Sense

SENSE - 41 Bryndale Avenue

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?	Requires Improvement

Overall summary

This inspection was undertaken on 11 and 12 December 2014 and was unannounced. At our last inspection in June 2014, we found that the provider had breached regulations relating to the environment. The provider sent us an action plan to tell us the improvements they were going to make to ensure the service would comply with the regulations. Our findings from this inspection confirmed that the provider was not in breach of any regulations.

Bryndale Avenue is a care home that consists of three individual flats, there are no communal areas shared by people. The home provides accommodation and care for up to three people who have a learning disability and who are living with one or more sensory impairments. People were unable to communicate with us verbally but expressed their feelings through non-verbal communication.

There was a registered manager at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

There were management systems in place to monitor the quality of the home. Where there had been incidents we found that there were inconsistencies in the learning that had taken place and actions taken to reduce the risk of similar occurrences.

People's relatives told us that they had no concerns about their safety. Staff were able to demonstrate a good understanding of procedures in connection with the prevention of abuse. The relatives of people told us they had found the management team approachable and told us they would raise any complaints or concerns should they need to.

There were enough staff to meet people's needs and support them to follow interests and pursuits they enjoyed. The home had a stable staff group who had built strong relationships with people who lived there. The home had a robust recruitment process to try to ensure the staff they employed were suitable and safe to work there.

Staff members had an in-depth knowledge of people and their needs. Staff had received training about the needs of deaf blind people and used the knowledge to communicate and support people to make choices in their day-to-day their life.

Staff understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Individual and general risks to people were identified and managed appropriately. The provider had invested in employing specialist staff to assess some of the needs of people such as with eating and drinking or the way people showed their feelings. The specialist staff had produced guides for care staff so that they had the information they needed to meet the complex needs of people living in the home.

We observed people being treated with dignity and respect. People's relatives told us that the staff were kind, considerate and caring. People were supported in a wide range of interests and hobbies, usually on an individual basis, which were suited to their needs.

People were supported to access healthcare services to maintain and promote their health and well-being. Where staff had concerns about a person's health they involved appropriate professionals to make sure people received the correct support.

Some aspects of the quality monitoring and self checking systems in the home were not always effective. Some issues had been identified but had not been fully addressed.

Summary of findings

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.

Relatives and significant people involved in people's lives told us that the service was safe.

People were supported in a safe way by staff that were recruited appropriately, were trained and understood the potential risks to people's well-being.

Staff knew how to administer medicines safely and in line with people's care needs.

Good

Is the service effective?
The service was effective.

People were supported by enough staff that were skilled to meet their needs

People were supported to access a wide range of health services specific to their needs and had opportunities to enjoy food and drink.

People were involved in deciding how their care was provided and they were supported in line with the Mental Capacity Act 2005 Code of Practice.

Good

Is the service caring?
The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People had been involved in decisions about their care and support and their dignity and privacy had been promoted and respected.

Good

Is the service responsive?
The service was responsive.

We found that the service was organised in a way to meet people's individual needs. Each person had a plan of care that was specific to them.

People were encouraged to follow their hobbies, interests and activities that were important to them.

Good

Is the service well-led?
Some aspects of the service were not well-led.

Where there had been incidents we found that there were inconsistencies in the learning that had taken place and actions that had been taken to reduce the risk of similar occurrences.

Requires Improvement

Summary of findings

There were systems in place to measure the quality of the service and to identify where improvements could be made but improvement was needed to respond to comments from local authorities to help improve the quality of service they provided

Relatives and staff were all complimentary of the registered manager and told us that the home was well managed.

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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 was undertaken by one inspector on 11 and 12 December 2014 and was unannounced. At the time of the inspection there were three 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 service, what the service does well and improvements they plan to make. We also reviewed the information we held about the home. Providers are required to notify the Care Quality Commission about events and incidents that occur at their home including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We also received information from two local authorities who had purchased services from the provider. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we met with two of the people who lived at the home and observed the care and support provided to them. People living at this home all had a learning disability and were also living with single or multiple sensory impairments. People's needs meant that they were unable to verbally tell us how they found living at the home. One person communicated to us through sign language with the support of a member of staff. During the day we spoke with four members of staff and the registered manager. After the inspection we spoke with the relatives of two people who lived at the home and an ex-member of staff who had remained in contact with one person to find out about their views of the care provided.

We looked in detail at the care records of two people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service. We also looked at the premises to make sure improvements to the suitability of the environment had been made since our last inspection.

Good

Is the service safe?

Our findings

People's relatives told us that they had no concerns about their safety. One relative told us,

"It's a very safe place." We spoke with four members of staff who all told us that they had received training and regular updates in how to safeguard people from abuse and knew how to recognise the signs and how to report their concerns. One member of staff told us, "People are safe and I'm confident that any issues would be acted on."

