact was carried out in a dignified and respectful way.

The information we looked at in the care plans was detailed which meant staff members were able to respect people's wishes regarding their chosen lifestyle. A visiting

Is the service effective?

relative told us, “The family can discuss her care plan with them. They’re very helpful” and , “I’m happy. My family are very satisfied. My daughter talks to them about my care plan”.

Visits to other health care professionals, such as GPs and district nurses were recorded so staff members would know when these visits had taken place and why. One person we spoke with told us, “If I need the doctor, they call one out for me, that’s all taken care of. They spot it [that I need a doctor] before I do, they’re on the ball. I’m a severe asthmatic and they monitor me”.

Policies and procedures had been developed by the provider to provide guidance for staff on how to safeguard the care and welfare of the people using the service. This included guidance on the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). This is a legal requirement that is set out in an Act of Parliament called The Mental Capacity Act 2005 [MCA]. This was introduced to help ensure that the rights of people who had difficulty in making their own decisions were protected. The aim of DoLS is to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

The registered manager informed us that a mental capacity assessment was undertaken if it was considered necessary and if applicable a DoLS application would be completed. These were only completed if the person was deemed to be at risk and it was in their best interests to restrict an element of liberty. The application would be submitted to the local social services department who were responsible for arranging any best interest meetings or for agreeing to any DoLS imposed and for ensuring they were kept under review. The registered manager explained that one person had a DoLS in place. We looked at this in detail and could see that it had been completed appropriately.

The training records we looked at showed that some of the staff members had completed training in the MCA and DoLS. The registered manager was aware that all relevant staff would need to complete training in these areas.

There was a flexible menu in place which provided a good variety of food to the people using the service. The head chef we spoke with explained that the menu was discussed with the people living in the home all of the time and was based on what people wanted to eat. Choices were available and people could decide what they wanted at

every mealtime. Special diets such as gluten free and diabetic meals were provided if needed. The head chef explained that they met with anyone moving in to the home to discuss likes and dislikes and that the senior staff told them if someone had any specific dietary needs. They went on to explain that although there was a menu in place a variety of other alternatives were available and that they tried to be as flexible as possible. The people we spoke with confirmed that choices were available and that they could choose whether to eat their meals in their own room or the dining room. We observed lunch and saw that there was a calm and pleasant ambience. We observed staff members asking people what they wanted to eat and the meals were then plated up from a heated trolley by the chef and served to the residents by the care staff. Whilst none of the people using the service required any assistance to eat their meal the care staff members were still keeping a watchful eye, comments overhead included, “let me get you a tissue” and “I really enjoyed my dinner, I could have licked my plate!”.

We received a number of positive comments from the people using the service and visitors about the food and drinks provided, these included; “The food is very pleasing”, “Food is good”, “The food is very good. I don’t eat very much but I eat everything put in front of me. There’s a reasonable choice. I haven’t had any cause to complain”, “The food is lovely, it’s good. We had pancakes yesterday because it was Shrove Tuesday. There’s different menus. For tea there’s a choice of sandwiches or you can have a hot meal. You can have meals in your room if you want to, or if you’re not feeling too well”, “If you don’t like something, they’ll always do something else. It’s Ash Wednesday today, I’m a Catholic, so they’ll know not to do meat for me”, “There are three cooks here and they’re all very good. If you want some more, you can get some more. It’s always very, very nice. I have sugar diabetes and they look after me”, “It’s very good. There’s not a lot of choice, but they’d find you something. They wouldn’t let you go hungry”.

We saw that the staff members monitored people’s weights as part of the overall planning process on a monthly basis and used the Malnutrition Universal Screening Tool (MUST) to identify whether people were at nutritional risk. This was done to ensure that people were not losing or gaining weight inappropriately. This area was also monitored through the home’s on-going auditing systems.

Is the service effective?

We saw staff offer people drinks and that they were alert to individual people's preferences and choices in this respect. We saw that a record was kept of fluid intake where necessary.

A tour of the premises was undertaken; this included all communal areas including lounge and dining areas plus and with consent a number of bedrooms. The home was well maintained and provided an environment that could meet the needs of the people that were living there. The

home provided adaptations for use by people who needed additional assistance. These included bath and toilet aids, hoists, grab rails and other aids to help maintain independence.

