Sense

SENSE - South East Supported Living Services

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?	Outstanding ☆
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was undertaken on 29 and 30 November and 1 December 2016 and was announced. We gave the provider notice as we wanted to make sure the registered manager was available on the day of our inspection.

SENSE - South East Supported Living Services provides care and support to people who are dual-sensory impaired or single sensory impaired with additional physical or learning disabilities. There were four people using the service at the time of our inspection who were living in two supported houses in Kent.

There was a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

People using the service were well treated by the staff and showed us that they felt safe and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about ways to mitigate risks without limiting people's independence and preferences.

The service was flexible and responsive to people's individual needs and preferences and had introduced a number of outstanding initiatives to ensure that the care people received was responsive and that people's disabilities were not a barrier to them living as full a life as possible. This included people taking part in a full and interesting number of activities that they wanted to and which, although came with a degree of risk, had a significant positive effect on their well-being.

Staff also spent time with people and helped them get used to certain medical procedures so they were not disadvantaged.

People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people in planning their care. Care plans included the views of people using the service and their relatives. Relatives told us they were kept up to date about any changes by staff at the office.

Relatives told us that the management and staff were quick to respond to any changes in people's needs and care plans reflected how people were supported to receive care and treatment in accordance with their current needs and preferences.

People were actively encouraged to give their views and raise concerns or complaints. People and their relatives had no complaints about the service but said they felt able to raise any concerns without worry.

People were provided with novel ways to express and explore ways to indicate if they were unhappy with the service.

Staff could explain how they would recognise and report abuse and they understood their responsibilities in keeping people safe.

The provider was following appropriate recruitment procedures to make sure that only suitable staff were employed at the service.

Staff we spoke with had a good knowledge of the medicines that people they supported were taking and there were systems in place to monitor and audit the management of medicines in order to help reduce any potential problems.

People who used the service and their relatives were positive about the staff and told us they had confidence in their abilities and staff told us that they were provided with training in the areas they needed in order to support people effectively.

Staff understood that it was not right to make choices for people when they could make choices for themselves and people's ability around decision making, preferences and choices were recorded in their care plans and followed by staff.

Staff were aware of people's dietary requirements and preferences and made sure people were protected from the risk of poor nutrition and hydration. People were actively involved in choosing what they wanted to eat and drink.

The service had a number of quality and safety monitoring systems designed to make sure people were safe and that everyone involved in the service could have input into how it was run and how well it was meeting its aims and objectives.

Staff understood how people communicated their views about the service and these views were sought on a regular basis. The provider used this feedback, along with input from relatives and staff to continually look at ways of improving 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?

Good

The service was safe.

People showed us that they felt safe with and trusted the staff who supported them.

Where any risks to people's safety had been identified, the management had thought about and discussed with the person and their relative ways to mitigate risks.

There were systems in place to ensure medicines were administered to people safely and appropriately.

Is the service effective?

Good

The service was effective.

Relatives were positive about the staff and felt they had the knowledge and skills necessary to support people properly.

Staff understood the principles of the Mental Capacity Act (2005) and knew how people communicated their consent to care and treatment.

Staff told us that they were provided with training in the areas they needed in order to support people effectively.

People had good access to healthcare professionals and treatment and staff ensured people were provided with healthy food and drink that was to their preference.

Is the service caring?

Good

The service was caring.

People were treated with compassion and kindness.

Staff demonstrated a good understanding of peoples' likes, dislikes and their life history. Staff knew how people communicated their preferences which enabled people to be involved in making choices about their care.

Is the service responsive?

Outstanding ☆

The service was responsive. There were outstanding elements to the way the service ensured people received consistent coordinated, person-centred care that was responsive to their needs.

This was because the management and staff made sure people lived their life to their full potential and, as far as possible, were not disadvantaged by their disabilities.
Staff understood how people expressed their views about their care and treatment.

People were helped to understand how and when they could raise concerns about their care and relatives told us they were happy to raise any concerns they had with any of the staff and management.

Is the service well-led?

Good ●

The service was well-led.

There were systems in place to monitor the safety and quality of the service provided.

Staff understood how people communicated their views about the service and these views were sought on a regular basis. The provider used this feedback, along with input from relatives and staff to continually look at ways of improving the service.