During our inspection we were made aware of an incident where a person's money and receipts had gone missing on return from a holiday. We were informed this had not been reported to the local authority as a safeguarding issue as the person's money had been refunded by the provider and so there had been no impact on the person. We asked the registered manager to consider if this should have been reported to help ensure people could be confident their personal monies were secure. After our inspection we were informed by the registered manager that they had alerted the local authority to this incident occurring.

We saw that the provider had systems in place to ensure there was sufficient staff available to provide people with the support they needed. We were informed that staff absences were covered by the provider's own pool of casual staff or by agency staff who had experience of working at the home. One member of staff told us that before any new staff worked on their own they completed 'shadow shifts' alongside a more experienced member of staff.

Staff we spoke with were aware of people's needs. They could tell us about people's risks and the monitoring people required. The provider had invested in employing specialist staff to assess some of the needs of people such as potential risks to the person when eating and drinking or the way people showed their feelings. The specialist staff had produced guides for care staff so that they had the information they needed to meet the complex needs of people living in the home .

One person needed the support of two staff when they participated in activities in the community. This was provided during our visit. The staff we spoke with did not raise any concerns about staffing arrangements. One member of staff commented "There are no issues with staffing." We observed staff interacting with people who used the service. We saw that staff acted in an appropriate manner and that people who used the service were comfortable with staff. This showed there were sufficient numbers of appropriately trained staff on duty to support people.

The registered manager told us that the recruitment process was led by the provider's human resources department. We were told that the recruitment of two new staff was in progress and that they would not commence working in the home until all recruitment checks had been completed. We saw that the registered manager had access to the provider's online system which recorded when existing staff had their Disclosure and Barring Service (DBS) checks completed. A DBS check identifies if a person has any criminal convictions or has been banned from working with people. This showed that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw that people who lived at the home had their own lockable medicines cabinet in their flat. Each person had a specific plan

detailing how their medicines should be given and the reasons the medication had been prescribed. We looked at the medication records for three people, these indicated people received their medication as prescribed. One person showed us where they kept their medication, this was in a locked cupboard. We observed they self administered their own medication under the supervision of staff. Staff then signed the medication record to show the medication had been taken.

Only staff who had been trained to administer medication did so and their competences to do so had been assessed. A change of pharmacy and a new medication system had been introduced a few days prior to our inspection. A member of staff told us they had received training in the new system and thought it was simpler to use than the previous system. The registered manager informed us that they intended to complete a medication audit and re-assess staff regarding their competency to ensure the new system was running smoothly. This meant there were systems in place to help make sure people received their medication safely.

Good

Is the service effective?

Our findings

At our last inspection in January 2014, we asked the provider to take action to make improvements to the suitability of the environment as we found that people's kitchens were in a poor state of repair. The provider sent us an action plan telling us how they would improve. At this inspection we found that refurbishment of the kitchen's had taken place.

People had their own individual flat that provided a physical environment that was aimed at meeting the specific needs of the people who lived there. Tactile images were provided and there were colour changes in decoration making the environment more visible to people with sight impairment. People had been encouraged to make their flats their own personal space. Flats reflected people's personal interests and there were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

When we visited each person had their own member of staff allocated to them. We saw that staff spent time with people supporting them to take undertake daily independent living tasks and social activities away from the home. One person communicated to us through sign language with the support of a member of staff. They told us they liked living there. They repeated that they liked living at the home when we asked if there was anything they did not like. Relatives of people who used the service told us they felt confident that the manager and staff knew how to meet people's needs. One relative told us, "I cannot believe the difference since [person's name] moved there. They are a totally different person, calmer, more confident and independent." Another relative told us, "[Person's name] is looked after really well. The staff are brilliant and know their needs."

Staff told us that they felt the training they received enabled them to meet people's care needs, comments from staff included "I'm happy with the support and training" and "There are plenty of training opportunities." We reviewed the provider's training records and saw that relevant training was provided to help ensure staff had skills and knowledge to provide care which met people's specific needs. Staff were able to tell us about people's likes, dislikes, care routines, dietary needs and medication.

What staff told us matched the information in people's care plans. This showed that people were supported by staff who had the necessary knowledge about the needs of people they supported.

Staff had the skills to communicate effectively with people who used the service. Staff used sign language, gestures and language that people understood and responded to. One member of staff told us that they were currently completing a course in British Sign Language to help them communicate more effectively with a person at the home.

We looked at the schedule of supervisions for three members of staff. These showed that whilst two staff had received frequent supervision, one member of staff had not had supervision for several months. The registered manager told us that there had been some issues with staff not receiving regular supervision but that recent changes had been made to the system to improve this. All of the staff we spoke told us they felt supported. The provider had a system of annual appraisal for staff. This meant that staff had opportunities to discuss their training needs and develop in their roles.

