Sense

SENSE - Community Services (South West)

Inspection report

Woodside Family Centre, Kingswood Estate
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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

SENSE Community Services (South West) is registered to provide the regulated activity of personal care to people in their own homes.

There were two distinct services provided. A Communicator Guide Service for people with a dual sensory loss and, an Intervenor Service for congenitally deafblind children, adults and their families.

At the time of this inspection people using the communicator guide service were not receiving personal care. Therefore their support does not come within the remit of our inspection. At the time of this inspection four children were using the intervenor service and receiving personal care. It is the care and support received by them that was inspected and is reported on in this report. Staff providing this service were called 'intervenors'. We have used this term when referring to staff directly providing the service throughout our report.

The inspection was carried out by one adult social care inspector and took place on 8 November 2017. We gave the provider 48 hours' notice of the inspection to ensure people we needed to speak with were available.

We previously inspected this service on 16 and 19 August 2016. At that inspection we rated the service overall as Requires Improvement. We also identified two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We told the provider to send us an action plan detailing the improvements they would make.

As a result of this inspection we have rated the service as Good. We found the provider had made the improvements detailed in their action plan and, we found there were no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Overall, we found the children received person centred care and support from skilled and motivated intervenors that were well managed.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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 and intervenors followed procedures which reduced the risk of the children being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. There was enough staff to safely provide the care and support detailed in care plans. Checks were carried out on all staff before they started work with people to assess their suitability. Where assistance

with medicines was required this was well managed.

Intervenors were highly skilled and had the knowledge, skills and abilities they needed to carry out their roles effectively. They received regular supervision and the training needed to meet the needs of the children and their families.

The children were cared for and supported by intervenors who knew them well. Intervenors and managers treated the children and their families with dignity and respect. The care and support provided was person centred. Each child had detailed care plans and individual risk assessments in place. Children and their families were at the centre of all decision making about the service and encouraged to express their views and opinions.

The vision, values and culture of the service were clearly communicated and understood by staff, relatives and others. The registered manager demonstrated excellent communication skills, provided good leadership and management and, received effective support from the provider to assist with this. An effective quality assurance system was in place. This meant the safety and quality of service received was monitored on a regular basis and where shortfalls were identified they were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service has improved to Good.

Risks were assessed and plans put in place to keep the child, intervenors and others safe.

The registered manager and intervenors understood their role and responsibilities to keep the children safe from harm.

There was enough staff to safely provide care and support to people. Checks were carried out before they started work to assess their suitability to work with children and vulnerable people.

When required to do so, intervenors ensured medicines were safely administered.

Is the service effective?

Good

The service remains as Good.

Children and their families received care and support from intervenors who received the training and support required to meet their needs.

Where required intervenors ensured the children received the support needed with eating and drinking.

Intervenors and managers worked proactively with other health and social care and education professionals to ensure the needs of the children and their families were met.

Is the service caring?

Good

The service remains as Good.

Children, and their families, received care and support from kind, caring and skilled intervenors who knew them well.

Intervenors promoted the children's independence wherever possible and treated them and their families with dignity and respect.

Is the service responsive?

Good

The service has improved to Good.

The children received a person centred service.

Care and support plans had been developed in partnership with children and their families and were based upon their needs, wishes and aspirations.

The views and opinions of families were actively sought and acted upon.

Is the service well-led?

Good

The service remains as Good.

Intervenors and families all felt the service had been developed and improved by the registered manager.

The registered manager was well liked and respected.

Quality assurance systems were in place and were used to continually improve the service provided.

SENSE - Community Services (South West)

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 November 2017. The inspection was carried out by one adult social care inspector and was announced.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted seven health and social care professionals involved with the service and asked them for some feedback. These included; social workers, teachers and nurses. We have incorporated what they told us in the main body of our report.

As a result of their health and social care needs we were unable to speak directly with the children. However, we were able to spend some time with one child whilst speaking with their parent. Following our inspection we exchanged correspondence with the families of two more children receiving the service.

We spoke with a total of three staff, including the registered manager, the provider's operations manager and one intervenor. Following our inspection we exchanged correspondence with one further intervenor.

We looked at the care records of each of the four children using the service, three staff personnel files, training records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental

capacity, recruitment, accidents and incidents and equality and diversity.

Good

Is the service safe?

Our findings

At our previous inspection in August 2016 we found individual risk assessments and management plans were not always in place and where they were, some lacked sufficient detail to ensure the child was kept safe.

At this inspection we found significant improvements had been made.

Each child had detailed individual risk assessments to keep them safe. These included risks arising from specific health care conditions and the delivery of personal care. For example, detailed plans were in place for the safe use of oxygen and moving and handling children.

Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the child. The registered manager confirmed copies of these risk assessments and management plans were kept in the child's care file in their home as well as in their offices. Other health and social care professionals had been involved in advising on safe practices and equipment. Intervenors had a good knowledge of the children's risk assessments and the measures to be taken to keep them safe. One told us, "Obviously there are risks in everything, but we assess them on an ongoing basis and draw up a plan to manage and minimise those risks. I do this by liaising with parents and my managers, who are on hand if I need help".

