

Sense

SENSE - 36 Bramley Road

Inspection report

36 Bramley Road
Market Deeping
Peterborough
Lincolnshire
PE6 8JG

Date of inspection visit:
15 October 2019

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12 December 2019

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

About the service

Bramley Road is a residential care home providing personal care to two people. The provider is registered to provide care and support to people with learning disabilities and autism, people who have a sensory impairment and younger adults. At the time of the inspection two people were receiving support from the service, both people had 24-hour care from staff. The service can support up to two people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People's experience of living at 36 Bramley Road was positive. People's relatives told us their family members were safe and protected from harm. Staff had good knowledge of safeguarding adults' procedures and how to protect people from abuse. Risks associated with people's care and support were managed safely and action was taken to learn from accidents and incidents. Staff were recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were knowledgeable and were provided with a comprehensive training package. People had enough to eat and drink and could choose what they wanted. People had access to healthcare when they needed it, and advice was sought from specialist health professionals.

People's relatives told us staff were kind and caring, staff knew people well and people were involved in making decisions about their care. People were treated with dignity and respect and their right to privacy was upheld.

Person - centred support plans were comprehensively detailed and reflected people's needs and wishes. The service was flexible to meet people's needs and people chose how they spent their time. There were systems in place to respond to complaints and concerns.

There was a positive culture which was person centred. There were effective systems to ensure the safety and quality of the service. There was consistent leadership at the service and relatives told us they were confident in the registered manager. Staff told us they felt supported and valued.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the

best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

This service was registered with us on 8 October 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

SENSE - 36 Bramley Road

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector

Service and service type

36 Bramley Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We gave the provider opportunity to discuss this during the inspection.

During the inspection

We spoke with the relatives of two people about their experience of the care provided. We spoke with three

members of staff and the registered manager. We reviewed a range of records. This included two people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. Relatives told us they thought the service kept their relative safe. One relative told us, "They always let me know if [relation] is unwell. They called me straight away when there was an incident when [relation] choked on some meat."
- The provider had a safeguarding and whistleblowing policy which staff were aware of. One staff member said, "They are kept in the office and every so often we polish up on them."
- Records showed staff were provided with training to ensure they could recognise signs of abuse and report them confidently. Staff confirmed this, "If they [people] become withdrawn or behaving in an unusual way or suddenly become depressed they could be warning signs that something is not right. You'd listen and take it seriously and pass it on the manager or take it further and higher up."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care and support. Measures were in place to reduce risks to people's safety. People were not restricted by risk management processes and were enabled to participate in activities of their choice through good planning.
- One person was at risk from choking, care records including risk assessments were comprehensively detailed and included information provided by health professionals. A clear process was in place to ensure the person was supported to eat safely along with instructions for staff in the event the person choked on their food.

Staffing and recruitment

- Staff were recruited safely and in line with regulations. Checks were carried out prior to staff commencing their role to establish if they had previous criminal convictions and prior work history was checked.
- Relatives told us they thought there were enough staff to meet the needs of their relative. "There are always two staff there which is plenty sometimes three, they are very good."
- Staff told us there were mostly enough staff, but recent vacancies had resulted in agency staff being used. One staff member told us the person they support found it difficult to gel with staff they were unfamiliar with. The registered manager told us that recruiting staff had been difficult recently, but that vacant positions had now been filled which would reduce the need to use agency staff.

Using medicines safely

- People received their medicines as prescribed. Staff had medicines administration training and medicines records were completed accurately.
- Staff told us they had their competency checked before administering medicines. One staff member told

us, "Yes we have had competency assessments, that is one thing they could improve on though, because sometimes the process slows down getting staff competent to administer medicines."

- Records showed the provider had a process for checking medicines administration and addressing errors.

Preventing and controlling infection

- People were protected from the risk of infection.
- Staff had training in the control and prevention of infection and had access to plentiful supplies of personal protective equipment such as gloves and aprons.
- The home was clean and free of malodours. Records showed there was a set routine for cleaning communal areas of the home such as the kitchen and bathroom.

Learning lessons when things go wrong

- The provider had a clear process for recording accidents and incidents. These were checked regularly by the registered manager to look for trends and patterns.
- Information regarding incidents was shared with other stakeholders involved in the care of the two people living in the home. For example, when the people attended day services if there had been an incident this was shared with the staff at the home and vice versa. This meant staff would be aware and could be more responsive if further issues developed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed and delivered in line with nationally recognised best practice.
- People's needs were assessed before the service began to provide their care and support.
- Person centred support plans were developed with the person and their families where appropriate. Reviews of care and support were carried out regularly and included the views and opinions of people and their relatives.

