Sense

SENSE - 88 Church Lane

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

88 Church Lane is a care home for up to five people who have a learning disability and sensory impairment. At the time of our inspection five people were living at this home.

At the last inspection on 23 July 2015 the service was rated Good.

At this inspection we judged the service provided remained Good.

Why the service is rated Good.

People received the support they required to live a full and active life while maintaining their safety and well-being. There were sufficient staff to meet people's needs and the registered provider had established robust recruitment checks to ensure new staff were suitable to work in adult social care.

People's risks had been assessed and staff knew what action to take to keep people safe. People received their medicines as prescribed. The systems to manage and check the medicines were robust.

Staff had received training and support to ensure they were aware of people's needs and how to meet them. People received the help they required to maintain good health, to attend health appointments and have enough to eat and drink.

People were supported, as far as possible to have choice and staff supported people in the least restrictive ways possible. When restrictions on people's liberty were necessary the registered manager had ensured the correct applications had been made to protect each person's legal rights.

People were supported by staff who were kind and caring and who treated them with dignity and respect. Staff knew people well and supported people to maintain their independence. A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. People had been supported to maintain links with people, places and activities that were important to them. We received consistent feedback that the home was well run, and that the registered manager was supportive and approachable.

The registered manager and registered provider had a wide range of checks and audits in place that ensured the on-going safety and quality of the service.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained 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 checked 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 comprehensive inspection took place on 11 July 2017 and was unannounced. The inspection was undertaken by one inspector over one day. As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the registered manager had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authority who commission services and the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We visited the home and met with all of the people currently living at the home. People were unable to speak with us due to their level of learning disability and sensory impairment. We spent time in communal areas observing how care was delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

During our inspection we looked at two people's care plans. We looked at the systems in place to check medicines were managed and administered safely. We looked at the recruitment records of two staff. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs. We spoke with three relatives of people living at the home. We spoke with four members of staff and the registered manager. We also received feedback from one care professional.

Good

Is the service safe?

Our findings

We saw people received safe care that wherever possible promoted their independence. Relatives we spoke with told us they felt confident that people were safe. One relative told us, "The safety aspect is good."

Staff we spoke with were aware of people's needs and had received training to ensure they could meet these safely. Staff confidently described the action they would take in the event of abuse being reported or alleged. Staff were confident the registered manager would take the correct action if any concerns were raised. Where incidents had occurred concerning people's safety; these had been reported to the local safeguarding authority and action was taken by the provider in order to keep people safe.

People had their individual risks identified through their care plan. We saw that steps had been put in place to minimise the risk people. This included providing staff with guidance on how to reduce risks. We saw that staff followed people's guidelines during our visit. One person was at risk of developing sore skin. Staff spoken with were all aware of this and were consistent in their responses in regards to how this was being managed. The registered manager made us aware that one person had been unwell before our visit. Discussions with staff and care records showed that emergency medical assistance had been sought in line with the person's care plan.

We saw that there were sufficient staff available to support people when they needed it. People's relatives told us there were enough staff working at the home. One relative told us, "There are enough staff, there are no issues." Another relative told us, "They sometimes use supply [agency] staff but they seem to know what they are doing." Staff confirmed there were sufficient staff working at the service to safely meet people's needs. The registered manager had access to Sense casual staff and to agency staff who were available to cover any staff absence which ensured consistent staffing levels at the home. Recently the use of casual and agency staff had increased. The registered manager explained that currently an additional waking night staff was being provided to help meet one person's changed care needs at night. They told us additional staff would be recruited should this arrangement become permanent.

We saw that the provider had robust recruitment practices to ensure staff employed were safe to support people. Discussion with a recently recruited member of staff and records showed the appropriate checks were completed before staff started working with people.

People could be confident that their medicines were well managed. Staff had been trained and assessed as competent before they were given the responsibility of administering people's medicines. We looked at the medicines against the Medicine Administration Records (MAR) we found people received their medicines as prescribed. Medicines that were received into the home were stored and disposed of safely. We saw that a range of checks were undertaken each day and periodically by the registered manager to check this. We saw where issues had been identified action had been taken to reduce the risk of further occurrences.

Good

Is the service effective?

Our findings

People could be confident that the staff team had been trained and supported to develop the skills they required to meet their needs. We observed staff supporting people using different skills throughout the inspection that indicated staff knew people well. One of the relatives we spoke with told us, "There are a regular group of staff, they are not having new staff all of the time."

When staff first started working at the home they received an induction which included training and working alongside an experienced member of staff. Staff informed us they had received sufficient training for their role. One staff member we spoke with told us, "The induction I had was good and I did lots of 'shadow shifts', I was not thrown in at the deep end at all."

The provider had ensured that the Care Certificate was available for any new staff starters that required this. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care. Training had taken place in core subjects relating to care and specific training had taken place relating to the specific needs of the people living at the home. The provider had recently developed a system to check staff competency to make sure staff had the right skills to support people. The registered manager told us these had not yet been completed but plans were in place to commence these.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We observed staff offering people choices and patiently taking time so that people could make choices regarding their own care. Where it had been assessed that people did not have the capacity to make certain decisions meetings had taken place to ensure decisions were made in people's best interests.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated knowledge of this and when restrictions on people's liberty had been identified as necessary to keep people safe, these had been discussed with the relevant professionals. Applications had been made to the supervisory body when required, and systems were in place to ensure these were applied for again, before they expired. Staff we spoke with were aware of the DoLS that had been authorised.

