

Sense

SENSE - 30 Norbins Road

Inspection report

30 Norbins Road
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Sense 30 Norbins Road is a care home for up to four people with sensory impairments and learning disabilities. Three people can be accommodated in a large Victorian house, although only two people were living in the house when we inspected. Another person lives more independently in a self-contained bungalow located at the rear of the property. People who live in the main house require 24 hour staff support. The home is set in its own grounds, close to the town centre.

A registered manager was responsible for the home. 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 and associated Regulations about how the service is run.

This inspection took place on 4 February 2016 and was unannounced. It was carried out by one inspector.

We spoke with one person; another person was able to communicate with us using sign language. The third person was unwell on the day of the inspection so we did not speak with them on this occasion. We also used our observations and our discussions with people's relatives and staff to help form our judgements.

Staff understood people's needs and provided the care and support they needed. The home was a safe place for people. One person said "I get on with the staff very well. I'm happy here."

People interacted well with staff. Staff were skilled at communicating with people, especially in using sign language. People made choices about their own lives; staff encouraged them to try new things. They were part of their community and were encouraged to be as independent as they could be.

Staffing levels were good and people also received good support from health and social care professionals. Staff had built close, trusting relationships with people over time. One relative said their family member "Gets on very well with staff, especially staff who have worked there a long time. They become like family to her."

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

Staff were well supported and well trained. Staff spoke highly of the care they were able to provide to people. One staff member said "I think the care is excellent here. There's a good staff team here who really care about the people they are supporting."

There was a management structure in the home which provided clear lines of responsibility and accountability. All staff worked hard to provide the best level of care possible to people. The aims of the

service were well defined and adopted by the staff team.

There were effective quality assurance processes in place to monitor care and safety and plan ongoing improvements. There were systems in place to share information and seek people's views about their care and the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were protected from abuse and avoidable harm. Risks were identified and managed well.

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff recruitment was safely managed.

People were supported with their medicines in a safe way by staff who had been trained.

Is the service effective?

Good ●

The service was effective.

People made decisions about their lives and were cared for in line with their preferences and choices.

People were well supported by health and social care professionals. This made sure they received appropriate care.

Staff had a good knowledge of each person and how to meet their needs. They received on-going training to make sure they had the skills and knowledge to provide effective care to people.

Is the service caring?

Good ●

The service was caring.

Staff were kind and patient and treated people with dignity and respect.

People were supported to keep in touch with their friends and relations.

People, and those close to them, were involved in decisions about the running of the home as well as their own care.

Is the service responsive?

Good ●

The service was responsive.

People, and those close to them, were involved in planning and reviewing their care. People received care and support which was responsive to their changing needs.

People chose a lifestyle which suited them. They used community facilities and were supported to follow and develop their personal interests.

People, and those close to them, shared their views on the care they received and on the home more generally. Their views were used to improve the service.

Is the service well-led?

Good ●

The service was well-led. There were clear lines of accountability and responsibility within the management team.

The aims of the service were well defined and these were adopted by staff.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs. People were part of their local community.

There were effective quality assurance systems in place to make sure that any areas for improvement were identified and addressed.

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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.

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Before our inspection we reviewed all of the information we held about the home. We also reviewed the Provider Information Return (PIR) and previous inspection reports. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During our inspection we spoke with one person; another person was able to communicate with us using sign language. We spoke with three care staff and the registered manager. We observed staff interacting and communicating with people and looked at three people's care records. We also looked at records that related to how the home was managed, such as staff rotas, staff training records and quality assurance audits. We also contacted five relatives following our visit to the home.

Is the service safe?

Our findings

The service was safe. One person said "Yes, I'm happy and safe here." People's relatives told us they had no concerns about the safety of their family members. Each thought it was a safe place. They would be happy to talk with staff if they had any worries or concerns. One relative said their family member "Would tell me if there was a problem, which she never has. Staff have always been very nice to her."