Staff support: induction, training, skills and experience

- People were supported by staff with the skills and knowledge to provide good quality care and support. Feedback from relatives confirmed this. A relative said, " Most of them have been there for quite a few years, [staff member] has been there years and years, they're absolutely brilliant."
- Records showed staff received relevant training to provide them with the knowledge and skills they needed to support people. One staff member said, "We get a whole bunch of online training and around 50 hours of training face to face."
- New staff received an induction when they started work with the provider.
- Staff told us they were supported and had regular formal and informal opportunities to discuss and review their work, training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were provided with the support they needed to ensure they had enough to eat and drink.
- Support plans included information about people's food choices and preferences. Information was available to staff to ensure they were aware of allergies and how people required the texture of their food according to professional guidance.
- People were actively included in choosing their menu each week. Simple recipe instructions were available for staff to follow when preparing meals.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their health needs and relatives told us they were kept informed about any changes. " We phone up every Tuesday, if [relative] has anything wrong we talk about it, if [relative] has to go hospital they call straight away and tell us, no problems with that at all."
- Staff were knowledgeable about people's health needs and their support had a positive impact upon

people's wellbeing.

- There was evidence advice had been sought from external health professionals when needed, such as people's GP's or speech and language therapists.
- Systems were in place to ensure relevant information was shared between care services when people moved between them. This helped ensure people received person centred support.

Adapting service, design, decoration to meet people's needs

- The home was a regular house in a residential street which had been adapted to ensure the people living there could be supported by staff on a 24-hour basis. This meant staff were provided with a bedroom to sleep in at night time, so they could be available if needed.
- People's bedrooms were decorated according to their tastes and interests. For example, one person had a keen interest in camper vans and their room was decorated to reflect this. Another person with a sight impairment had tactile pictures on their bedroom wall so they could feel and explore the texture.
- Records showed one person was supported to move into the accommodation due to changes in their needs and they required en-suite facilities. Their room had a spacious en-suite which could accommodate their needs.

Ensuring consent to care and treatment in line with law and guidance

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.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Both people living in the home were being deprived of their liberty. Records showed the relevant authorisations had been obtained. Review dates for the authorisations were clearly recorded. All documents included evidence of best interests' meetings with relatives and advocates and the least restrictive options had been explored.
- People were supported to make decisions and staff respected their choices. For example, one person had displayed behaviour which indicated they were finding the time they spent at the day service too long. Records showed discussions had taken place to look at other options for them.
- Staff were provided with training relating to the mental capacity act and understood the principals well. One staff member said, "It is protection for the person who hasn't got capacity, but you mustn't assume they don't have capacity. Enable people to choose as much as they can. Bigger decisions family are involved with the manager and a social worker at a best interest meeting."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion. People's relatives told us staff were exceptionally kind and caring. A relative commented, "I give them top marks absolutely superb."
- Staff were passionate about their role in enabling people to live a fulfilled life. During our conversations with them it was clear they were both committed and enthusiastic. One staff member said, "Staff here really take their time with [people] and they genuinely care about them."
- People were supported by a long-standing staff team, who knew them well and cared about them. A relative told us, "They [staff] are just so pleasant and friendly, they really look after [name]" Staff knew about people's background, their family and their interests. They used this information to inform the support they provided to people.
- Staff treated people as individuals. They were aware of equality and diversity issues and recognised each person was unique with their own lifestyle and preferences.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make choices and have as much control of their lives as possible.
- Relatives told us care was based upon people's preferences and commented that staff respected their relations choices. A relative said, "[Name] wanted to come and see me so the staff brought [name] down in a camper van. [Name] just loves vehicles and camper vans"
- Staff involved people and their relatives in day to day discussions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. Staff understood the impact of providing 24-hour care and living in close proximity of staff and people. They told us about how they ensured people still had their private space and time. One staff member said, "When I am supporting with personal care I take clothes into the bathroom so when [name] comes out they are covered."
- Staff talked about people in a dignified and respectful manner and people were supported to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised support from staff who knew them well. Support plans were very person-centred and included information about what was important to the person and how they would achieve their desired outcomes. Relatives and advocacy services were used to ensure people's views and preferences were included and acted upon.
- Staff knew people's needs and preferences and were responsive to people's changing needs.
- Support was flexible and tailored to people's needs. Staff told us daily routines revolved around what people wanted to do.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider specialised in supporting people with complex communication needs who may have sight and hearing impairments. Support plans described in detail how people preferred to communicate.
- One person required hand on hand communication which included a form of communication called 'Deafblind Manual'. This involves staff touching the person's hand to spell out words. Staff were provided with training and guidance to ensure they could communicate effectively with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. People's relatives told us the support gave them 'peace of mind' which meant they didn't have to worry about the person's care needs.
- Staff spoke about people being part of their community as a key part of their role. Records showed people were taking part in a variety of different activities in the local community. One relative said, "[Name] is out nearly every day, they go sailing, are out practically every night, I can't fault that they are really busy."
- Staff had encouraged people to try new things. Records showed one person had recently been introduced to different places to eat out. Review records confirmed this was working well and the person was enjoying eating out.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to make a complaint if they needed to. One relative said, "We did have