The laundry within the home was well equipped and there were systems in place for the care of people's clothes. The laundry was well organised and we did not receive any negative comments about the quality of the laundry service.

Is the service caring?

Our findings

We asked the people living at Genesis Care Home about the home and the staff members working there. Those people who commented confirmed that they had choices with regard to daily living activities and that they could choose what to do, where to spend their time and who with. They told us, “The staff are very caring, I’m treated as an individual, respectfully and with dignity. Sometimes I say, can I have a cuddle which is what I miss, and someone will give me a cuddle. The staff are very caring and loving”, “The staff are very good, really look after me”, “They’re very good here”, “Yes it’s ok, it’s up and down, most staff are ok” and “I like it here, staff are nice”, “They’re excellent. My favourite phrase is, “I don’t have carers, I have daughters”, “Up to now I have all the help that I need. They’re all good, but some can be a little more abrupt than others. I wonder what I’ve done? I put it down to their being busy. There’s not any particular individual. Most of them have a good sense of humour, we have a laugh. I’m not made to feel like an old lady, they’re interested in my family”, “They’re kind and caring. Better than at [another home]. My son and daughter came here to check it out, and I had to wait ever so long to get in. They know that if you’re worried about anything you can talk to them. If you need it, they call out the doctor and sort it all out. They keep an eye on me”, “The staff are always there if you want them. If I’m a bit quiet or something, they’ll ask after me, and call out the doctor if necessary”, “I feel very confident with the staff. I have sugar diabetes, they look after me. They can’t do enough for me, I talk to any of them, I feel like I’ve known some of them all my life”.

We looked at the thank you cards and letters that the home had received recently. These were very positive and included the following comments, “My [relative’s] stay at Genesis was not a long one. But in those few months she was made to feel she belonged. We will always be grateful for the kindness and attention she received. All we wanted was to know she was safe but you exceeded that many times” and “We were met with warm hugs and welcoming smiles, making the transition much easier”.

During our inspection we talked with relatives and friends who were visiting the people using the service, they told us, “I always feel welcome, all the staff are very friendly”, “They’ve got her walking again. They make her walk with

her frame. We’re really happy, she’s looked after really well” and “If she had to go anywhere else, I’d be worried about her, but I’m not worried that she’s here. I, and my brother have no concerns”.

Visitors were free to visit at any time, this was confirmed by the people using the service one of whom told us, “You can have visitors whenever you want, except at mealtimes when it’s a bit inconvenient”.

The staff members we spoke with showed that they had a good understanding of the people they were supporting and they were able to meet their various needs. We saw there was good communication and understanding between the members of staff and the people who were receiving care and support from them. We also observed that the relationships between the people living in the home and the staff supporting them were warm, respectful, dignified and with plenty of smiles. Everyone in the service looked relaxed and comfortable with the staff and vice versa. We saw a sign on a door wishing someone a happy birthday and we also overheard a warm and respectful conversation between two people using the service and one of the care staff. Staff members told us, “We can’t wait for the rooms to fill up, because we like to interact with the residents and the place seems quiet” and “You’ve got to have a lot of love to do this job”.

Whilst talking with someone using the service in their bedroom the morning tea trolley came round. We saw that as well as pots of tea, coffee and biscuits there was also a platter of fresh fruit, oranges, apples, grapes and melon, all sliced and ready to eat. The care staff member brought in a cup of tea and a plate with two slices of melon. The person using the service then told us, “They know I like melon”.

We undertook a SOFI observation in the dining room over lunch and saw that people were being supported appropriately and that staff members were moving around the dining room attending to people’s needs, offering choices and encouraging people to eat their lunch.

We asked people if they liked the staff and if they were always treated properly. They told us that they did like the staff and that they would say if this was not the case.

We saw that the people living at the service looked clean and well-presented and were dressed appropriately for the weather on the day and those in bed looked comfortable. A visiting family member told us; “She looks a lot better now. She looks well, she’s had her hair done”.

Is the service caring?