Each member of staff told us they thought the home was a safe place for people. One staff member said "This is definitely a safe place for people to live." Staff had received training in safeguarding adults; the staff training records confirmed all staff had received this training. All staff spoken with were aware of indicators of abuse and knew how to report any worries or concerns. Staff were confident that any concerns would be fully investigated to ensure that people were protected. One staff member told us "I've never had any concerns but I would be happy to raise them with the manager, area manager, CQC or the police if necessary."

There were risk assessments relating to the running of the service and people's individual care. Any potential risks were identified and steps taken to reduce, or where possible, eliminate the risks. For example one person went out into the community without staff support. The risk relating to this had been assessed and discussed with this person. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire or if they went missing. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures. The registered manager or a senior member of the staff team was 'on call' each day so that staff were able to access extra support or advice in an emergency.

People had very few accidents or significant incidents at the home. Staff completed an accident or incident form for each event which had occurred; these were read by the registered manager. This ensured that each incident was recorded and reviewed. Details of action taken to resolve the incident or to prevent future occurrences were recorded where appropriate.

People were supported by staffing numbers which ensured their safety. One relative said "The staffing is good." Their family member "Gets a lot of attention from the staff which is marvellous". In the main house there were two staff on duty during the main part of the day (typically between 11am and 5pm); this meant people could be provided with one to one staffing. At other times there was one member of staff on duty. The person who lived in the bungalow was supported by one member of staff for five hours each day. The registered manager also worked in the home and could provide additional support if this was needed, as they did on the day we inspected. Rotas were planned in advance to ensure sufficient staff with the right skills were on duty. The provider employed a small team of eight staff which ensured consistency and meant staff and people in the home got to know each other well.

There were safe staff recruitment and selection processes in place. Recruitment was handled centrally by the provider. Each staff member had to attend a face to face interview. Thorough checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references were obtained. This ensured staff were suitable to work in the home. One staff member said "I had all my employment checks before I started work here. I completed an application form, had an interview and had to show my driving licence and my passport."

People had medicines prescribed by their GP to meet their health needs, although people needed very few medicines. One person only took 'as and when required' medicines such as painkillers. One person was responsible for their own medicines; they had a safe place to keep them. They said "I get on very well with my medicines. I get a week at a time." Other people took their medicines when prompted by staff. These were stored securely for them. Each person had a care plan which described the medicines they took, what they were for and how they preferred to take them.

Staff received medicines administration training and had a competency check before they were able to give medicines to people. This was confirmed in the staff training records. Medicine administration records were accurate and up to date. Unused medicines were returned to the local pharmacy for safe disposal when no longer needed.

Medicine safety was audited every month by a senior member of the staff team. The provider's area manager had also carried out a comprehensive management of medicines audit in December 2015. This rated medicines administration in the home as "outstanding". One area for improvement had been identified (to check the storage temperature of medicines) and this had been actioned.

Is the service effective?

Our findings

The service was effective. Relatives told us staff understood their family member's care needs and provided the support they needed. One relative said their family member "Has lived there for about 18 years. She has always been very happy. She does lots of things and the staff know about the care she needs." Another relative told us "Staff absolutely know about [their family member's] needs. They have a great deal of understanding."

Staff had training which helped them understand people's needs and enabled them to provide people with the support they needed. New staff received a thorough introduction to the service and 'shadowed' experienced members of the staff team before they supported people on their own. All staff received basic training such as first aid, fire safety, health and safety and food safety. Staff had also been provided with specific training to meet people's care needs, such as sign language, caring for people who had sensory loss or a learning disability and how to support people who had become upset or distressed. One staff member said "I had a lot of support and shadow shifts when I started. The training is good, helpful. You never feel you are asked to do anything you are not trained in."

Staff had regular formal supervision (a meeting with the registered manager to discuss their work) and annual appraisals to support them in their professional development. Staff were also filmed twice each year whilst working. The footage was reviewed and used as a learning tool to help staff develop or improve their practice. One staff member said "Supervisions are fine; I have those about once a month. I have been videoed; it's actually a good learning tool, especially watching how you sign to people." There were also regular staff meetings and a handover of important information when staff started each shift.

