

Orwell Mencap

# Orwell Mencap Genesis

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Good</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Good</b> ●

# Summary of findings

## Overall summary

The inspection took place on 8 December 2015.

Genesis is a domiciliary care service that provides people with personal care in their own homes. At the time of the inspection seven people were using the service.

The service is required to and did have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The way staff were recruited needed to improve in terms of how references were obtained and recorded but in general recruitment processes were safe and robust. Risks were not always assessed and reviewed appropriately although staff knew people very well and were able to keep them safe.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the framework of the Mental Capacity Act 2005 (MCA). Management understood their responsibilities under the Act.

People were given support and choices in their daily lives from staff that knew them well and were passionate about the care they provided. Staff were well trained and supported to ensure good quality care was delivered to people.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff.

The service had an open culture and everyone, including people, relatives and staff felt that management were approachable and they felt well cared for and valued.

Systems were in place to make sure that people's views were gathered. These included regular reviews of people's care, direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring systems carried out by the management team, which identified any improvements needed. A complaints procedure was in place and people and relatives were confident to raise concerns if needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

The recruitment processes needed to improve in terms of how references were obtained and recorded.

Risks were not always assessed and reviewed appropriately although staff knew people very well and were able to keep them safe.

People felt safe using at the service. Medicines were dispensed safely.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Management had good knowledge of legislative frameworks i.e. Mental Capacity Act 2005 to ensure people's rights were protected. Staff knew how to support people to make choices in their daily lives.

Staff received an initial induction. On-going support was offered to staff who attended various training courses which enabled them to apply knowledge to support people effectively.

Staff did not have any direct involvement in people's healthcare related needs. Staff understood their role in keeping people well.

**Good** ●

### Is the service caring?

The service was caring.

Staff treated people kindly and respected people's privacy.

Positive caring relationships were created between people and staff, who had got to know each other well and responded to each other appropriately

**Good** ●

### Is the service responsive?

The service was responsive.

**Good** ●

People's care plans were person centred and care was delivered in a very personal way to each person who used the service.

People were being supported to identify and carry out their own person centred interests.

The service had a robust complaints process and people knew how to express concerns if they needed to and felt comfortable to do so.

### **Is the service well-led?**

The service was well-led.

Staff respected and aligned themselves with the management's values. Support and guidance were provided to promote a high standard of care for people.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

**Good** ●

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## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the 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.

This inspection took place on 8 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available so that we could conduct an effective inspection. The inspection was conducted by one inspector.

Before the inspection we reviewed previous reports, recent information from the local authority and notifications that are held on the CQC database. Notifications are important events that the service has to let the CQC know about by law.

We spoke with two people, one person's relative and received feedback from a further relative. We spoke with three members of care staff, the registered manager, the deputy manager, the compliance manager, the training co-ordinator and the finance and administration manager. We observed interactions between staff and people. We looked at management records including four people's individual support plans. We looked at four staff recruitment and support files and quality assurance information. We also reviewed one person's Medicines Administration Record (MAR) sheets.

## Is the service safe?

### Our findings

Some improvements were needed to how risks were assessed in people's homes and in relation to specific risks to people's health and wellbeing. For example, where people might be at risk of developing pressure areas due to their reduced mobility and continued review and assessment of people's homes to ensure the environment was safe for staff to deliver people's care needs. We discussed this with the registered manager and the compliance manager who took our comments on board and assured us that this would be reviewed as a matter of priority. People were being cared for safely because staff knew them very well and had worked with them for many years. One staff member said, "I always risk assess before the day start. Check possible dangers." Work was needed to ensure that records also reflected the knowledge staff had.

The service had not recruited any new staff for some time. We reviewed the records of four long standing staff members. Some improvements were needed to obtain references for new staff. Most files only contained one reference, but the records were unclear in all cases as to why or indicate reasons for not obtaining adequate references for all staff. All other checks were in place to ensure effective recruitment of staff including, completing interviews, proof of their identity and undertaking a criminal record check. We discussed the shortfalls with the registered manager who confirmed that this had been addressed and future recruitment practices would be more robust. They also shared our concerns with the senior management team who agreed ways of ensuring future recruitment practices were up to the required standard. Robust recruitment processes are needed to ensure that all candidates are suitable to work with vulnerable people.

