

Sense

SENSE The Old Coach House

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 ●

Summary of findings

Overall summary

About the service

SENSE The Old Coach House is registered to provide personal care and accommodation to a maximum of five people. People have a visual and/or hearing impairment, learning disability, and/or autism. At the time of the inspection five people lived at the home.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used 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. People using the service received planned and coordinated person-centred support that was appropriate and is inclusive for them.

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

The provider had quality assurance systems in place and action had been taken to make some improvements. We identified some issues that needed addressing that had not been identified by managerial observations or audits.

Relatives felt their family members were safe. People were supported by staff who knew how to protect them from avoidable harm. Generally, risks to people's health and well-being had been assessed and monitored to promote people's safety. People received their medication as prescribed. Staff had been recruited safely and there were enough staff to meet people's needs and allow flexibility to people's daily routines. The home was visibly clean and observed infection control practices.

Staff had received induction training. The training deemed as mandatory by the provider, had been received by staff and refreshed in line with the provider's timeframes. People were supported by staff who knew them and their needs well. People were encouraged, where possible, to make decisions about their care and their relatives were involved too.

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 encouraged people to maintain a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

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 achieve the best possible outcomes, including independence and inclusion. People support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Relatives confirmed staff were kind and friendly and treated people with dignity and respect. People were

encouraged to develop and maintain their independence skills. Visitors were greeted politely and were made to feel welcome.

Reviews of people's care and support needs were undertaken regularly. Relatives were included in the review processes to ensure all their family members needs were known and addressed. Relatives felt comfortable to raise any complaints they had with the staff or registered manager. Relatives confirmed they were always kept up to date with important information relating to their family member and could contact the registered manager at any time.

Relatives told us the service was well-led and spoke positively of the manager and staff. Provider feedback processes had been used to gather information about the views of people and relatives about the service provision. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

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

Rating at last inspection

The last rating for this service was good (published 02 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

SENSE The Old Coach House

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

The inspection was carried out by one inspector.

Service and service type

SENSE-The Old Coach House is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

Before the inspection,

The provider had not been asked to complete a new 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 reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this

information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who have some limitations to their communication skills. We engaged with all five people who used the service and spoke with two relatives about their experience of the care provided. We spoke with five staff and the registered manager. We reviewed a range of records. This included daily records, health action plans, support plans and medication records. We looked at one staff file in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures. We looked at the premises which included people's bedrooms, the kitchen, the laundry, the lounge and dining room.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- A relative said, "Oh no, nothing bad what so ever."
- Staff told us they had received safeguarding training and records confirmed this. Staff knew the definitions of abuse and the reporting processes they should follow if they had a safeguarding concern.
- A staff member told us, "No bad treatment here. That's one of the reasons I like working here as all the people are safeguarded. If I had any concerns I would raise it with the manager, area manager or police if I had to."
- The registered manager had notified the local authority and us of a safeguarding concern as is required by law.
- Some people's money was held for safekeeping. This was kept secure. Records had provision for two staff to sign each transaction to confirm that all money held was correct.

Assessing risk, safety and management

- Relatives told us the premises were always clean and tidy.
- Staff had a good knowledge of people's individual risks and how to minimise these to protect them from avoidable harm.
- Risks included, for example, people's behaviours, mobility issues and sore skin.
- A staff member said, "All risks are assessed, and support plans put in place to ensure staff are aware of what they need to do. For example, behaviours can be caused because a person needs the toilet, wants a drink or is in pain. We [staff] constantly check to make sure people's needs are met and they are comfortable to prevent behaviours."
- A person's support plan highlighted, 'No buttons as these may be a risk if swallowed'. The person wore a garment without buttons to minimise risk.
- Twice daily checks had been instructed for specific items belonging to one person to reduce risks. Records did not confirm these checks had been undertaken twice every day. The registered manager gave assurance they would remind staff of the need to do the checks and to record as such.
- The laundry door, that stated it was a fire door, was propped open with an ironing board. This meant if a fire were to occur the door could not close as it should to prevent flame and smoke spread.
- A large suitcase was stored on top of one person's wardrobe. There was a potential risk the suitcase could fall and cause injury. The end of wooden radiator covers in two people's rooms were loose, as was the front cover on the radiator situated by the front door. There was a potential for people to injure themselves on these. The registered manager told us they would get the issues addressed quickly.
- Some attention had been given to safety within the premises. Window restrictors were in place on first floor windows, radiators had been guarded and the fire alarm and other equipment had been serviced as

required to ensure it was safe to use.

Infection prevention monitoring

- Disposable gloves and aprons were available for staff to use. Antibacterial soap, paper towels and clinical waste bins were available. The laundry equipment and processes were adequate. This equipment and resources helped to minimise the incidence and/or spread of infection.
- The toilet room next to the dining room needed attention. The radiator was rusty and had peeling paint. The wooden boarding under the sink was damaged and warped. This meant there was a risk that those surfaces could harbour bacteria. The registered manager told us they would refer to the maintenance department for repair.

Staffing and recruitment

- Staff told us they felt there were enough staff to meet people's needs and to keep them safe. A relative told us, "When I visit there always seem to be staff to look after everyone."
- Staff confirmed the provider's 'one stop shop' central telephone number, was used to obtain staff cover for sickness and holidays. Staff also told us they did overtime and at times agency staff, who had worked at the home also covered staff sickness and leave.
- A new staff member said, "My checks were all done before I could start work." The registered manager and records confirmed an enhanced Disclosure and Barring Service check [DBS] had been carried out for all staff. Application forms included employment history with any gaps explored. Completed recruitment checks on staff prior to them commencing in post ensured staff were safe to work with people.

Using medicines safely

- Staff told us they had received medicine training. Records confirmed staff had received medicine training and their competence had been assessed to ensure they were safe to administer medicines.
- Staff offered people their tablets with a drink and people accepted them. Staff signed Medicine Administration Records [MARs] to confirm people had taken their tablets.
- Prescribed medicines for people were available.
- Staff counted each person's tablets three times a day. A staff member told us, "All medicines are present, correct and when given they have been signed for."
- Protocols had been produced for each person to direct staff in what circumstances 'when required' medicines should be administered.
- The key to the medicines was kept in a key cupboard to prevent unauthorised persons accessing the medicines.

Learning lessons when things go wrong

- Staff knew they must report accidents, incidents and near misses. A staff member said, "Any accident or incident even if minor is reported and recorded." A record made by a staff member read, 'Report accidents and document through forms and body maps.'
- The registered manager followed the provider's processes and systems to report accidents and monitor them to identify any patterns or trends to lower the possibility of similar future events.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- Relatives were complimentary about the care and support provided to their family member. One relative told us, "The care is good. It is based on what they [person] want and need."
- Relatives told us staff had asked them questions to determine what their family member liked and disliked and their preferred daily routines and lifestyle.
- A provider feedback form recently completed by a relative read, "I find it nice that you [staff] always involve me with their [person's name] health issues and ask me if I am alright with your support concerning them."

Staff support: induction, training, skills and experience

- Relatives were complimentary about the staff. A relative said, "The staff are competent to look after the people who are at the home."
- New staff were given initial guidance about what they needed to do. They worked with established staff to learn their role and to get to know the people who lived at the home.
- Staff and the registered manager confirmed the care certificate was available for new staff to work through. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- A staff member commented, "All my training is up to date." The registered manager and spread sheets confirmed staff had received training.
- A staff member commented, "My manager and I discuss my role and development. We talk about where I would like to be in one year's time. We also talk about my training."
- Staff told us they had regular one to one sessions with the registered manager. Records confirmed staff had opportunities to discuss their training needs, welfare and professional development during supervision. Staff also told us they had an annual appraisal where their work over the last year was analysed and discussed.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- Staff were familiar with the principles of the MCA and DoLS. A comment made by a staff member was, "A person must be assumed to have capacity unless it is established that they lack capacity."
- All staff confirmed people were supported where possible to make decisions.
- Records confirmed where complex decisions were needed meetings had been held with families and health care professionals.
- Staff confirmed DoLS were authorised to keep people safe. A staff member told us one person's DoLS was to prevent them going out alone and requiring 24-hour supervision to keep them safe.
- Staff and the registered provider told us at the present time all people but one had a DoLS authorisation. An application for the remaining person had been made to their funding authority. The registered manager had informed us of DoLS authorisations as is required by legislation.
- A staff member told us, "We [staff] always ask people's consent before giving them support. For example, this morning I informed a person I was giving them their tablets. They took the medication tot from me and put the tablet in their mouth."

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

- Staff told us menus were decided on the known food and drink likes of people. A staff member said, "All people have lived here for a long time, so staff know what they like."
- Food stocks were satisfactory with a range of food and drinks, fresh fruit and vegetables.
- At breakfast time people were supported by staff to eat and drink. Finger food was provided for some people, so they could safely feel by touch where the food was to eat.
- People ate what staff had given to them and were calm and happy.
- Referrals had been made to healthcare professionals to promote healthy, safe, eating and drinking. For issues including, weight loss and the prevention of choking management.
- Records confirmed people were weighed regularly to monitor identify quickly any potentially unhealthy weight loss or gain.
- Staff had made a record of people's dietary and fluid intake, so they could evidence they had met people's nutrition and hydration needs.

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

- A relative told us, "They [family member] see all the health people they need to. They see the doctor, dentist, chiropodist."
- Staff told us they worked with a wide range of external healthcare and social care professionals to improve outcomes for people. This was confirmed by records.
- Records highlighted, and staff confirmed, all people had an annual health care check to monitor their health and well-being.
- Health action plans were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks.
- A staff member told us, "It is hard sometimes to get people to brush their teeth. We let people hold the toothbrush and put it by their mouth, so they know they need to brush their teeth."
- Oral care plans gave staff instruction of how to meet people's oral hygiene needs. Records confirmed people saw the dentist regularly.

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

- A relative told us, "It is a lovely little home, very homely. They [person's name] would not take to a big home." The home was a domestic style house situated in a residential area.
- The provider had acted to assist people who had sensory conditions to move safely around the home. People had been made aware of where furniture was situated so they could move around more safely.
- Some sensory mapping was apparent. This is where different textiles and objects are used for people to feel so as examples, people know where they are and where they should walk in the home. A shower head was attached to one shower room door. This was so people could feel the shower head and know it was the shower room. Small tile pieces and beads were attached to some walls, so people could feel these to navigate around the dining room and down to the activity room.
- Communal areas were homely, warm, bright and furnished to meet people's needs.
- A relative told us, "They [person's name] have a lovely bedroom. The colours and furniture suit their needs."
- People's bedrooms were personalised with their belongings. Staff told us where possible they encouraged people to select the colour schemes in their bedrooms.
- Enclosed garden space was available. Access to this could be gained from the rear of the home.
- The provision of baths and showers gave people the choice of how they wished their personal hygiene needs to be met.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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,

- All relatives were complimentary about the staff. A relative told us, "The staff are all lovely. They are so kind. They don't just make sure they [person's name] is ok they make sure I am ok too." A second relative said, "The staff are so caring and considerate. They brought them [person's name] to a family funeral. It made us [family] so happy that they were there with us for that event."
- Staff spoke positively and respectfully about people. A staff member said, "I stay working here because the care and support is so good. People are treated kindly and with respect."
- People were dressed in clothing to reflect their individuality. People had individual hair styles. Some people wore short hair whilst other people had long hair styled in different ways.
- Staff sat with people, touched their arms gently, so people could feel their presence and gave them the attention they required.
- Relatives told us the staff made them feel welcome when they visited. "The staff welcome me. They are polite and friendly."

Respecting and promoting people's privacy, dignity and independence,

- People had their own bedroom which enabled private personal space.
- Staff told us where ever possible they encouraged people to attend to some of their personal hygiene needs to enhance privacy and dignity.
- All staff told us they encouraged people to select their own clothes to wear. A staff member said, "We [staff] offer people a number of garments. People rely on touch. They feel the material of clothing items and make it known by means of their response which garments they want to wear."
- People were supported to maintain their independence. During the afternoon handover a staff member told the other staff, "I gave them [person's name] the flannel so they could wash."
- At breakfast time finger food was provided to some people so they could feel the food and eat independently. A teapot was given to one person. The staff member encouraged the person to feel the teapot and where the cup was situated so they could pour the tea themselves.

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

- Staff told us they encouraged people to make daily decisions about their routines, what time they wished to get up, what they wanted to do and where they wanted to spend their time.
- Information was available giving contact details for external, independent advocacy services. Staff told us they knew how to access advocacy services to support people when making decisions around their care.

The registered manager told us one person had input previously from an independent person to assist them make decisions. An advocate is an independent person who assists people to make choices regarding all aspects of their lives.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Relatives confirmed they were involved in their family member's reviews. One relative told us, "I have always been involved in reviews. I feel I am taken notice of."
- Records highlighted people's likes and dislikes and other important information. Staff we spoke with were able to tell us what was important to each person including what they liked and did not like and how they wanted to live.

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.

- Staff told us people had different sensory needs. Some people had needs that required specific communication methods. A staff member said, "Some people here cannot see or hear. They often rely on touch and smell for orientation and for us [staff] to be able to communicate with them."
- All people had a box with individual 'objects of reference' that included, for example, a cup and a plate. People could feel the objects and know staff were asking them if they wanted a drink, or something to eat.
- People had wash bags in their bedrooms that held soap and other items used for their personal hygiene needs. Staff explained people felt the wash bags and understood staff were offering to support them with their personal hygiene.

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

- A relative said, "The staff take them [person's name] out regularly. It is good that they can get out and about and do things they like." A staff member said, "The people who live here have so many opportunities and are helped to go out and do activities. The people love going out and it is good for them."
- The home was in an area that had a range of community facilities including, shops and a park.
- Transport was always available for staff to use to take people out.
- Staff told us people had the opportunity to go on holiday and engage in group or individual activities.
- Staff told us one person enjoyed horse riding and going for a walk. Records confirmed this and highlighted the person also liked listening to music from their headphones. The person was smiling swaying their head and smiling when listening to the music.
- Two people went out with staff to a scheduled activity during the morning. For lunch people went out for a carvery lunch. They all looked relaxed, happy, calm and smiling when they returned.

