

Review of compliance

Mr B & Mrs R S Oozageer
Genesis Residential Home

Region:	East Midlands
Location address:	2 Station Street Donington Spalding Lincolnshire PE11 4UQ
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	Genesis Residential Home is in the village of Donington near Spalding in Lincolnshire. The home is registered to provide accommodation with personal care for up to eight people. The home cares for people with a mental health disorder.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Genesis Residential Home was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 24 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

On the day we visited Genesis Residential Home there were eight people living there. We spoke with five people who lived at the home, the manager and a member of staff. The home cares for people with mental health disorders.

People told us they liked living at Genesis Residential home. They said they were involved in making decisions about their care. One person told us, "We go through my care plan now and again."

We saw people had their needs met and treatment was planned to ensure people's safety.

People told us the staff were kind. They said they could raise any concerns about their care with the staff. One person said, "If I'm not happy I would talk to the manager or my key worker."

What we found about the standards we reviewed and how well Genesis Residential Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were care for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 21: People's personal records, including medical records, should be accurate and kept safe and confidential

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. People were not protected from the risks of unsafe or inappropriate care and treatment. People's personal records were not accurate or fit for purpose.

Actions we have asked the service to take

We have asked the provider to send us a report within 28 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us

We asked people if they were involved in decisions about their care. One person said, "Yes, I go through my care plan." Another person told us, "We go through my care plan now and again." We asked a member of staff what the responsibilities of a key worker were. They explained how they reviewed the care plans with people. They told us people signed their care plans to say they were in agreement with them. Records showed care plans had been signed by people receiving care.

People told us they were active in the local community. One person told us, "I go out and get a paper from the shop." Another person told us, "I go to the shops and go for a meal at the pub." One person told us they liked reading books. We saw they had some books from the local library. They asked the manager what time the library was open the next day. The manager looked the information up for them and arranged to go with them the following day.

One person told us they were going to the seaside on holiday. They said, "We went in February and we are going again soon. We ate a lot and saw some shows it was jolly good."

Other evidence

The manager told us people had been involved in developing the menu for the home. People we spoke with told us they were not always aware of what was on the menu each day. Staff explained how they speak to people to let them know what was on the menu each day and offer an alternative. On the day of our visit staff told us five out of the eight people at the home had chosen to have something different to what was on the menu for the evening meal.

We spoke with the manager about people's lack of awareness of the day's menu. They told us they previously had a copy of the menu on display but people had decided at a residents' meeting they did not want this. The manager told us they would look at ways of raising people's awareness of the daily menu.

People were supported in promoting their independence. The manager explained how they helped people to develop their life skills. For example, by learning to take public transport, people were less dependant on staff and family when they had appointments to attend.

We saw people had access to an independent advocacy service when they needed it. Records showed advocacy had been accessed for one person when they had some life changing decisions to make.

Our judgement

The provider was meeting this standard.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We could see there were good relationships between people using the service and members of staff. People appeared to be happy and relaxed in their surroundings.

People told us they liked living at Genesis Residential home and the care met their needs. One person told us, "They help you do what you want to do."

Other evidence

Records showed people had been assessed prior to moving into the care home to ensure the home was able to meet their needs.

We spoke with a member of staff. They were able to describe in detail how they would care for one of the people whose care plans we reviewed.

We saw where people's individual needs exposed them to risks, assessments had been completed. Actions taken to reduce risk were done with agreement of the individual involved. We saw outcomes balanced the needs of the individual against the duty to keep people safe.

The manager explained how they were flexible in their staffing rota. This enabled them to have more staff available when people's dependence levels were high.

There were arrangements in place for people to access other healthcare professionals. For example, records showed one person had recently visited the dentist and was

currently considering their treatment options.

It was hot day when we visited and we saw there were cold drinks available for people.

Records showed there were arrangements in place to deal with foreseeable emergencies. For example we saw there was a missing person policy. We asked staff what actions they would take if someone went missing. The actions they described matched the policy.

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

We did not speak directly to people about this outcome. We gathered evidence of people's experiences of the service by reviewing their care plans. During our visit we observed the care people received.

Other evidence

Staff we spoke with were able to describe different types of abuse and how people might respond if they were being abused. They knew how to report abuse internally to their manager. They were also aware they could go direct to the safeguarding team at the local council.