The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), is legislation that protects people who are not able to consent to care and support, and ensures people are not unlawfully restricted of their freedom or liberty. There was no one living at the home who was subject to a Deprivation of Liberties Safeguard (DoLS). We observed that DoLS applications were in the process of being made to the local authority to make sure that the human rights of people who may lack mental capacity to make decisions were protected.

The registered manager had a good understanding of their responsibility of DoLS and staff had attended training. The registered manager informed us that further training was planned via E-learning. Staff we spoke with during our visit were able to tell us how they sought consent from people and gave us examples where people had refused their consent, for example in regards to medical treatment. We were shown an example of an assessment that had been completed for one person about their ability to consent to proposed medical treatment. As they were assessed as lacking capacity a best interest meeting had been held.

We spent time with one person in their flat whilst they had their breakfast. The member of staff offered the person choice and supported them appropriately during the meal.

Good

Is the service effective?

Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. People were referred to appropriate health professionals when concerns around their eating and drinking were identified. One person was supported towards achieving a healthy weight as they had been assessed as being under weight. Their daily food and drink intake was recorded and regularly reviewed to identify if their nutritional requirements were being met.

Two people at the home had their weight monitored regularly, in line with their care plan. One person had not been weighed for several months as they no longer had access to scales that they were able to use. A member of staff told us that the provider had ordered alternative scales. They telephoned to check on the progress of this during our visit and found that scales were not on order. They told us they would raise this with their manager. Our discussions with the registered manager showed that consideration had not been given to using alternative methods to estimate the person's body mass index. The registered manager told us they had not considered this as there had been no obvious signs of the person losing any weight and they continued to have a good appetite

Staff knew about medical conditions that people experienced and were able to identify changes in people's health. Staff made appropriate referrals to health services, helped people attend appointments and arranged for health professionals to visit the service. One person had some recent health issues and staff had identified they had experienced an increase in accidents. A referral had been made to a health professional for advice and they were visiting the person during our inspection to complete an assessment of their needs. This showed that people were supported to maintain good health.

Good

Is the service caring?

Our findings

Relatives and significant people involved in people's lives told us that staff were kind and caring and that they were made to feel welcome when they visited. Comments we received included: "Staff are kind, caring and calm" and "All the staff are very good."

We saw staff communicated with people in a variety of ways that was in line with their assessed needs. Staff we spoke with were able to explain people's preferred method of communication and information in people's care plans about their preferred method of communication was detailed.

We observed throughout our visit that staff assisted and supported people in a kind and caring way. There was a relaxed atmosphere and staff we spoke with told us they enjoyed supporting the people living there. Staff were able to share a lot of information about people's needs, preferences and personal circumstances which demonstrated that they knew people well. We spoke with relatives and significant people involved in people's lives and their comments included, "Staff are all well-established" and "[Person's name] has a nucleus of staff who all know him really well and enjoy working with him."

During the inspection we observed staff assisting people in making choices about what they would like to eat and drink, when they wanted to go out, and the activities they wanted to do. Records showed people were encouraged to make choices about their daily lives. People using the service or their relatives had been involved in developing the care plans and were regularly invited to a review to ensure the care plan reflected the person's needs and wishes.

People were supported to take part in activities that would help them to feel valued as individuals. This included one person who had assisted staff at another of the provider's homes to learn to sign. One person was also a member of a steering group that was involved in the development of a proposed new resource centre for people with sensory impairment. One person was being supported to complete 'scrapbooks' of special events and activities that were important to them.

One person proudly showed us a certificate they had received at an award ceremony in London. They had been nominated for and won, 'Sense deafblind person of the year award' for their achievements in the last year.

One person answered their front door when we arrived. We observed a person involved in vacuuming their flat and also making their own drinks with support from staff. One person we met was able to able to make it clear to us that they were happy at the home. They told us how they enjoyed cooking and undertaking voluntary work. This showed that people were supported to be as independent as possible.

People's right to privacy and dignity was respected. People were able to spend some time alone in their bedrooms. Suitable equipment was available to alert people that staff were intending to enter their bedrooms and this also helped to maintain people's privacy. Staff were aware that sometimes people could compromise their own dignity due to their lack of understanding. This happened whilst we were in one person's flat and staff took action to protect the person's privacy and dignity. This showed that people who used the service were supported by staff who were kind, caring and respectful of their right to privacy.

Good

Is the service responsive?

Our findings

We found that people benefitted from a service that was meeting their individual needs. Relatives told us that people were happy at the home because staff knew them well and were aware of their individual needs and interests. People we met and information we received from staff and the registered manager identified that the level of support and the way people needed to be cared for was very different for each person according to their needs and wishes.