one or two issues many years ago now. I'd just call the Sense office. We don't have any problems now."

- The provider had a complaints procedure and complaints had been investigated and responded to in line with the policy.

End of life care and support

- No one was receiving end of life care at the time of the inspection. However, the registered manager told us they were committed to supporting people who wished to remain in their own homes with support from staff toward the end of their lives.
- People's wishes, and plans had been recorded in relation to end of life.
- The provider had access to training regarding end of life if staff required this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clear vision and set of values which the staff were aware of. One staff member told us, "You have to commit to undertaking the values, they are quite short and easy to remember. They are called 'I' statements, for example, I will respect people's rights."
- The registered manager understood the importance of supporting staff. Staff told us they felt supported by the registered manager and they had regular opportunities to meet with the team to discuss issues. One staff member said, "They [team meetings] are regular, we can put ideas forward. If we miss a meeting, we get the minutes, so we can see what was discussed."
- The team were focussed and committed to ensuring people were provided with support which resulted in good outcomes. The two people living in the home, although having lived together for several years in a larger group environment had recently moved into the home together. The registered manager and staff spoke with pride about how well the two people had adapted to their new home and the achievements the people had made. This was echoed by relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had a good understanding of their duty to be open and honest with people and relatives. Records showed the staff had contacted relatives following incidents, relatives confirmed this.
- Although there had been no notifiable incidents since the home was registered, the registered manager was very experienced and knew how to notify the Commission and partner agencies of incidents which they are required to by law.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff clearly understood their roles and responsibilities.
- People's relatives were consistently positive about the registered manager, staff and the service provided. Comments included, "No can't fault it at all absolutely superb." and "[Staff name] is fantastic and has always been fantastic."
- The provider had a framework for ensuring quality and safety. The registered manager completed quality audits and safety checks. They undertook regular 'spot checks' to monitor the quality of the service delivered by staff. These were effective in identifying issues and driving improvement. Checks carried out by the registered manager were scrutinised by an operations manager who completed a compliance audit

each month. Where shortfalls were identified, these were placed onto an action plan to develop and improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff felt involved and engaged with the organisation. Records showed people were encouraged to try new things out with people, such as different activities and ways of promoting their independence.
- Each person's support plan included a section called an equality and diversity inclusion plan which described in detail how the person wished to be treated as an individual. A key aspect of the support provided was to consider what strengths the person had to ensure activities and social pursuits could be tailored to their attributes. Records showed people were accessing local facilities to engage in activities such as archery and indoor rock climbing.
- People and their relatives were given opportunities to provide feedback about the service through surveys and annual reviews of their care. One relative we spoke with confirmed they were attending an annual review the following day. They told us they had a long journey, but staff would collect them from the train station and they would go for coffee at a local garden centre with the staff and their loved one before the review.

Working in partnership with others

- The registered manager was responsible for managing another home in the local area and worked alongside several local services belonging to the same provider. The registered manager described to us how people and staff from those services would meet up and attend disco's and film nights at another home. People living in the home had developed friendships and were often invited to parties and barbecues.
- The registered provider had developed good working relationships with other health and social care professionals in the area such as the GP, the psychiatric team and the speech and language team. These relationships have ensured people receive services which are beneficial to their wellbeing.