Improving care quality in response to complaints or concern

- A relative confirmed they knew of the provider's complaints procedure. They told us, "I would feel comfortable to speak with the manager. I don't have any complaints though"
- A complaints procedure was available and accessible. The registered manager confirmed no complaints had been made.
- The registered manager described the stages they would work through if a complaint should be received. This included documentation, investigation, feedback to the complainant, acting to address issues if applicable.

End of life care and support

- The service did not currently support any people who were receiving end of life care.
- Staff told us if there was a need input would be secured from external health care professionals including, the GP and the district nurse team.

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.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant the service management and leadership was not always consistent. Quality assurance systems had not always been enough to alert the provider and registered manager that there had been shortfalls in service delivery.

Continuous learning and improving care and understanding quality performance,

- We identified some issues that required attention.
- For one person twice daily checks had been instructed in their support plan for specific items to prevent them from being at risk. Records did not confirm these checks had been undertaken twice every day.
- There was a risk that the laundry door, that was a fire door, might be prevented from closing properly in the event of a fire as a result of an ironing board placed close to it.
- A large suitcase was stored on top of one person's wardrobe. There was a potential risk the suitcase could fall and cause injury.
- The ends of wooden radiator covers in two people's rooms were loose, as was the front over on the radiator in the area of the front door. There was a potential for people to injure themselves on these.
- The toilet room next to the dining room needed attention. The radiator was rusty with peeling paint. The wooden boarding under the sink was damaged and warped. This meant there was a risk that those surfaces could harbour bacteria. The registered manager agreed environmental observations and some record keeping needed greater scrutiny to ensure consistent safety and compliance with support plans.
- The registered provider and manager had listened to staff and relatives who had highlighted that less staff vacancies may be an improvement. One new staff member had started work, another was due to start work soon and interviewing was on-going to recruit another two to three staff.
- The registered manager had a 'to be done list'. They had been pro-active as some of the issues on the list had been addressed and completed. These included purchasing a new bed for the staff sleep in room, requesting staff to complete questionnaires prior to the pending provider compliance team visit, and updating the staff training matrix.
- Registered manager and senior manager checks and audits had been undertaken. A full audit was due to take place in February 2020 by the provider's compliance team. These processes aimed to promote a service that consistently met people's needs and kept them safe.

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

- A relative told us, "The managers and staff are very approachable and helpful. Over the years I have developed good relationships with them."
- The registered manager was visible within the service. They engaged with people. People responded by smiling and being relaxed.

Managers and staff being clear about their roles, risks and regulatory requirements,

- A relative commented, "Nothing could be better. 10 out of 10 for staff and service."
- The registered manager knew of their responsibilities in terms of regulatory requirements. The registered manager had notified us of any accidents and incidents as they are required to by law.
- Staff knew the management structure of the organisation. That included the registered manager, area manager, regional manager up to the chief executive.
- A staff member said, "I work here because all the people are well looked after and are treated well with care and regard. If I had any concerns at all I would whistle blow. I have confidence that my concerns would be dealt with. If were not I would go higher and higher until I was satisfied." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.
- Other staff knew they had a responsibility to report any bad practice or concerns. The provider's whistleblowing policy was displayed for staff to refer to.

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

- Relatives told us they completed provider feedback forms. Records confirmed feedback had been obtained through reviews and provider feedback forms.
- Staff told us they felt valued. One staff member said, "Achievements are celebrated through staff meetings and during supervisions." A comment to all staff in a newsletter from the chief executive read, "Thank for all your hard work this year."
- Comments made by a staff member included, "I am encouraged to bring forward ideas to develop the service. This happens during supervisions staff meetings." Staff were given autonomy to enhance people's life experiences. An example was, a staff member identified one person may enjoy visiting a farmer's market. This was planned by the staff member and the person enjoyed the experience
- A staff member confirmed staff meetings were held regularly. Records confirmed this.

How the provider understands and acts on the duty of candour,

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open and honest in their approach during our inspection.
- Our last inspection rating was on display on the providers web-site and within the home. As is required by law.
- Relatives we spoke with always confirmed the registered manager and staff kept them up to date.

Working in partnership with others,

- The provider, registered manager and staff worked in partnership with a range of external health and social care professionals.
- The staff had links and good working relationships with external activity providers to meet the occupational/ recreational needs of people who lived at the home.
- The staff were working with a local external construction company who had offered to give the garden a make over and undertake some improvements and redecoration inside the home including the activity room.