Each person had individualised plans which described how they were to be involved in their care planning and how they should be supported to make as many choices for themselves as possible. People who used the service or their representatives contributed to the assessment of their needs and delivery of care. Each person had a core team of staff who held a meeting on a monthly basis to review the person's well-being and where any changes may be needed to the support they received. On an annual basis a review meeting was held that people's family were invited to participate in. The registered manager told us that feedback was gained from people's relatives via direct conversations and at people's review meetings. He told us that the service did not currently seek the views of relatives and professionals through the use of surveys or questionnaires but this was something that would be considered.

We saw people were supported to maintain relationships with friends and family by staff and staff accompanied people on visits to their relatives when needed. One person who lived at the home told us that they would be going with staff to purchase Christmas cards to send to their family and friends. Evidence was also available to show that people were supported to develop and maintain friendships through social media and attending social clubs. One person had recently developed a friendship with a neighbour. A relative of a person at the home told us, "Contact is encouraged and staff have brought [person's name] to visit me twice in the last year. I was also invited to attend an award ceremony they attended in London."

Each person had their own activity plan which took account of their ability, preferences and interests and people accessed the local community according to their interests. People were challenged to try new interests and at regular meetings about individual's care it was discussed if they had enjoyed them or not enjoyed them. Examples of recent activities had included attendance at a premier league football match and participation in a zip wire ride.

Relatives we spoke with told us that they had not had to make any complaint about the care their relative received. They were in regular contact with the home and felt able to talk to the manager and knew how to complain if needed. Comments from relatives included, "I would feel very confident in raising any complaints but I do not have any" and "It's not a problem raising concerns, things are only every very minor and you can raise them with any of the staff and they will take action."

The registered manager had endeavoured to make the complaints procedure available in formats that people could understand. Some people at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on their behalf. People's care plans contained information about how they would communicate if they were unhappy about something.

The registered manager told us that whilst they had not received any complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Requires Improvement

Is the service well-led?

Our findings

All of the relatives we spoke with told us that the registered manager was approachable and available if they needed to speak with him. They told us that they were confident they would respond to any concerns they had.

We found that the registered manager was supported by a deputy manager and a regional manager who provided regular support and advice. All of the staff spoke positively about the leadership of the home. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns. One member of staff told us, "The manager has been really supportive and is very approachable." Another staff told us, "Both the managers are approachable but if I was concerned there are always people above them that I could go to."

The registered manager had responsibility for managing a registered service adjacent to Bryndale Avenue. Staff told us that they had opportunities to contribute to the running of the home through staff meetings and supervisions. Whilst all staff told us they felt well supported not all of them had received formal supervision on a regular basis. This had been identified by the provider and the registered manager had put new systems in place to help ensure this was regular for all staff. Records and discussions with the registered manager showed that staff meetings had been held jointly with staff from the adjoining service. There had therefore not always been a focus on the needs of people and staff at Bryndale Avenue. We saw that this issue had been identified and that plans were in place to introduce separate staff meetings for each service.

Where there had been incidents we found that there were inconsistencies in the learning that had taken place and actions taken to reduce the risk of similar occurrences. We looked at the actions that had been taken in response to a medication error. The incident had been investigated and an action plan put in place that addressed issues of training and support for the staff involved. During our inspection we were made aware of an incident where a person's money and receipts had gone missing on return from a holiday. We found that the registered manager had completed a full internal investigation but had not informed the local authority or the Care Quality Commission of the incident. As part of the actions identified from the investigation it was recorded that the registered manager would complete a finance audit in November 2014. This had not been completed. The registered manager told us he had not had the chance to do this due to recent circumstances which required 'hands on' support.'

One person had a core team meeting four weeks before our inspection. The minutes of this meeting were not available to staff as the registered manager told us they had still to be typed up. Hand written minutes retained by the registered manager recorded it had been agreed that the person would start to have smoothie drinks on a daily basis to help promote weight gain. The registered manager told us this had not yet started as he had not had the opportunity to type up the minutes of the meeting and speak to all staff.

Quality assurance and monitoring of the quality of the home resulted in improvements in the service. Regular visits were undertaken by the provider and information was collected from audits of the home and staff discussions to produce an action plan for the manager and staff to work through. We saw the existing action plan contained plans to maintain and improve the quality of the service offered. Prior to our visit we received feedback from two local authorities who have placed people at the service. One local authority told us that they had raised an issue at a person's review meeting about some items they had purchased. We raised this with the registered manager who told us that no action had been needed as the local authority had been misinformed and it was the provider who had paid for the items. Evidence in the person's finance records indicated the person had paid for these items. The registered manager told us they were not aware of this. This showed that the registered manager and the provider had not responded to comments in the local authority report to help improve the quality of service they provided.