People had a range of specific needs in relation to eating and drinking and relatives confirmed people were appropriately supported. One relative told us, "Staff know [person's name] diet very well. They have adjusted the food in line with healthcare professional advice."

Staff had involved the necessary professionals to undertake assessments and to develop guidelines that would ensure people could eat and drink as safely as possible. During our inspection we saw people received support that was in line with these guidelines. Staff supported people to have access to meals and drinks that they enjoyed and to be involved as far as possible in the preparation of these.

People had been supported to maintain good health, and to access the healthcare services relevant to them. Relatives confirmed that people were supported with their health care. One relative told us, "There have been some recent healthcare needs but staff have managed these well." Another relative told us, "There are regular health check-ups, with a health issue the care was spot on." A care professional told us that staff had been responsive to one person's health care needs.

Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required. Staff had developed health action plans for people which detailed people's individual support needs in relation to their health. These are recognised as good practice by the Department of Health. The use of these plans is a way of ensuring people with a learning disability maintain good health.

Good

Is the service caring?

Our findings

We observed many kind, caring interactions between people and staff throughout the inspection. Staff were patient in their approach and gave people the time to communicate their needs. Relatives were happy with the care their relative received and confirmed staff were kind and caring in their approach. One relative told us, "Everything is good. [Person's name] is happy there, I would know if she was not happy." A care professional confirmed staff were caring and worked in a 'person centred' way. Relatives told us they were made welcome by staff when they visited their family member.

People were supported by staff they had got to know well. Through our conversations we found staff knew people well and described people's personalities and likes and dislikes as well as their care needs. Staff we spoke with enjoyed working with the people who lived at the home. The interactions between staff and people living at this home showed that people had developed trusting relationships with staff.

People had care plans developed with input from those who were important to them and staff who had worked with people over many years. We saw that care plans contained important information about how the person would like to receive their care. Guidance within care plans provided staff with information about people's likes and dislikes and how to support the person in a way they preferred.

People we met were not able to communicate their needs and wishes easily. We observed staff used their knowledge of the person, and their experience of what different noises, body language and gestures meant to help people make choices and express their wishes. We saw appropriate verbal communication and objects of reference being used to promote people's communication.

People had their dignity and privacy respected and we saw that staff respected people's dignity and privacy such as ensuring doors were closed when carrying out personal care.

Good

Is the service responsive?

Our findings

When people could not fully contribute to their care planning or review process, staff had involved people that knew the person well and used their knowledge of the person to plan care that best fitted their known preferences and wishes. All of the relatives we spoke with told us that staff fully involved them in their family member's care. One relative told us, "I'm always invited to the review meetings."

Care plans contained good information which guided staff around how care should be delivered. People had formal annual reviews which were attended by people who were important to them. We saw everyone discussed how care and support should be developed, and progress on actions that had been identified at previous reviews. Staff also reviewed people's care on a monthly basis. These reviews reflected on the person's experience of care over the last month. We saw that for one person an agreed action was repeatedly recorded as not yet achieved. We discussed with the registered manager the reasons for this and that consideration may be needed to review this agreed action.

People were supported to have relationships with those who were important to them. The home had ensured contact was maintained with family members by taking people to visit families and had encouraged families to visit the home where they were able to. The use of technology was also used to help support one person maintain contact with their family. One relative told us, "They have social occasions with friends from other [Sense] houses. We are very pleased about that."

People had access to activities on a daily basis and the relatives we spoke with were happy with the activities their family member took part in. One person's relative told us, "They are always out and about, they have been to the theatre and the cinema." Another relative told us, "Person's name] enjoys all the activities."

People who lived at the home were unable to make complaints due to their communication and health care needs. People's care plans stated how the person would communicate whether they were unhappy. All of the relative's we spoke with told us they would feel confident to raise any complaints but had not had to do so. They told us that any concerns they had raised had been responded to. One relative told us, "They do take action."

The registered provider had an established complaints procedure that would ensure complaints were recognised, investigated and responded to. robustly. The registered manager told us that they had not received any complaints since our last inspection.

Good

Is the service well-led?

Our findings

A registered manager was in post. They had been employed by the provider for a number of years and so knew people and staff well. All of the relatives that we spoke with indicated that the service was well led and that the manager was approachable. One relative told us, "The manager is excellent. Any issues get responded to, she is very pro-active. Minor things have always been dealt with straight away."

Staff we spoke to told us the service was well led and the manager was approachable. Staff attended regular meetings where they discussed topics that related to quality, safety and service delivery, for example, medication and support guidelines. At each meeting they checked actions from previous meetings were in progress or had been completed. One member of staff told us, "There is a culture here of being able to raise areas for improvement, people are all willing to try new things." Another member of staff told us, "I can speak quite freely [to the registered manager]. I might not always agree with her decision but I can always talk to her about it." A care professional told us that the registered manager was available if required and responded in a timely manner to any queries they had.

The registered manager had stayed up to date with changes and developments in the field of adult social care, as well as the specific needs of the people living at this home. The registered manager was aware of their responsibilities to the Care Quality Commission such as notifying us of specific events that had occurred at the home and was aware of changes in regulation and what it meant for the service. Registered providers have a duty to display their inspection ratings to enable people to have information about how well the service is performing. We saw that the registered manager had ensured this information was displayed at the home.

The registered manager and the registered provider had developed and utilised a wide range of audits and checks to ensure that the service being offered was meeting people's needs, was safe and meeting the requirements of the law. These had been effective at providing assurance that this service was still good.