The provider had demonstrated they responded appropriately when they have identified where people may be at risk of abuse. They have worked collaboratively with the local safeguarding authority to protect people.

The Deprivation of Liberty Safeguards (DoLS) were only used when it was considered to be in the persons best interests. The DoLS aim to protect people's human rights in circumstances where they cannot consent to their care or treatment. Records showed when a DoLS had been requested there had been a best interest meeting to determining the correct course of action. The person for whom the DoLS had been requested had an independent advocate to represent their views in the meeting.

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 14: Supporting workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting workers

Our findings

What people who use the service experienced and told us

The people we spoke with told us they liked the staff. They also said staff knew their jobs and were kind to them. One person told us, "They look after you." We asked another person if staff were kind to them, they said, "Yes."

The manager explained people living at the home were included in the recruitment process. When candidates were invited for interview they met and interacted with the people who lived at the home. People were then asked for their opinion on each candidate.

Other evidence

Staff we spoke with told us there was a formal induction programme. This covered health and safety issues, the provider's policies and procedures and the daily schedule in the home. New staff were also required to shadow a more experienced member of staff for a week, before being allowed to work independently.

Staff told us they have supervision meetings with the manager four times a year. They also told us the manager was supportive and approachable. They confirmed they were able to talk to them if they had any concerns without waiting for a formal supervision session.

The manager told us there had been no appraisals completed on staff at present. They were aware appraisals would need doing soon. We saw they had the paper work prepared and records showed objectives been set for staff to be measured against.

Staff told us they had received recent training on moving and handling and fire safety. They told us they had also completed a nationally recognised qualification at level two. We saw records to confirm this training had taken place. Staff told us further training in care planning and mental health disorders had been arranged.

Our judgement

The provider was meeting this standard. People were care for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

People told us they knew how to complain. One person told us, "If I'm not happy I would talk to the manager." Another person said, "If I am not happy I would talk to the manager or my key worker."

Other evidence

The manager explained people had said they no longer wished to attend residents' meetings. Instead people's key workers had semi formal interviews with the people to gather their views of the service. Records showed these interviews were scheduled on the rota. Staff told us they ask people if they would like anything changed as part of their key worker role. We saw staff meeting minutes which showed issues identified were shared with all staff and discussed.

The manager produced a six monthly quality assurance report. We saw a copy of the report from January 2012 to June 2012. It documented the issues raised by people and the actions taken to resolve the issues.

The manager explained they completed a number of routine audits. These included water temperature, cleaning and a medication audit by community pharmacist. Records showed where the pharmacist had recommended actions these had been taken.

There had been a food hygiene check on 22 June 2012 and the home had achieved a score of four out of five and was rated as good.

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Outcome 21: Records

What the outcome says

This is what people who use services should expect.

People who use services can be confident that:

* Their personal records including medical records are accurate, fit for purpose, held securely and remain confidential.

* Other records required to be kept to protect their safety and well being are maintained and held securely where required.

What we found

Our judgement

The provider is non-compliant with Outcome 21: Records. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We did not speak directly to people about this outcome. We gathered evidence of people's experiences of the service by reviewing their care plans. During our visit we observed the care people received.

Other evidence

We were not intending to review this outcome. However when we looked at records within the home we found documentation was incomplete. We spoke with the manager about this who told us care plans were reviewed twice a year by the owner but not regularly audited by them.

We looked at two sets of care plans. Care plans did not contain enough information to fully describe the care people needed. For example, people received one to one time on a daily basis to help them work towards their goals. Care plan did not record what people's goals were or if they had made progress towards meeting those goals. Personal care descriptions were very vague. For example, where people needed help with maintaining personal hygiene it was not recorded if they would like a bath or a shower, how much supervision they would require and how much help they needed to clean themselves.

There was no record of the semi formal interview held with people to gather their views on the service.

Our judgement

The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. People were not protected from the risks of unsafe or inappropriate care and treatment. People's personal records were not accurate or fit for purpose.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 21: Records
	<p>How the regulation is not being met: The provider was not meeting this standard. We judged this had a minor impact on people using the service and action was needed for this essential standard. People were not protected from the risks of unsafe or inappropriate care and treatment. People's personal records were not accurate or fit for purpose.</p>	

The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 28 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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Care Quality Commission

Website	www.cqc.org.uk
Telephone	03000 616161
Email address	enquiries@cqc.org.uk
Postal address	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA