

Sense

SENSE - 2 and 10 Grove Road

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 3 December 2018 and was unannounced.

SENSE 2 and 10 Grove 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 accommodates eight people who are living with a learning disability or autism spectrum disorder. At the time of our inspection there were seven people living at the service, with an additional person using the service as respite. One of the people currently living at the service is in the early stages of moving to a service that can meet their future needs.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At our last inspection on 30 March 2016 we rated the service 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. There was no evidence or information from our inspection and ongoing monitoring which demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to receive a safe service. Medicine administration records were completed by staff when they had administered the medicines safely. Where medicines were given in variable doses the guidance for staff was not always clear. Medicines records were not always written using good practice guidance. Risks associated with people's needs had been assessed and measures were in place to reduce risks. There were sufficient staff to meet people's needs and safe recruitment procedures for staff were in place. Accidents and incidents were monitored to identify any trends and measures were put in place to reduce the likelihood of these happening again.

The service continued to be effective. Staff received training and support they required including specialist training to meet people's individual needs. People were supported with their nutritional needs. The staff worked well with external health care professionals, people were supported with their needs and accessed health services when required. 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. The principles of the Mental Capacity Act (MCA) were followed.

People received care from staff who were kind, compassionate and treated them with dignity. Staff had developed positive relationships with the people they supported, they understood people's needs, preferences, and what was important to them. Staff knew how to support people based on their likes and preferences. People's independence was promoted.

People continued to receive a responsive service. People's needs were assessed and their support was planned with them and or their relative where required. Staff knew and understood people's needs well. People received opportunities to pursue their interests and hobbies, and social activities were offered. There was a complaints procedure available if this was needed.

The service remained well-led. The monitoring of service provision was effective because shortfalls had been identified and resolved. There was an open and transparent and person-centred culture with adequate leadership. People were asked to share their feedback about the service.

Further information is in the detailed findings below.

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 safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

SENSE - 2 and 10 Grove Road

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 comprehensive inspection took place on 3 December 2018 and was unannounced.

The inspection was carried out by one inspector. Prior to this inspection, we reviewed information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about. We reviewed information in the provider information return. This is something we ask the provider to complete to tell us about their service. We also considered the last inspection report and information that had been sent to us by other agencies. We contacted commissioners who had a contract with the service.

During the inspection, we carried out observation on the day of the inspection. We spoke with three relatives of people who use the service for their views about the service they received. We spoke with the registered manager, the deputy manager and two care staff.

We looked at the care records of two people who used the service. The management of medicines, staff training records, staff files, as well as a range of records relating to the running of the service. This included audits and checks, the management of fire risks, policies and procedures, complaints and meeting records.

Is the service safe?

Our findings

People who used the service were not able to fully discuss with us how they felt. They indicated they were happy at the service and looked relaxed in the company of staff. People looked to their staff for support while we talked with them and appeared to feel safe with the staff being present. Relatives told us they felt their family member was safe at 2 and 10 Grove Road. One relative told us, "[Person] is very settled and likes being there."

People usually received their medicines safely. Medicines administration records were completed by staff when they had supported the person to take their medicines. These had been completed correctly and were reviewed to reduce the likelihood of errors during administration. However, some medicines had been handwritten on the records as they had been prescribed part way through the month or were a temporary medicine. These had not been countersigned by two staff. This is important to ensure the guidance on the record is the same as the prescription. The registered manager told us they would make sure two staff signed all handwritten entries. If people took medicine on an as required basis there was guidance for staff on when this could be given. However, the information was not clear where the dose prescribed was variable. For example, if the person should be given one or two tablets. The registered manager sent revised guidance following our visit to show this information had now been added. The temperature of the areas where medicines were stored had been taken and was within recommended limits.

Staff had received training about managing medicines safely and had their competency assessed. Staff were knowledgeable about people's medicines. Audits were carried out monthly to check that medicines were being managed in the right way. These audits had not picked up the areas we had identified.

