Sense

SENSE - 18 Water Gate

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 14 August 2017 and was announced.

Sense – 18 Watergate is a care home which provides personal care for up to five people who experience a range of learning disabilities, physical disabilities and sensory impairments. The accommodation includes private ensuite bedrooms and shared communal areas. There were five people living at the home when we inspected.

At the last inspection, the service was rated Good.
At this inspection we found the service remained Good.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where necessary people had been referred for a Deprivation of Liberty Safeguards assessment and staff supported people to make choices about their care.

Staff received appropriate training and support to ensure that the care provided was safe and met people's needs. This allowed staff to ensure that medicines were managed safely and that risks to people were identified and care was planned to keep minimise risks. Staff had received training in how to keep people safe from abuse and knew how to raise concerns. Thorough recruitment checks ensured that staff were safe to work at the home with vulnerable people.

Care plans fully reflected people's needs and supported staff to provide personalised care. People were able to make choices about their meals and helped staff to prepare their meals. Where needed food was modified to appropriate textures for people to eat safely and the equipment provided at meal times supported people's independence. Activities offered supported people to engage with their local community and enabled them to live a busy life.

There were effective audits in place to monitor the quality of care that people received. Systems supported people using the service and their families to raise any concerns they had about the care provided. The registered manager kept up to date with changes in best practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe and remains good.

Good

Is the service effective?

The service was effective and remains good.

Good

Is the service caring?

The service was caring and remains good.

Good

Is the service responsive?

The service was responsive and remains good.

Good

Is the service well-led?

The service was well led and remains good.

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 home, and to provide a rating for the home under the Care Act 2014.

This inspection took place on 14 August 2017 and was announced. We announced the inspection as people and the staff who supported them often spent time away from the home and we wanted to be sure there was someone at the home. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the home. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make.

During the inspection spent time observing care. We spoke with a care worker and the registered manager. We looked at two care plans and other records which recorded the care people received. In addition, we examined records relating to how the home was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

Staff told us and records showed that staff had received training in keeping people safe from abuse. They were clear on how to raise concerns with the registered manager and the telephone number for the local safeguarding authority was available in the staff office.

Risks to people had been identified and care plans had been developed to manage those risks. For example, people's ability to move around the home had been assessed and where needed appropriate equipment was in place to support people safely. In addition the risks of the environment and the use of equipment were also identified. One person's care plan noted that the seat belt needed to be used every time they used the toilet as it would support the person to stay upright and therefore safe if they experienced a seizure.

There were risk assessments in place to support people who may become distressed both within the home environment and in public. Information was recorded on what may trigger the distress. This allowed staff to provide consistent support to the person. In addition it supported them to keep themselves and others safe by using restraint techniques to block and move away from the person. All staff had received training in these techniques. Staff told us and records showed that this consistent approach was working and had reduced the number of distressed reactions they had to manage.

Medicines were safely stored and all staff had received training in the safe administration of medicines. When people spent time in the community there were systems in place to ensure that their medicines were taken with them. This included the medicines needed to keep the person safe in the event of an epileptic seizure. Care plans contained clear guidance for staff about how to safely use these medicines during the seizure and when they would need to contact the emergency services for extra support.

Staff explained if they had concerns that people's medicines were not effective at helping them live an active fulfilled life they would raise concerns the healthcare professionals. Records showed how a change in medicines had supported a person to be more settled and able to enjoy their life.

The provider had systems to ensure that staff recruited were safe to work with people at the home. The amount of staff needed to keep people safe was identified and records showed that the correct number of staff was available to support people. The registered manager was able to be flexible with the rota to provide extra support when needed to support trips and camping holidays. For example, by reducing the rotas when people went home to visit their family there was more staff available at other times.

Good

Is the service effective?

Our findings

Staff new to the home received a structured induction to the provider and the home. This included time spent learning about the safe ways to support people and shadowing experienced colleagues. In addition there was a rolling program of ongoing training for staff to undertake. This included the mandatory training and training specific to the needs of people living at the home. Staff were also able to undertake training to support their career development.

Staff told us and records showed that they received regular supervisions from their registered manager. These were based around the provider's values and using them in supervisions ensured that all the staff were working in line with the values to make people's experiences of the care provided they best they could be.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had assessed people's ability to make decisions and had made appropriate referrals to the local DoLS teams for formal assessments to be completed where needed.

Where people were able to make decisions for themselves we saw that they had been supported to do so. Where people had been unable to make decisions, staff, family and healthcare professionals had discussed the options and chosen the one which supported the person the best. For example, we saw that one person was irritated with their hearing aids and would remove them shortly after they had been assisted to put them on. Their care plan showed staff and the registered manager had thought about this behaviour and had consulted with a doctor who specialised in hearing to identify that the person had little or no hearing. As the person was clearly indicating their wish not to wear a hearing aid a best interest decision was made involving family members that the hearing aids would no longer be offered.

People were encouraged make choices about their food and to be involved in the development of a menu plan. To support people to make choices the tinned food it the cupboard had been labelled in braille. People were supported to be involved with preparing and cooking their meals as much as possible. Where people needed a modified diet to help them eat safely this was provided for them.

People were supported to access drinks and fluid to keep them hydrated and their favourite drinks were listed in their care plan. We saw that staff offered people drinks on a regular basis and ensured that they had plenty of drinks with them when they went out in the community.

