Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Genesis Care Home

197 Peter Street, Macclesfield, SK11 8ES

Tel: 01625421623

Date of Inspection: 21 February 2013

Date of Publication: March 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safety, availability and suitability of equipment	✓ Met this standard
Supporting workers	✗ Action needed
Complaints	✓ Met this standard

Details about this location

Registered Provider	Winnie Care (Macclesfield) Ltd
Overview of the service	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 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.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 February 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We found that people's consent to their care was sought. We found that people's best interests were protected if they were unable to give consent or make decisions for themselves. A relative said, "The staff keep me informed about my mum….I have reviewed the care plan with the manager."

We found that individual care plans and risk assessments were in place and that people's needs were being met. A relative told us, "My mum was ill and said she didn't want to go to hospital. The staff looked after her here with help from the district nurses and she was fine."

A visiting district nurse told us the staff team were co-operative and always willing to follow care instructions and guidance.

We found that staff were trained and supported to provide safe and effective care to residents. We found that staff did not have access to regular, planned supervision sessions or appraisals.

There was a suitable and sufficient range of equipment in place to safely meet people's needs and promote their independence.

We found that a suitable system was in place for people to make complaints both within and outside of the service.

In this report the name of a registered manager appears who was not in post and not managing the regulatory activities at this location at the time of the inspection. Their name appears because they were still a Registered Manager on our register at the time. The manager at the home was not registered with the Care Quality Commission.

You can see our judgements on the front page of this report.

What we have told the provider to do

We have asked the provider to send us a report by 09 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

During the visit people who use the service and their relatives, told us their care preferences and choices had been discussed with them and their agreement to their care plan had been sought. One relative said, "My mum has a care plan. I haven't looked at it for a while but I have reviewed it with the manager. They always involve us in decisions and keep me informed about mum's welfare."

We looked at three care records and these showed that the people concerned had given their consent to their care plans. For people who experienced difficulty in giving consent, records showed that relatives and other advocates were involved. For example, a 'best interest' decision had been made for one resident in respect of moving into the care home on a permanent basis. A 'best interest' decision is a legal process that is designed to safeguard the rights of people who are unable to make their own decisions. In this example, external agencies, relatives and staff from the care home had been involved in making the decision for the person concerned.

Care records contained consent forms in respect of a range of care and safety issues. These included people having control over their own medication, having a key to their own bedroom door and being disturbed during the night. The forms had been signed by the resident's concerned indicating whether they gave their consent to these matters or not.

The service had a procedure to support families and residents to make important decisions about resuscitation and end of life care. The manager said they discussed this with individual families when the person's GP had indicated that they were approaching the end of life. Decisions were recorded on the person's file so they could be easily accessed if required. The manager said the decision could be reviewed and changed at any time in line with the instructions of the person concerned and their relatives.

The manager told us staff had received training about the Mental Capacity Act and the importance of seeking consent from people before providing any care and support. Staff

members we spoke to confirmed they were aware of the need to seek consent from people before carrying out any care or support activity and described how they do this in practice. We observed staff interacting in this way with residents during the inspection visit.

Care and welfare of people who use services ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Residents were able to determine the amount of support they needed with daily activities and personal care. During our visit some people were observed to have assistance from staff with moving around the home and with eating their meals. Other people were observed to be independent when undertaking activities.

At the time of our visit people were involved in a range of activities depending on their individual wishes and preferences. Some people were having breakfast, some people were spending private time in their rooms and others were watching TV or reading newspapers. People who lived at the home told us there were different activities for them to get involved with. A particular favourite was the music entertainer who was a regular visitor to the home.

We spoke with several residents and relatives and they told us they were happy with the care and support they received. One relative said, "The care is great. They pop in and have a chat with my mum and they also spend time with the other residents. I come every day and I hear and see them doing it."

We looked at the care records for three residents. These included information about likes, dislikes and preferences and were written in a person centred way. This meant that staff reading care records would have a good understanding of how people wanted their service to be provided.

We saw additional care plans for people with temporary care needs, for example one person needed specific care in respect of a chest infection.

A visiting district nurse told us the staff provided good care and they were proactive in seeking help and advice about resident's care needs. The district nurse told us the staff were very good at managing pressure care and that there was sufficient and suitable pressure care equipment available.

Care records showed that risk assessments were carried out and that suitable plans were in place to manage any risks that were identified. The risk assessments we saw included moving and handling, pressure care, nutrition and falls. Care staff told us they are involved

in reviewing care plans and keeping them up to date. Records showed that reviews were done every month.

We found people's needs were assessed prior to moving into the home, and that care and support was planned and delivered in line with individual needs. Staff told us they were given copies of care plans when people moved into the home. This enabled staff to have sufficient information to provide a safe service from day one.