The quality of décor, furnishings and fittings provide people with a homely and comfortable environment to live in. The bedrooms seen during the visit were all personalised, comfortable, well furnished and contained items of furniture belonging to the person. One person using the service told us, “My room is lovely, I’ve fetched in some of my own things from home and it does feel like home now”.

The provider had developed a range of information, including a service user guide for the people living in the home. This gave people detailed information on such topics as medicine arrangements, telephones, meals, complaints and the services provided.

We saw that personal information about people was stored securely which meant that they could be sure that information about them was kept confidentially.

Is the service responsive?

Our findings

When we visited Genesis on the 18 September 2014 we found that the registered provider was not taking proper steps to ensure that care and treatment was planned and delivered in a way that ensured people's safety and welfare. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We made a compliance action regarding this issue.

Following the inspection the registered manager sent us an action plan explaining how the compliance action would be met and by when.

During this inspection we found that the issue had been addressed and that care and treatment was planned and delivered in a way that ensured people's safety and welfare.

Everyone in the home at the time of our inspection had received a pre-admission assessment to ascertain whether their needs could be met. As part of the assessment process staff asked the person's family, social worker or other professionals, who may be involved, to add to the assessment if it was necessary at the time. We looked at the pre-admission paperwork that had been completed for people currently living in the home and could see that the assessments had been completed.

We looked at care plans to see what support people needed and how this was recorded. We saw that each plan was personalised and reflected the needs of the individual. We also saw that the plans were written in a style that would enable the person reading it to have a good idea of what help and assistance someone needed at a particular time. The plans we looked at were well maintained and were up to date. Visits from other health care professionals, such as GPs were recorded so staff members would know when these visits had taken place and why. Although the plans were being reviewed monthly so staff would know what changes, if any, had been made we did find that some of the reviews were limited, for example, the only note in the review stated, 'outcome met'.

We spoke to visiting family members who told us, "They're good at arranging ambulances and things like that. They found out that she had a temperature and called the doctor. She'd had a touch of pneumonia and had to go on antibiotics" and "I'm happy that [my relative] is looked after very well, I don't get any vibes that she's not They're very

good at being reactive, but I would like them to be more proactive at times. For example, to draw the curtains [for privacy], or for new night staff to introduce themselves, sometimes the first time she sees someone is when they are taking her to the loo in the middle of the night."

If people needed specialist help, for example assistance with their diabetes the home contacted the relevant health professionals who would then be able to offer assistance and guidance. A care plan to meet this need would then be put into place. We saw that this was happening within the plans we looked at during the inspection.

The five care files we looked at contained relevant information regarding background history to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, food the person enjoyed, preferred social activities and social contacts, people who mattered to them and dates that were important to them. We asked staff members about several people's choices, like and dislikes within care plans and the staff we spoke with were knowledgeable about them.

We observed that staff members responded to any call bells very quickly which meant people needing assistance received this as promptly as possible.

Although the home did not employ an activities co-ordinator a programme of activities was produced and displayed each month. These were organised by a volunteer who visited the home every other Monday and by the staff members. Events for February included film nights, craft activities, chair exercises, games such as cards and dominoes and visiting entertainers. The people using the service confirmed that activities took place, comments included, "I go to some, bingo's a bit difficult, but I manage Scrabble. I'm not one for community singing. My daughter supplies me with library books", "There's a film show every Saturday night. There's activities if you want to do them. There was a boat trip last Summer, I didn't go, it depends if you want to. When it's nice, you can sit out, there are nice gardens", "We've just had bowling, I've only won 3 games today, I won them all last time. There's not activities every day, sometimes there's bingo, and there's a film every Saturday. I'm happy here, I sit out in the garden in the sun", "They try their best but I'm a bit of a loner really, I just

Is the service responsive?

watch TV. I like to be on my own”, “My relative prefers to eat in her room, but they always ask her if she wants to go on any events” and “The Church comes round once per week to give me Communion”.

The home had a complaints policy and processes were in place to record any complaints received and to ensure that these would be addressed within the timescales given in the policy. A copy of the procedure to be followed was on display on the notice board in the entrance area. We looked at the most recent complaint made in September 2014 and could see that this had been dealt with appropriately.

People were made aware of the process to follow in the service user guide. The people we spoke with during the inspection told us they did not have any concerns but if they did they would raise them. Comments included, “I’ve no complaints, but if I had, I’d send for the head one, [manager], she’s very approachable and friendly”, “Very good here, no complaints”, “If it got really bad I would tell my [relative] and he would sort it” and “If there was anything bothering me or my brother, we’d know that we can talk to them and that they’ll listen”.

Is the service well-led?

Our findings

When we visited Genesis on the 18 September 2014 we found that the registered provider did not have an effective system to regularly assess and monitor the quality of service that people received. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We also found that the registered provider was not taking proper steps to ensure that people were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not being maintained. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We served warning notices regarding these issues.

Following the inspection the registered manager sent us an action plan explaining how the warning notices would be met and by when.

During this inspection we found that the issues had been addressed and there was a system in place to assess and monitor the quality of service being provided and appropriate records were being maintained.

The registered manager told us that information about the safety and quality of service provided was gathered on a continuous and on-going basis via feedback from the people who used the service and their representatives, including their relatives and friends, where appropriate. They 'walked the floor' in order to check that the home was running smoothly and that people were being cared for properly. We asked people how the home was being managed and what they thought of the manager. The people using the service that we spoke with told us that the manager would have a chat with them if they asked them to. Comments included, "[She] is lovely, she's a 'daughter'. There's nobody I can't bond with", "Amanda, she's friendly, easy going and approachable. I've no concerns about going to her and raising anything", "Amanda, she's there for complaints. She's very friendly. It's my own choice to be here, I pay for myself, and I'm still here" and "She's very nice, approachable and amenable".

Meetings for the people using the service were taking place and we saw the minutes from the most recent meeting that had been held on the 4 February 2015. Topics discussed

included, meals and activities plus feedback from any topics discussed at the previous meeting. This was confirmed by the people using the service who told us, "There's a monthly residents' meeting and things do get done. We told them that it was a long time from 7.30pm until breakfast, so now they come around at 10.00pm with supper, I have coffee and toast. It was a wrench moving in, I went to have a look at about six homes and Genesis was head and shoulders above the rest" and "There are residents' meetings, we asked for the tea time to be changed from 4.30pm to 5.30pm and it's a lot better now".

In addition to the above the home also produced a daily newsletter called the 'Daily Sparkle'. The edition produced on the day of our visit had topics such as 'today in history', 'The way we were', 'do you remember', 'over to you' and two quizzes.

The registered manager told us that at the time of the inspection there was no formal system for sending out questionnaires to people regarding the quality of the service being provided. This was however being looked at. We did see that there was a 'service user' satisfaction questionnaire at the back of the service user guide that is given to the people using the service. One of the people we spoke with confirmed that they had not received a questionnaire to complete but did qualify this by making the following comment, "I don't think I've ever seen a Questionnaire, but if we weren't happy, we would say. The immediate family are very pleased with the home, we've no issues with anything"

Genesis had its own internal quality assurance system in place. This included audits on care plans, falls, medication, continence, accidents, weight losses, accidents and dependency assessments.

In addition to the above there were also a number of maintenance checks being carried out weekly and monthly. These included the fire alarm system and emergency lighting, water temperature and legionella. We saw that there were up to date certificates covering the gas and electrical installations, portable electrical appliances, any lifting equipment such as hoists and the lift. If there were any issues requiring attention these were entered into a maintenance repair book and then 'ticked off' as they were addressed.

Is the service well-led?

Staff members we spoke with were positive about how the home was being managed and the quality of care being provided and throughout the inspection we observed them interacting with each other in a professional manner.

The staff members told us that regular staff meetings were being held and that these enabled managers and staff to share information and / or raise concerns. We looked at the minutes of the most recent meeting held on the 7 January 2015 and could see that a variety of topics, including infection control, emergency procedures [new policy], staff rotas, holidays and breaks had been discussed.

Periodic monitoring of the standard of care provided to people funded via the local authority was also undertaken by Cheshire East's Council contract monitoring team. This was an external monitoring process to ensure the service met its contractual obligations to the council.

During our inspection, we repeatedly requested folders and documentation for examination. These were all produced quickly and contained the information that we expected. This meant that the provider was keeping and storing records effectively.