Staff were positive about the management and told us they appreciated the clear guidance and support they received.

SENSE - South East Supported Living Services

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 inspection was undertaken on 29 and 30 November and 1 December 2016. We gave the provider one weeks' notice that we would be visiting their head office.

After our visit to the office we visited the two supported living houses and met all of the four people who currently use the service. We were not able to speak in depth to the people we met but we were able to communicate via the staff who knew the people well and were able to translate what people told us through British Sign Language (BSL) and the use of pictures.

We also observed interactions between staff and people using the service in the communal areas as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

We spoke with two people's relatives over the phone. The inspection and interviews were carried out by three inspectors.

Before the inspection we reviewed information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

We spoke with four staff who supported people with personal care, the deputy manager and the registered manager. We spoke with two health and social care professionals who had recent contact with people using the service.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicines records. We looked at five staff files as well as other records held by the service including meeting minutes, health and safety documents, quality audits and surveys.

Good

Is the service safe?

Our findings

Relatives told us they had no concerns about safety and that they trusted the staff who supported their relatives. A relative commented, "They care for [my relative] really really well." We observed kind interactions between the people who used the service and the staff. It was clear from people's facial expressions and body language that they liked the staff and were comfortable with them. One person was smiling to us and signed, "Like staff here."

Staff could explain how they would recognise and report abuse. They told us and records confirmed that they had received training in safeguarding adults. One member of staff said of the safeguarding training. "My recent update was really useful as it now covers cyber bullying and I learnt a lot about how this can be avoided."

Staff understood how to "whistle-blow" and were confident that the management would take action if they had any concerns. Staff were aware that they could also report any concerns to outside organisations such as the police, the local authority or the Care Quality Commission.

Staff had undertaken first aid training and knew the procedure to follow if the person they were supporting became ill or had an accident. If someone had an accident this was recorded. The registered manager analysed past accidents to see if action could be taken to reduce the risk of further occurrences.

Before people were offered a service, a pre-assessment of their needs was undertaken by the registered manager or deputy manager. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that risk assessments had been undertaken in relation mobility, falls and going out in the community.

Where risks had been identified, the management had thought about and discussed with the person's family ways to mitigate these risks. These risks were also communicated to the person as far as possible. Relatives confirmed that they had discussed risk taking with the registered manager. One relative told us, "We discuss risks; I've seen all his risk assessments."

We saw very detailed risk assessments in people's care plans regarding activities they enjoyed and liked to follow. For example, we saw risks had been assessed for people who enjoyed swimming and horse riding. These assessments were designed to mitigate risks as far as possible but did not to put any restrictions on the activities. A relative we spoke with acknowledged that they sometimes felt these activities were very risky, given the person's medical conditions. However they understood that their relative really enjoyed doing them and that these activities enhanced their well-being. People showed us pictures of the various activities they undertook and indicated by signing and smiling that they enjoyed these activities.

Risk assessments were reviewed on a regular basis and information was updated as needed. Staff were informed of any changes in a person's care needs or risks and staff confirmed they were kept updated. Staff knew the risks the people they supported faced and were able to describe these risks to us. These matched

the risk assessments recorded in people's care plans.

Environmental risk assessments had been completed to ensure both the person using the service and the staff supporting them were both safe. For example, we saw risk assessments had been developed for staff who were working alone with people who sometimes expressed behaviours that challenged the service. Risk assessments had also been developed for staff with hearing impairments.

We saw satisfactory staffing rotas that showed there was always staff on duty at the two supported living houses. People also were provided with one to one support if this was required. Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required.

Staff had undertaken training in the management of medicines and were aware of their responsibilities in this area including what they should and should not do when supporting people with their medicines. After staff had been trained they undertook observed competencies by a senior staff to ensure that they understood the training and were able to put this into practice.

People's medicines were audited three times during the day to order to reduce errors. Medicines were being safely stored in each person's bedroom. Colour coding was being used to make sure medicine records could be easily linked to people. Staff were familiar with each type of medicine, how it should look and what it was for and they understood the policy for reporting any errors. Relatives told us they were satisfied with the way that medicines were managed.