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Information was available for people or their relatives to raise concerns if they were worried about anything or needed someone to talk to. Staff understood potential signs of abuse and what to do if they suspected someone was at risk. They had received training in relation to safeguarding people from abuse.

Risk assessments were in place and staff were knowledgeable about what action to take to reduce risk. One person had a risk assessment in place as they were at risk of choking. Staff understood how to reduce the likelihood of this happening and what steps should be taken to support the person. Staff knew how to support people with their behaviour if they showed behaviour which challenged. Positive behaviour plans were in place.

People were supported by sufficient numbers of staff who had the right mix of experience and skills. Staff communicated effectively with each other, people who used the service and external professionals. Staff had a calm approach and responded to people's needs in a timely manner.

The provider had safe staff recruitment checks in place. This meant checks were carried out before employment to make sure staff had the right character and experience for the role. One staff member said, "I

was not allowed to start until I had my police check."

Accidents and incidents were recorded and analysed for themes and patterns to consider if lessons could be learnt and these were shared with staff. There were plans in place for emergency situations. For example, if there was a fire, staff knew what to do, and each person had a personal emergency evacuation plan.

The environment was clean and tidy and staff knew how to prevent the spread of infection. Staff had access to equipment to maintain good food hygiene practices, such as different coloured chopping boards. Cleaning responsibilities were allocated to staff and people who used the service each day and checks were carried out to make sure these had been completed.

Is the service effective?

Our findings

People had their needs assessed before they began using the service to make sure these could be met. Relatives told us staff were approachable and nice. A relative commented, "They [staff] really know [person] well. We spend a lot of time with them and they are good." Staff had received the training they required to do their jobs and they also received regular supervision and appraisal. A staff member said, "I have regular supervision. I can always talk to any of the management if I need to." This meant staff had opportunity to discuss their learning and development needs and their performance.

Staff had an induction period and were supported to understand each person's needs. New staff were supported to complete the Care Certificate. The Care Certificate is a nationally recognised qualification giving staff the knowledge and skills they need to start their career in care. Additional training had been arranged to help staff understand each person's specific needs, for example, supporting people in a personalised way.

People were supported to eat and drink enough and maintain a balanced diet. Relatives told us the food appeared to be varied and people liked it. The menu was agreed based on foods people liked and healthier options were encouraged. Some people required specialised diets. Guidance on how to provide these and food to avoid was available. People were also supported to follow diets which were appropriate to their cultural needs. One person did not eat beef for religious reasons. On days when beef was on the menu an alternative was provided for this person.

Staff could explain people's individual needs and how they provided meals to ensure these were met. The choice of meals was varied and people could choose an alternative. People had access to the kitchen throughout the day and were supported to make themselves drinks and snacks.

People had access to the healthcare services they required. Staff were knowledgeable about people's healthcare needs, they knew how to recognise when a person was unwell even when the person had difficulty communicating this. Staff requested healthcare support when this was needed and followed the advice given. There was good communication between staff and healthcare professionals such as speech and language therapists. People had health action plans which detailed their health needs and how they were supported to meet these. This included regular appointments to the dentist, optician and doctor.

The premises and environment met the needs of people who used the service. People had their own room and there was a communal dining room and living room in each house. One person was being supported to move into the service. They had been involved in choosing the colour of their room and the decorations and furniture. This was based on their likes and was reflective of them as a person. Due to people's sensory needs the environment had been adapted and there were signs and objects of reference at the entrance to each room so people could identify where they were.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and some hospitals, this is usually through MCA application procedures called the Deprivation

of Liberty Safeguards (DoLS). Consent was sought before care and support was provided. Staff told us they respected people's right to refuse.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff told us people were supported to make their own decisions. This included where people found it harder to make choices. The registered manager had applied for DoLS where this was appropriate and any conditions in place were monitored to make sure these were met.

Is the service caring?