Records showed that people were supported to access healthcare professionals when needed. This included the local doctors and hospital appointments. Staff accompanied people to their appointments so that they could ensure all relevant information was passed over to the professionals. People also had health passports. These included information on people's conditions and needs and were used to help hospital

staff understand the specific care each person needed.

Good

Is the service caring?

Our findings

During our time at the home we saw that staff provided people with kind and gentle care which met their needs. People were allowed the time they needed to completed tasks at their own pace and no one was rushed. We saw that each person received an annual assessment and this included information on what was important to them, what they liked to do and what people admired about them. We saw that this information was person centred and reflected people's personalities. For example, we saw that one person liked spicy food and were good at expressing when something made them happy.

Care plans recorded people's need for reassurance and comfort and staff knew people's likes and dislikes in this area. For example, we saw that one person's care plan recorded that they liked to be hugged. We saw that a member of staff sat beside the person to get them ready to go out and the person leaned into them for a hug. The member of staff sat with them and allowed them to get the comfort and reassurance they needed and then continued to get the person ready. However, this was not a generic approach as another person living at the home was not tactile and did not like to be touched. Staff demonstrated they knew the person well and understood this by fully respecting their wishes.

Staff had received training in supporting people's privacy and dignity. For example, they told us how they ensured that all the people were appropriately dressed in the communal areas of the home. In addition the care plans showed how one person needed support to keep their teeth healthy. It had been identified that the person was most receptive to this care when they were in the bath. We saw that this had improved their oral hygiene and supported their dignity.

Care plans included information on how people communicated with staff and how staff could maximise people's ability to communicate. An example of this was how to approach a person from one side as they had no sight in the other eye. In addition care plans recorded the behaviour people may display which would indicate to staff that they needed some support. Care plans reinforced the use of reference objects and signing to support communication with some people. Some of the people living at the home were able to read braille and we saw that this was used to maximise their independence and promote choice. For example, we saw that staff sat with a person and added braille stickers to their television magazine. This helped the person identify which day of the week they were looking at quickly and easily.

Good

Is the service responsive?

Our findings

When people moved into the home we saw that they received a comprehensive assessment to identify the care they needed and areas where they could be encouraged to approve their abilities. For example, their sight and hearing had been tested. This supported the provider to plan the care they needed which would maximise their independence. In addition people received annual reviews which supported them to grow and develop while ensuring the care in place continued to meet their needs. An example of this was that staff were going to see if they could find a cup which a person could use instead of a sports bottle to support their independence and dignity. People's families were invited to these reviews and we saw that the provider supported staff to attend the reviews which maximised their effectiveness.

Staff told us and records showed that people were supported to improve the health and abilities. An example of this was one person who was working with a physiotherapist to improve their core body strength. They were getting stronger and could now stand up. This increased their independence and meant that they needed less equipment to support them.

People's daily routines were listed in the care plans. All staff followed these routines to provide consistent care to people. This was important with people who may not be able to communicate effectively as following the routine meant they knew what to expected when receiving their personal care.

People were encouraged to access a wide range of activities which supported their hobbies and interests. The home had purchased some camping equipment and during the year, in groups of two or three, people had spent time away from the home enjoying holidays. In addition staff told us that they monitored the local community to look for outings that people would enjoy. For example, they had recently visited a local 1940's weekend. In the spring they had enjoyed visiting the local church flower festival where they had sponsored a display of flowers.

As well as one off events people were also supported with routine activities they enjoyed and most weeks people spent time at the local swimming pool. In addition, some of the people chose to follow a football team and were supported to attend matches. Staff were continually reviewing people's abilities and identifying opportunities for them. One member of staff told us how they were looking for sailing opportunities for some of the people living at the home. People were also supported to help maintain their home environment where they were able. For example, one person's care plan recorded that they could set the table for lunch and make a drink. In addition they were able to cut the back lawn.

Information on how to complain was provided to people's families when they first started living at the home. The registered manager confirmed that they had received no complaints since our last inspection. While people at the home may not have been able to raise a written or verbal complaint, staff monitored their behaviour to see if they were happy with the care they received. If they identified some indication that a person was not happy they would ask for their care plans to be reviewed.

Good

Is the service well-led?

Our findings

There was a new registered manager at the home. They had been in post for a month prior to our inspection. They told us that had been able to spend time with the previous manager and had received a good handover of information about the people living at the home and how the home was managed.

Staff spoke highly about the previous registered manager and told us how they had felt listened to, supported and encouraged to provide appropriate support to people. This level of support had led to a stable group of staff with no member of staff leaving the home in over three years. The staff told us they were looking forward to this level of support being continued by the new registered manager.

People living at the home and their families had been included in annual reviews of their care. This allowed them to raise any concerns they had with the quality of care provided and to identify if there were any areas for improvement. However, records showed that people and their families were happy with the quality of care. In addition, families were supportive of the home and provided equipment to improve the quality of life for people. For example, one person's family had donated a swinging garden seat for the home as their relative liked to spend time outside relaxing.

The registered manager had a set of audits in place to monitor the quality of care they received. Records showed that audits had been appropriately completed and any actions identified had been completed. In addition checks from external bodies such as the local authority showed they were happy with the care provided. The registered manager also kept their learning up to date so that they could ensure that the care provided in the home met the latest best practice guidelines.