People's health care was well supported by staff and by other health professionals. One relative said "They are really on the ball with anything like that. They always tell me what's going on, such as with doctors or dentist visits. She's usually in very good health." One person was unwell on the day we inspected. Staff were kind and caring towards them, making sure they had medicines when they needed them and that they were able to spend time in bed if they wished to.

People saw their GP, dentist and optician when they needed to. One person said "I go to the doctors occasionally, with colds and things." People also had specialist support, such as from a psychologist, a physiotherapist, speech and language therapist and an occupational therapist. People's care was tailored to their individual needs. One person's mobility had improved following support from a physiotherapist. Staff had also ascertained that changes in this person's moods were often linked to them having an infection. This person now saw their GP whenever staff noticed any changes in mood. This person was currently taking medication for an infection prescribed by their GP after staff had noticed their mood had changed. They appeared happy and relaxed on the day we inspected.

One person spoke with staff about their care needs and the things they wished to do; they also read Braille. Two other people used a variety of communication methods, such as sign language, photographs, picture symbols and objects. Laptop and tablet computers were also being used as communication aids. Staff knew

people well and had been trained in communication methods, such as sign language, so were able to communicate effectively with them. People's care plans contained a lot of detail about the communication methods they used.

One person made decisions for themselves. They told us "I decide what I do. I tell the staff what I'm going to do." Other people were able to make most of their own decisions as long as they were given the right information, in the right way and time to decide. They were not able to make all decisions for themselves and we therefore discussed the Mental Capacity Act 2005 (MCA) with staff. The 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.

Staff were knowledgeable about how to ensure the rights of people who were not able to make or to communicate their own decisions were protected. One staff member said "People are able to make important decisions about their own lives. If they can't, other people can make decisions in their best interests." We looked at care records which showed that the principles of the MCA had been used when assessing an individual's ability to make a particular decision. For example, one person may wear unsuitable clothing in very cold weather. People close to them had therefore made the decision that staff needed to ensure they were suitably dressed as this would be in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were knowledgeable about DoLS. DoLS applications had been submitted for two people. One had been authorised; the other was being assessed. An Independent Mental Capacity Advocate (IMCA) had helped represent one person's views as part of this process. We checked whether any conditions on the authorisation to deprive a person of their liberty were being met and found they had been.

People had a varied and healthy diet. One person said they chose their meals each week and wrote a shopping list. They told us "I do my shopping with staff. I usually go to Morrison's or Tesco's. Staff usually cook in the week but on weekends I cook for myself." Two other people had shared four weekly menus based on meals they liked. They both helped with food shopping; one person particularly enjoyed helping with cooking and this was encouraged by staff. Staff monitored people's food and drink intake to ensure each person received enough nutrients every day.

The house and the bungalow were both decorated and furnished to meet people's needs but remained homely. People had their own personal belongings and items such as pictures and photographs which helped with the homely feel. One person's property was due to be refurbished. They said "I'm excited about the refurb. I chose the colour schemes. I'm having a new kitchen and new bedroom furniture. I had a new front door last week." One relative said their family member "Had a very nice home, which she's very proud of."

Is the service caring?

Our findings

The service was caring. One person said "I get on with the staff very well. I'm happy here." People's relatives praised the way staff cared for their family member. There were many positive comments from relatives about staff. These included "All of the staff are very good, very kind" and "I have always been impressed with how caring the staff are. We have always been very fortunate with that. I couldn't be happier with the care."

Staff had built close, trusting relationships with people. One person said "I have [staff member's name] with me today. She has been here with me for years. We get on very well." Staff spoke with people in a polite, patient and caring way. People looked happy and settled; there was a calm and homely atmosphere. One relative said their family member "Gets on very well with staff, especially staff who have worked there a long time. They become like family to her."

Staff were aware of and supported people's diverse needs. Staff knew how to support people as care was well planned and they had been provided with specialist training. One person had a visual impairment. Lots of information was written in Braille, such as their care records, menu and medicine labels, so that they could read them. Staff were able to show us how they met individual needs of people with a range of religious beliefs, for example relating to one individual's dietary requirements and choice of funeral arrangements.