People told us they felt safe and staff knew how to keep people safe and protect them from harm. One person said, "They (staff) are always by my side. If anything goes wrong, they are always there to help me out." A relative told us that Genesis delivered a safe and appropriate service for their family member. A staff member told us that they "Keep an eye on people, keeping them safe."

Staff were trained in recognising signs of potential abuse and were able to identify how people may be at risk of harm and what they could do to protect them. One person said, "If anything goes wrong they are always there to help me out." The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities such as the Care Quality Commission (CQC) and social care services. We discussed a recent safeguarding incident with the registered manager; they had a good understanding of their responsibility to safeguard people and dealt with the safeguarding concern appropriately.

There were sufficient staff deployed to meet people's assessed needs and allocated visit times. The assistant manager confirmed that they had an on call system with dedicated staff to respond if there were staff shortages or short notice cover was required. The staff members we spoke with confirmed this. One relative told us, 'They very rarely let us down and always stay for the allotted time. Communication is very good from staff on-call.'

People received their medications as prescribed. Only staff who had received training in medication administration and management dispensed medicines to people. Staff we spoke with were confident in

completing this task for people and explained how they supported people safely and completed MARs once they had done so. We reviewed MARs for one person being supported with their medicines and found these to be in good order. The service carried out regular audits of the medication. This assured us that the service was checking people received medication safely.

## Is the service effective?

### Our findings

People received effective care from staff who were supported to obtain the knowledge and skills to provide continuous good care. One person commented, "They (staff) are brilliant." All staff were encouraged and supported to complete a nationally recognised qualification in Health and Social Care. Staff received on-going training in the essential elements of delivering care and one member of staff said, "The training we receive is very good; I take my training very seriously." Another member of staff told us they completed a lot of training and it had supported them to improve their practice and deliver good care to people. A relative told us that they felt staff were well trained and delivered care to a high standard.

Staff felt supported at the service and it was clear from the way training was delivered that the service made an effort to ensure that staff's individual learning preferences were supported. This included offering different learning styles to suit staff, for example, face to face, E Learning and individual sessions to accommodate different learning needs. Staff received an induction into the service before starting work. The induction allowed new staff to get to know their role and the people they were supporting. The training coordinator confirmed that the service would be using the new Care Certificate to aid staff induction going forward and ensure staff worked to the required standards. The service used creative ways to train people including training their own staff to become 'train-the-trainer' in subjects such as dementia care and the Care Certificate.

Regular supervision and appraisals had fallen behind but this had commenced for all staff. One member of staff said they received regular supervision, not only face to face but observational supervision of their practice whilst they worked. This helped them to continually improve their practice and deliver good quality care to people.

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

The registered manager had a good understanding of the MCA and staff had received training in the MCA. The registered manager also showed us some further training they would be rolling out to staff shortly to further enhance staff's understanding of the Act. Staff, clearly offered people choices in their daily lives and people and their relatives confirmed this. One person told us when we discussed their choices with them, "They (staff) ask me first." Another person told us, "They (staff) make sure I am able to do what I can do. They help me when needed." A staff member told us, "Always give everyone a choice." Another staff member told us that they would never make big decisions without involving the person and those that were important to them.

Where staff supported people to eat and drink, they did so with respect and kindness and people's choices of meals were always adhered to. One person said, "I choose what I need to cook. They (staff) support me."

They also told us that staff supported them to make healthy choices.

The service did not have direct involvement in people's healthcare related needs. However, staff told us they would make people's relatives or the management team aware if they had any concerns about people's healthcare needs, for example, if they noticed any redness on a person's skin or other concerns about their health.

## Is the service caring?

### Our findings

Staff had positive relationships with people. People told us they liked the staff and the service they received. One person told us that they had been receiving care from the service for a long time and that staff were, "Excellent." Another person told us, "They (staff) are brilliant."

People were supported to be as independent as they chose to be. We were able to observe staff who provided care in people's homes interacting with the same people at the day centre they attended. People and staff were relaxed and comfortable in each other's company. There was free flowing conversation and exchanges, laughing and joking together. Independence was promoted and people and staff respected each other's choices. One relative told us that their family member's wishes were always respected and that they were listened to by staff about their choices.

People received personalised care from staff that knew them well. Staff understood people's preferences for care and their personal histories. Staff knew people very well and spoke passionately about the people they supported. They understood their individual needs and the smaller details about how to ensure people were happy and comfortable. One staff member told us about a person they had been supporting for many years, "We have a bond and understanding."