Environmental risk assessments had also been completed. These identified risks in the family home or other places care and support was provided and detailed measures to manage the risks identified. Lone working risk assessments had also been completed to ensure staff were kept safe.

Family members told us they felt the service provided was safe. Comments included; "The intervenor always ensures his safety at all times, never leaving him unsupervised" and, "We're very happy, he's gained a lot from the service and (Intervenors name) makes sure he's safe. If we had any concerns for his safety we would talk to (Intervenors name) or (Registered Manager's name)". We saw one child and their parent in the company of the intervenor and registered manager. They were clearly at ease in their company and the relationship appeared mutually supportive and respectful.

The children were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected, witnessed or alleged. Intervenors were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Intervenors and managers had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice.

Children were cared for by sufficient numbers of staff to meet their needs. Each child's care plan identified the care and support they required. These detailed the actual care and support to be given, at what time,

how many staff were required and for how long. We saw the care and support required was planned and provided by specific intervenors who knew the child and family well. The registered manager explained each child also had arrangements in place for another Intervenor to provide care in the event of their main worker being unavailable.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with children or vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager.

There were clear policies and procedures for the safe handling and administration of medicines. The nature of the service provided meant Intervenors were not always required to become involved in the administration of medicines. However, where they were, guidance for staff on what to do to keep people safe was in place and easy to use. Intervenors administering medicines had been trained to do so. One child took their medicines through a percutaneous endoscopic gastrostomy (PEG) tube. The intervenor working with the child had received specific training from a healthcare professional to ensure they were able to do this safely. The provider had a system in place to respond to any errors with the administration of medicines.

Intervenors told us they had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy in place. Intervenors received training in infection control.

Good

Is the service effective?

Our findings

Family members said the service met the children's individual needs effectively. They told us intervenors provided the care and support required when the children and they as family members needed it. They further explained the children had had a variety of complex individual needs which included difficulties with sight and hearing. They confirmed intervenors were skilled at meeting these needs and ensured the care and support identified in their care plans was provided. Specific comments included; "They've been an absolute god send. The help gives me the time to do the things I need and, he's come on leaps and bounds" and, "We always feel (Child's name) needs are met to a very high standard and the intervenor works very hard in a very demanding role". Health and social care professionals told us the service met people's needs. One said, "They are all very professional and work well in partnership with us to meet the children's needs".

Children were cared for by staff who had received the training to meet their needs. We viewed the training records for each intervenor. We saw core training completed by all staff included; first aid, infection control, fire safety, emergency first aid, equality and diversity, administration of medicines and safeguarding vulnerable adults. In addition, specialist training was provided to intervenors to ensure they could meet the children's needs. This included training on; the administration of fluids and medicine via a percutaneous endoscopic gastrostomy tube, individualised moving and handling, the safe use of oxygen and the administration of emergency medicines. Intervenors also completed specialised intervenor training on communication techniques. We saw intervenors had been supported to achieve qualifications in the use of British Sign Language (BSL). Intervenors told us they felt the training provided was of a high quality and enabled them to carry out their roles effectively.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. An induction checklist ensured staff had completed the necessary training to care for people safely. One intervenor appointed just over a year before our inspection confirmed they had received an effective induction, which included formal training, shadowing other staff and, "Learning on the job, particularly from the child and family members".

A schedule for staff supervision was in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Intervenors told us they received regular supervision. Staff records showed that supervisions were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Intervenors knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

As part of our inspection process we check whether services are working within the principles of the Mental Capacity Act 2005 (MCA). However, the regulated activity of personal care was currently only provided to children and their families. The Mental Capacity Act (MCA) 2005 applies only to individuals aged 16 and over and was therefore not relevant to the intervenor service. We did note however that registered manager and intervenors had a well-developed understanding of the need to ensure the choices and decisions of children and their families were identified and underpinned the care and support they provided. Furthermore their

effective communication skills ensured they were able to achieve this. Feedback from one intervenor particularly underlined this point, they said "She makes choices every day, from what clothes she wears and her hair style, to what she does and where she goes and how she gets there. She is in charge".

Where required intervenors ensured the children received the support needed with eating and drinking. For example, one intervenor was required to have a good understanding of the PEG system used and, work in accordance with eating and drinking guidelines drawn up by a dietician and speech and language therapist to reduce or eliminate the risk of choking.

Intervenors and managers worked proactively with other health and social care and education professionals to ensure the needs of the children and their families were met. Regular communication was maintained with schools and other professionals. This was clearly documented and advice and guidance received used to further develop individual care plans.

Good

Is the service caring?

Our findings

Throughout our inspection we were struck by the empathy and understanding with which the registered manager and intervenors spoke about their role and, the children and their families they cared for and supported. This was reinforced by family members explaining to us that intervenors knew them and their children well and treated them with kindness, compassion and respect. One family member said; "Our son has built a fantastic relationship with his intervenor and she has spent time getting to know him really well".

Working with children with complex health care needs who require the use of consistent communication methods often in the family home, clearly requires a high level of skill and professionalism from staff. Discussions with family members, intervenors and the registered manager showed us the intervenors had developed relationships based upon trust and mutual respect. Family members were particularly complementary regarding the skills of intervenors in communication techniques. Comments included; "(Intervenor's name) knows how to communicate with him through on body signs, objects of reference and audio switches this is very important as he is non–verbal" and, "The work they've done on communication is excellent".