The provider had developed their own vision and values (known as the 'I' statements). These described how to ensure respect, honesty and openness were evident throughout the service. They also included people's right to be listened to, to be involved in decision making and have their achievements recognised. Staff spoke with us about these statements and we saw staff worked in line with them.

Staff were very positive about the care they were able to provide; they aimed to provide people with individualised support. One staff member told us "I think the care is excellent here. There's a good staff team here who really care about the people they are supporting." Another staff member said "People are very well supported. Everyone genuinely cares for people. People laugh and smile; I think it's a good home."

People were encouraged to be as independent as they could be. One person said "I go into town on my own a lot. I meet my friends. When I fly, I go on my own." Other people visited their relatives, helped around the house, with gardening, the laundry and shopping. People did things which may appear small to others but could be significant for that person. One relative said their family member "Was really encouraged to be independent." One staff member said one person was "Pretty independent, always nipping out." Other people "Did as much as they could, although we need to encourage and support them."

Staff treated people with respect. People chose what they wanted to do and how and where to spend their time. People's privacy was respected. One person had their own self-contained property. In the main house people had their own room and there were ample communal spaces so they could spend time alone when they wished to. We observed staff always knocked on bedroom, bathroom and toilet doors before they entered the room.

Staff had a good understanding of confidentiality. Staff signed an agreement relating to protecting personal information when they started working at the home. Staff did not discuss people's personal matters in front of others. All records containing confidential information were kept securely.

People were supported to maintain relationships with the people who were important to them, such as their friends and relations. They were encouraged to visit as often as they wished and people visited their relations regularly. One person said "I went over to Spain last Christmas on my own to see my Dad. I have a friend who I see every week at Church. I have my own phone at home and I've got a mobile phone." People were also supported to write letters, send cards, emails and use an internet programme to make video calls. One relative said their family member "Calls me just about every day so I know what she's has been doing and how she is feeling."

Is the service responsive?

Our findings

The service was responsive. One person said they were able to do things they enjoyed. They said "I do lots of things. I go to yoga in Wells, go shopping, go to the library, have keyboard classes, go to Church and to the bank. I watch TV; I follow the soaps. I'm going away for a few days soon as well." Relatives said their family members chose to do things which suited them. They told us people were well supported in choosing activities and outings they enjoyed. One relative said about their family member "It's the sort of lifestyle I always wanted her to have. She does things which she loves."

Each person had one to one staffing at times; they were able to plan their day with staff. People went out at various times during our inspection. People also spent time relaxing at home. Records showed people went shopping, had meals out, went for walks, visited places of interest such as nature reserves, had day trips, went on holiday and had sensory activities. The home had a sensory room which people could use when they wished. Staff had access to one vehicle to take people out in.

Staff provided support and encouragement to people to help them develop their interests or try new things. One person had expressed an interest in voting in local and general elections. Staff had therefore arranged for the local MP to visit and speak with them. They had subsequently voted at elections. They were also interested in writing a 'blog' (a website containing their own experiences); staff had supported them to do this. Another person particularly enjoyed 'pampering' sessions and having their hair done in various styles. Staff had therefore helped them put together a book with photos of their various styles so they were able to choose how they wished their hair to be done.

People participated in the assessment and planning of their care as much as they were able to. Others close to them, such as their relatives or other professionals involved in their care, were also consulted. One relative said "I have always been given the opportunity to contribute my ideas and I do. If they needed a written view I gave it. Communication had always been excellent."

We looked at three people's care records. Care plans included people's routines, interests, likes and dislikes, communication and personal care needs. Plans were detailed; each part of a person's plan described the aims and objectives, the communication needed with the person, the levels of support they needed and identified any risks. All of records were kept up to date and reflected people's current needs.

Relatives felt staff understood people's needs and adapted care and support if needs changed over time. One relative said "The care is changed if needs be so we are very comfortable about [their family member's] future at Norbins. That's very important to us." One person had been supported to move to another home since we last inspected. It had been identified their needs were not being fully met living at Norbins. Their relationship with two people they shared their home with was also becoming difficult. Staff had therefore worked with this person and their family to ensure they were able to move to a more suitable service.

People's care and support was discussed and reviewed regularly to ensure it continued to meet their needs. People had monthly support meetings. One person said "Yes, they do monthly meetings with me. We talk

about lots of things, how things are, what I want to do or if I want to change anything." Each person had named staff to oversee their care and make sure their care records were accurate. These staff reviewed people's care plans and updated them when necessary. Annual care review meetings were attended by the person, their relatives, a social worker and staff from the home. Each person shared their views. We read one person's last review notes which were very positive about the care and support provided by staff.

One person knew they could complain if they were unhappy; they told us they were very happy but had complained in the past. Two people would not be able to use the complaints procedure independently; they would need staff to help them. There had been no complaints made in the last 12 months. Relatives spoken with did not raise any concerns with us; they knew they could complain if they needed to and knew who to complain to. One relative said "I have never had to complain about anything." Their family member "Would tell me if she was unhappy. She's very forthright in her views."

Is the service well-led?

Our findings

The service was well led. The registered manager regularly worked 'on shift' to support people. They were keen to develop and improve the service; they encouraged people to share their views. They were supported by three senior members of the team. People's relatives spoke highly of the service and of the registered manager. Comments included "Norbins is a very, very good home", "I couldn't be more complimentary about the service, it is great" and "The manager has wonderful capabilities."

The PIR stated the key aims of the service were "based on the organisation's values", primarily the 'I' statements. The registered manager told us "It's important to have a philosophy and be caring and compassionate. Staff need to buy into that." The aims were discussed with staff; formal and informal observation of staff practice was carried out to make sure staff worked in line with these aims. One staff member said "It's a good home where people are valued. There's a real consideration of people's individual strengths and needs. I think it's a friendly place, where people always feel supported."

The registered manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us "It's an open, friendly place to work. You can talk openly about anything." Staff were very positive about the registered manager. One staff member said the registered manager was "Easy to speak to, reasonable and fair."

People were part of their local community; Norbins was a well-established home. People used local shops, supermarkets, cafes, banks and went to church. People went into town with staff during our inspection. One relative said about the people who lived at the home "They are so well known in the town. Everybody knows them in Glastonbury."

People shared their views on the service. One person said "I talk to the staff about how things are here every day. I can talk about anything. They change things if I want them changed. I just ask." Other people could show their satisfaction in how they responded to the care and support being provided or by using non verbal communication. People's relatives were consulted and they said they were listened to. One relative said "I'm in regular contact with the home and [the registered manager]. They always keep you up to date and listen to your views."

Staff met with each person every month so there was ongoing discussions with each person about their service. The provider surveyed staff annually; this was a general staff survey and not specifically about Norbins. The last survey was concluded in September 2015. This showed areas such as 'speaking up', staff performance standards and staff understanding of their roles scored highly. Pay, career paths and senior leaders being 'in touch' did not score as well. An action plan had been put in place to address these areas. A record was kept of any compliments the service received. Records included a compliment from a social care professional about how one person's move to a new had been supported.

The home had developed good links with health and social care professionals, such as with GPs and the

local team who supported people with learning difficulties. The provider also employed a Multi-Sensory Impairment Specialist who had provided advice, supported people with mobility issues and had carried out tests on people's vision and hearing. This enabled people to access specialist support to meet their needs and staff to access guidance on current best practice.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. A wide range of audits were carried out either by the registered manager, a peer (a registered manager from one of the provider's other services), the area manager or staff from the provider's policy and quality team. In the last 12 months audits had included mental capacity, choice and decision making, nutrition and eating and drinking, communication, involving and engaging people and keeping people safe. These audits had rated the service highly. Where any areas for improvement had been identified, these had been acted upon.

Accidents and incidents were checked by the registered manager, although there were very few of these. Staff told us they could be discussed at team meetings so staff could learn from them and try to prevent them from recurring. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment. The service had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.