Our findings

People were treated with kindness and compassion. Relatives confirmed this. One relative commented, "The staff are very nice. They provide the care we would want [person] to receive. We are glad they are there." One person was supported to go shopping on the day of our visits as they had a Christmas event in the evening and wanted a new outfit. Another person was supported to choose their clothes for the event. Staff showed kindness and patience when supporting people and allowed them the time they needed to complete tasks.

Staff knew about the people and things that were important to them. They knew about people's preferences and how to get the best out of people. Staff had supported people to identify what they wanted to achieve and how they would work towards this which had been reviewed on a regular basis. People had visited places they wanted to such as boating trips, holidays and the park, as well as being supported to participate in activities they enjoyed.

Each house had a 'Wow book'. This was filled with photos of things people had done as a record of what they had achieved. This was used to help people reflect on the things they had done and to celebrate the success people had with trying new things and achieving goals.

Staff supported people in ways which they wanted to be supported. They interacted with people in a warm and friendly manner. They showed an interest in what people had been doing and what they wanted to do.

People were supported if they showed distress or anxiety. Guidance was available for staff on how to offer reassurance. They could explain potential triggers for people and how they supported them to reduce their anxiety.

People were supported if they were not well. One person's health had deteriorated and the staff were supporting them to access health professionals to try and identify what changes were needed to continue to meet their needs to improve the person's quality of life.

Staff supported people to maintain contact with their relatives. Families and friends were encouraged to visit and to be involved in the service. A relative told us they regularly spent time visiting their family member in the summer and were always welcome. Family were invited to parties at the service, such as Christmas, so people could celebrate together with friends and families. A newsletter had been developed so relatives were given feedback each quarter on what their family member had been doing. A relative commented they had shown this to a friend who thought it was an excellent way to keep up with what they person was doing. Another relative commented, "We receive the newsletter. It is really useful and nice to see what is happening. We talk to the staff every week and skype [person] but we like the pictures in the newsletter as well."

People had been involved in reviews of their care as much as they could be. They had meetings with their key worker to review what had gone well, what they had been doing and any changes they wanted. The

person was involved in the meeting if they wanted to be. Their relatives could also be involved. People were asked to make decisions about their care such as what activities they wanted to do. One person told us they were interviewing for new staff the next day. They said, "It is my first time doing it. I am excited. I have questions to ask."

People with limited verbal communication were supported to be involved in making decisions using objects and pictures. Staff explained to people what the choices were and offered people time to consider their decision. One staff member told us, "People can always be involved. I give information in small sections. I use pictures or the item if this helps."

People were supported to express their views each day. Their care plans prompted staff to ask the person what they wanted. Staff explained how important this was for them. One staff member commented, "We have helped [person] to feel confident making their own choices. It is important they can do this."

People had their privacy, dignity and independence promoted. People were supported to make their own drinks and food. A staff member commented, "[Person] has developed so many new skills. They are now able to do much more for themselves." People were asked if staff could enter their rooms and staff knocked on people's doors before entering. Staff addressed people in a respectful, kind and caring way. Staff were sensitive when supporting people.

People ensured people's privacy was promoted including asking them if they needed any help in a discreet manner. Staff respected people's choices and acted on their requests during our inspection.

Is the service responsive?

Our findings

People received support based on their individual needs. If their needs changed staff could respond to this and offer support which continued to meet their needs. One person's health had deteriorated recently. Their care plan had been updated and staff were aware of their changed needs and how to support them with this. The registered manager told us they were developing staff training in this area so staff had more understanding of the changes.

One person was being supported to move to 2 and 10 Grove Road. The move had been planned with them, their relatives, people who were important to them and other professionals in their life. The staff had developed a transitions book which documented the process of moving for the person and the new things they had been trying. The move had been done gradually to allow the person time to adjust to changes. A staff member commented, "I am learning from [person]. The whole staff team have worked together and [person] has come on incredibly. They are making their own choices and developing confidence."