The warmth of staff towards the children and pride in the work they carried out was very evident. One intervenor told us, "I believe (Child's name) gets a lot out of the 1:1 time she has with me, as I do with her. She has taught me a lot too. She has grown in confidence and her understanding of the world has improved so much. She is a confident, outspoken young lady, not afraid to let you know what she thinks. I am very proud of her". Another said, "It's an amazing service, for the family as well as the child".

Care plans contained detailed guidance for intervenors on promoting independence, stressing the importance of encouraging the child to do as much for themselves as possible, promoting positive relationships with family and friends and how to provide support when the child was unwell or distressed. Intervenors and the registered manager were extremely knowledgeable of individual support arrangements in these areas.

The provider had an up to date policy on equality and diversity. Intervenors had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of needs regarding, culture, language, religion and sexual orientation. Talking with the registered manager and intervenors it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

We saw the morale of all staff was high and noted the turnover rate of staff was low. Those we spoke with all said they would be happy for a relative of theirs to use the service.

Good

Is the service responsive?

Our findings

At our previous inspection in August 2016 we found person centred care plans were not in place for each child.

At this inspection we found significant improvements had been made.

Each child had a detailed plan in place that had identified their needs and how the service planned to meet them. A range of person centred planning tools had been completed to assist in the development of these plans. These tools provide templates that are a practical way to capture information to feed into care and support planning. Care and support plans included information on the child's life history, interests and preferences. These plans were regularly reviewed and updated when the child's needs altered and at set intervals.

In addition to the written plans, interactive plans had been developed. These made good use of video and power point presentations to provide clear visual demonstration of how care and support was to be provided. They also further enhanced the communication guidelines that were in place by providing clear visual examples. For example, one child made choices through eye pointing, meaning they looked directly at the option they had chosen. This was a very subtle gesture that could be seen on the video but was very difficult to explain without actually seeing it. The value of these was clearly explained by one intervenor who said, "Visual representations as well as being clear for staff, often speak to the child and provides an additional method of communication". The development of these interactive plans had clearly taken considerable time. However, we could see the benefit of them and how they could be used with the child as well as with professionals and families.

Person centred reviews were carried out to ensure these plans covered all the areas of care and support required. These were built around the needs of each child and conducted in ways designed to maximise the level of involvement of the individual and their family. For example, one review was conducted with intervenors and family members sitting around the child who was lying on a water mattress. This allowed them to feel the vibrations of people speaking and underlined the fact the review was all about them. Another was carried out by the registered manager using augmentative communication methods with the child, the operations manager carrying out a review with the family and, the two being combined into one to feed into the interactive plan.

We were able to see how these plans had led to positive outcomes. One child had through careful planning learnt a new non-verbal sign to help express when upset or anxious. We saw this had proved helpful in them managing changes to routines as the sign could be used in a playful manner to diffuse these feelings. With another child the intervenor and family had planned to introduce four new signs. We saw this child's hearing had been identified as deteriorating so the use of signs to communicate was becoming increasingly important.

Intervenors completed a record each time sheet they worked with the child and their family. They were

expected to report any changes in the child's care, support and health needs to the office and also to the appropriate health or social care professional. These measures ensured the child received the service that was responsive to their needs.

The service had a complaints policy statement. This stated any complaint would be acknowledged within three working days and responded to within 20 days. The complaints procedure was shared with the families who received the service. The service had not logged any formal complaints in the previous 12 months and CQC have not received any complaints. Those families we met with both said they would raise any concerns they had and felt they would be listened to.

Good

Is the service well-led?

Our findings

The registered manager had taken up their post just after our previous inspection. They had been promoted from their previous position as an intervenor and this was their first managerial position. They had worked hard to develop the service and provide good leadership and management. Intervenors and families spoke highly of them and recognised the improvements they had made. They said the registered manager led by example and were readily available to offer support, guidance and hands on help when needed. The registered manager told us they received effective support from the operations manager. They also said they were working towards their level five diploma in the leadership and management of health and social care qualification and, a BSL level three qualification.

Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and care staff were well supported and managed. Talking with people, relatives and staff it was clear the vision, values and culture of the supported living service had been communicated and were understood.

During our inspection the registered manager provided us with information requested promptly and relevant staff were made available to answer any questions we had. The registered manager, operations manager and intervenors all spoke passionately about the service and their desire to provide a high quality person centred service.

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. They knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

Quality assurance systems were in place and were used to continually improve the service provided. The registered manager and operations manager carried out audits each month which fed into an overall service development plan. We saw this plan contained specific objectives all aimed at developing and improving the service. The registered manager told us this plan was reviewed weekly with the operations manager.

Staff meetings were scheduled and held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Intervenors told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

The policies and procedures we looked at had been regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

At the end of our inspection we gave feedback to the registered manager and operations manager on our findings up to that point. They listened carefully to our feedback and were clearly committed to learning in

order to further improve the quality of the service provided.