We spoke with several members of staff about the care of two specific residents. The staff were familiar with each person's care and support needs and their preferred routines. Staff told us that relevant care and support information about residents was exchanged between staff at the 'handover' sessions that take place three times each day. Staff said that these handover sessions are a valuable way for them to keep up to date with any changes in the care and support required for individual residents.

Staff told us they were able to recognise and respond to a medical emergency or other emergencies that may arise at the home.

Safety, availability and suitability of equipment ✓ Met this standard

People should be safe from harm from unsafe or unsuitable equipment

Our judgement

The provider was meeting this standard.

People were protected from unsafe or unsuitable equipment.

Reasons for our judgement

The home had a passenger lift to enable residents to move between floors safely. Records showed this was serviced regularly by an external contractor to ensure it was safe for use. There was a range of moving and handling equipment including hoists and slide sheets. Safety and maintenance checks were done by an external contractor. Records showed the last checks were done in April 2012. The manager told us the checks should be done every six months and she would check when the next one was due. The manager told us that visual safety and maintenance checks were done daily by the care staff and that any problems were immediately addressed and rectified.

Staff told us there was sufficient equipment in place to meet the needs of the people living at the home and that resources were available to purchase new items if required.

Care records showed that moving and handling assessments were undertaken for all residents. Individual plans in respect of moving and handling and the use of equipment were in place. These were reviewed monthly.

Staff told us they had received training in how to use equipment safely. Training involved both theory and practical aspects of safe moving and handling and use of equipment. The training was provided by a senior member of the home's care staff.

An external contractor was responsible for checking the safety of portable electrical equipment used in the home. The last checks were undertaken in May 2012 and these showed that the equipment was safe for use.

Business continuity plans were in place so that the staff knew what to do in the event of an emergency such as a power failure.

Supporting workers ✖ Action needed

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

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not suitably supported to carry out their roles.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We spoke to several staff members during the visit including two care staff and two senior care staff. Staff told us they were given suitable training and were well supported to do their jobs. We spoke to a relative who was very complimentary about the staff team and said they knew what they were doing and had every confidence in them. A visiting district nurse told us the staff team were very co-operative and they were always willing to follow guidance and care instructions. The district nurse told us there was always enough staff on duty to be able to help her attend to resident's if needed.

There was a staff supervision policy in place. This said that staff would have one to one supervision sessions every two months. We found that this was not being achieved. Records showed that supervision sessions had not been held for over 12 months. Staff records showed that staff appraisals were held intermittently. Some staff had not had an appraisal for several years. Staff meetings were held but these were infrequent. Records showed the last meeting was held in March 2012. This meant that staff did not have regular, planned time to discuss their work performance and development needs either individually or as a group.

We spoke with several staff members during the visit. They said they were given a wide range of suitable training to enable them to do their jobs safely and effectively. Training included food hygiene, fire safety, moving and handling, medication awareness, infection prevention and control and pressure care.

We looked at the training records. There was no central record of the training that had been provided. This meant that we could not gain an overall understanding of the training that people had undertaken or when refresher courses were due. The manager told us that a range of relevant mandatory training courses were undertaken by all staff and that further training was provided based on the specific needs of the people they were supporting, for example supporting people with dementia.

Records showed that new staff had an induction period before they worked unsupervised. A new member of staff told us she had been given lots of training during her induction and

that she had not been allowed to work unsupervised for the first three weeks. She was now working towards a Diploma in Health and Social Care with support from the service.

The manager told us that all staff had achieved a relevant National Vocational Qualifications and/or Diplomas in Health and Social Care or were working toward this.

The staff members we spoke to said there was always a manager available if they needed advice or support.

Complaints ✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.

Reasons for our judgement

People using the service and relatives told us they would raise any concerns with the staff or the manager. A relative said, 'I raised a concern once about the bedroom being a bit cold. It was dealt with straight away. I feel confident raising any issues."

The service had a written complaints procedure. The procedure informs people of how to complain both within and outside of the service. A copy of the procedure was on display in several places in the home and a copy is also given to each resident.

Resident's meetings were held for people to give their views about the service. Records showed the last meeting was held in March 2012.

One complaint was recorded about the service during 2012. Records showed that this had been raised via the local authority and had been investigated by them. The matter was unsubstantiated.

Staff members told us if any concerns or complaints were raised with them they would resolve them if they could and refer it onto a manager.

This section is primarily information for the provider

Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010** **Supporting workers**
	How the regulation was not being met: The provider did not have suitable arrangements in place to ensure that staff were appropriately supported in relation to their responsibilities, including receiving appropriate supervision and appraisal. Regulation 23(1)(a).

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 by 09 April 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social 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 essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – 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.

Moderate impact – 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.

Major impact – 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

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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