People were involved in the care planning process and their preferences about the way they preferred to receive care and support were recorded. For example, routines people liked to follow were recorded. Staff respected these and were knowledgeable about how each person liked to do things.

Staff could tell us about people's likes and dislikes including their food and activities and people were supported to follow these. One staff member commented, "People do activities of their choosing." People were involved in reviews of their care and had the opportunity to record their comments in any way they wanted to. The registered manager explained if there were changes between the reviews the care plans were updated to reflect these.

Each person had a communication plan which identified how they expressed themselves and how they needed information to be presented to them to help them to understand. Staff could explain the guidance to us. One staff member commented, "[Person] can make their needs known. It is amazing how we can understand what they are saying."

People were supported to follow their interests and take part in activities that were socially and culturally relevant. One staff member told us, "We are learning all about [person's] culture to enable them to continue to follow this. It is important to them." People were supported to attend activities of their choosing including day centres, physical activities such as horse riding and boating and clubs to meet with friends. They had held themed evenings at the service to discover cultures, foods and events such as Christmas and Halloween.

People were asked about their personal goals and were supported to achieve these. This included short term or long-term goals, for example, one person had been supported to go swimming and another person had been supported to go on holiday.

People received information in accessible formats. The registered manager knew about and was meeting

the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. The complaints procedure and other key information such as what to do in case of a fire was available in an 'easy read format'.

The provider had a complaints procedure which they followed. Complaints which had been received had been responded to following the procedure and within the agreed timeframes. A family member told us, "I would know how to complain if I needed to. I am not backwards in coming forwards."

People's preferences and choices for their end of life care were recorded in their care plan. People had been asked about their preferences and wishes. People's families had been involved in developing these where appropriate to ensure people's wishes were supported.

Is the service well-led?

Our findings

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

The management team carried out audits to check the service being provided was of a good quality and staff were working in the right way to meet people's needs and keep them safe. These were monitored by staff at head office to identify any trends or themes. As a result of the audits the registered manager had a service development plan. This was based on any actions needed to make improvements to the service. The audits had identified any priority or high-risk areas and progress against all actions. The audits had not identified the areas we found within the medicines practice.

There was a clear vision and culture shared by managers and staff. The culture was based on helping people to communicate and experience the world and fulfil their potential no matter how complex their disabilities. Staff recognised the importance of this and told us how important it was for people to be enabled to communicate and fulfil their potential. One staff member said, "I am learning how to sign to help me to communicate more effectively with people. It is a brilliant place to work. They are so focused on each person. If there is something they want to try we try it."

The provider used statements called 'I Statements'. These were used to help staff understand the organisation's aims. These included areas such as, 'I will respect others', 'I will find things to celebrate', and 'I will understand and respond'. Staff were also reminded to involve people with a statement which said, 'No decision about me, without me.' Where staff had supported people in line with the I statements' they were congratulated and received a certificate from the provider. This showed the organisations commitment to the service being about the people who used it.

People who used the service knew who the registered manager was and spent time with them. A relative commented, "I have a direct line to [registered manager] and their manager. I can always talk to them if I need to." Throughout our inspection people spent time with the registered manager and staff and seemed comfortable with them. Staff provided feedback about the management team which suggested they could approach them and felt supported. One member of staff commented, "I can always talk to any of the managers. They are very approachable. They know their stuff. I love working here. It is worth every second." Staff had regular team meetings and understood the importance of sharing information with each other. One member of staff told us, "We learn from the other staff. We share our knowledge as this makes it better for the people we are supporting."

People who used the service and their relatives were asked for their feedback and encouraged to participate in the development of the service. People were sent surveys to complete. Feedback from these was positive.

The registered manager had provided feedback to people in an accessible format and discussed this with people.

Staff worked in partnership with other agencies. Information was shared appropriately so people got the support they required from other agencies and staff followed any professional guidance provided.

The latest CQC inspection report rating was available at the service and on the website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.