Staff treated people with dignity and respect. One person who used the service we spoke with had recently attended training alongside staff to become a dignity champion and be involved in ensuring that people's dignity remained an on-going and live subject in the service. In the day centre which most of the people who used the service attended with their allocated care workers there was a large display about dignity and what it meant for people. Comments included, 'To treat others the way you want to be treated.' One person told us, "We are just an individual. Everybody here treats us with respect. I think that's marvellous."

People and their relatives told us that they were involved in the on-going review and management of their care. All the people and relatives we spoke with confirmed that they were involved in regular reviews of the care they or their relatives received. We saw some examples of these reviews of people's files.

## Is the service responsive?

### Our findings

People's care and support needs were well understood by the service. This was reflected in person centred care plans and in the attitude and care of staff towards people. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives. This included their interests and all day to day choices. One person described staff as, "Very bubbly, happy. Very understanding."

Before people started using the service their needs were assessed to see if they could be met.. Support plans contained completed pre-admission forms and service level agreements which explained what the person should expect from the care they received. Over time detail had been added to people's care plans to ensure they reflected people as individuals. They clearly showed how each person wished to be cared for. However some repeated information in the care plans meant that in some cases, parts of documents were completed and not in others. The registered manager said they would review this to ensure that people's care records were clear, concise and easy for staff to follow.

Support plans included information that was specific to the individual. Each support plan included information about the person's health, medication and preferences. There was information about how to best support people's individual needs such as mobility and their likes and dislikes. People told us that their care plans were also in their own homes and staff confirmed this. People also told us that staff wrote daily in their care records once they had visited. This is important so that there is a record of the care provided and any changes or concerns that might need review or action to ensure people's continued wellbeing.

People's strengths and levels of independence were identified and activities were chosen with their involvement. One person told us how things had changed and improved for them since they starting receiving a service. They told us about their activities including, computers and cooking. They were receiving support to cook pizzas on the day of our inspection. Another person told us staff always asked them what they wanted to do. Staff confirmed this and shared that if they had planned something, but the person changed their minds, they always made sure they were happy with their alternative. They gave us examples such as going for a meal or going swimming.

The registered manager had policies and procedures in place for receiving and dealing with complaints and concerns received. They described what action the service would take to investigate and respond to complaints and concerns raised. People and relatives told us that they would approach staff or management if they were unhappy about anything. One person told us what they would do if they were unhappy, "I'd go to one of the staff or contact the CQC." A person's relative told us, "Everything is absolutely fine, if it wasn't I would do something about it. I find them (management and staff) very approachable."

The service also used service user forums, regular care reviews and satisfaction questionnaires to gain people's feedback about the care they were receiving and any improvements that could be made to ensure people were receiving a good service. We saw actions from these, for example, comments from the questionnaires were used to draw up an action plan to continually improve the service for people.

## Is the service well-led?

### Our findings

The service had a registered manager in place and the management team were accessible to staff and people who used the service. Staff passionately expressed a vision of providing a good service for people and it was clear from our discussions with people that they agreed. One person told us that, "I get one with them (management team)." A relative told us that the service 'Cares for its customers'.

Staff felt very supported by the management team. Staff told us that the management team was approachable and that there was an open culture. One member of staff said, "You can talk to everyone. They are kind and friendly." Another staff member told us, "It's the best job I ever had." They went on to say that the management team were, "Very approachable. You always get an answer and plenty of help."

People were actively involved in improving the service they received. Management displayed good leadership through effective oversight and monitoring of the service. This included conducting regular observations of staff whilst they delivered people's care to ensure the quality of their practice. The registered manager gathered people's views on the service through regular reviews of their care and additional Quality Assurance Questionnaires. They used information from these questionnaires to see if any improvements or changes were needed at the service. This showed that the management listened to people's views and responded accordingly, to improve their experience at the service.

The management team aspired to deliver a high standard of care to people and they used the quality monitoring processes to keep the service under review and to drive any improvements. The registered manager shared with us their on-going action plan for improvement of the service. This included elements such as, continuous monitoring and management of any concerns or complaints, maintaining sufficient staffing levels, data protection and monitoring the quality of all aspects of people's care. They continued to work on plans to enhance the service for people, including the development of further bespoke training for staff in the next 12 months and continued work and improvement to processes for monitoring the service for people.