We checked five staff files to see if the provider was following appropriate recruitment procedures in order to make sure that only suitable staff were employed at the service. Recruitment files contained the necessary documentation including references, criminal record checks and information about the experience and skills of the individual. We saw that the organisation carried out checks to make sure the staff were allowed to work in the UK.

Good

Is the service effective?

Our findings

Relatives told us they had confidence in the staff and that staff had the necessary knowledge and skills to support people using the service. A relative commented, "Sense is fussy about training, they are well trained."

Staff told us they were provided with training in the areas they needed in order to support people effectively and safely. They told us that this covered safeguarding adults, communication, equality and diversity, fire safety, British Sign Language (BSL) and the management of medicines. Staff were positive about the support they received in relation to training. One staff member told us about recent training they had undertaken in communication. They told us, "The communication training is really good, it's like you're deaf yourself and gives you a really good insight into the challenges deaf people face."

In addition to the mandatory training, staff told us that they were also offered nationally recognised vocational training. Staff could also discuss any training needs in their supervision. One staff told us they were waiting to do their BSL course.

Staff told us and records confirmed that they received regular supervision and annual appraisals. Staff told us that supervision was a positive experience. Staff goals were set at supervisions and reviewed every six months and at annual appraisals. Staff said this worked well for them.

Staff told us about the induction procedure they undertook when they first started working for the service. They told us this was useful and involved looking at policies and procedures and undertaking essential training. One person told us, "I had a seven day induction which covered the basic training I needed before my localised induction at the service." One member of staff confirmed they were working through their care certificate qualification. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff understood the principles of the MCA (2005) and we saw records that staff had undertaken training. The registered manager told us that everyone was able to make day to day decisions regarding their care. People were able to use a number of ways to communicate their preferences to staff including the use of pictures on an tablet computer.

Staff knew the people they supported very well and so they understood the different ways people communicated their needs. Other people used BSL to communicate. One staff member told us, "We now

have more BSL signers in the staff team. We also have a member of staff who is fluent. This helps us a lot to communicate effectively with people."

Staff understood that if the person could not make big decisions then they would have to think about what was in that person's "best interests" which would involve asking people close to the person as well as other professionals and advocates.

Relatives confirmed that staff were good at offering choice about day to day activities and these choices were respected. They also confirmed that they had attended best interest meetings when bigger decisions needed to be made. These included decisions about the person's safety and medical interventions. People's ability around decision making, preferences and choices were also being recorded in their care plans.

We observed that staff were very knowledgeable about people's needs. We discussed with them how they followed people's assessed care needs. One staff member said, "We noticed that [person's name] was starting to choke on food and drink. We called in a SALT (speech and language therapist) and he now has a thickener and this has made it easier for him to eat and drink." We observed that the person had drinks with a thickener in it during the inspection.

There was information incorporated into people's care plans so that the food they received was to their preference. Details of their dietary needs and eating and drinking needs assessments were recorded and indicated food likes, dislikes and if they needed any support with eating and drinking. People used a number of methods to communicate their likes and dislikes in relation to food and staff understood this. Relatives confirmed that staff knew if people required any special diets and that these were being followed.

Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided specific guidance to staff about how to support people to manage these conditions. Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts.

Relatives told us that people had good access to healthcare services and support. We saw that records were maintained of appointments made and attended to GPs, dentists, optician and chiropodists. Relatives told us that the service kept them updated about any changes to people's healthcare needs.

Good

Is the service caring?

Our findings

People told us that they liked the staff who supported them and their relatives told us that they were treated with warmth and kindness. One relative told us, "They treat [my relative] with kindness, compassion and understanding." Another relative commented, "There is not a member of staff that [my relative] doesn't like."

We saw that people were involved as much as they were able in the planning of their care and support. Staff met with each person every month to sit down and look through the person's care and activity plans. People used a number of methods to communicate their wishes including signing and pictures. We observed that staff were very attuned to people's demeanour and were very observant but they also enabled people to do things independently where possible.

Staff had undertaken training in equality, diversity and human rights. They understood that people must not be disadvantaged because of their disability. Although there had been problems in the past regarding the use of agency staff, the registered manager was working towards making sure staff were able to sign so they could communicate effectively.

Staff demonstrated that they had a good understanding about respecting people's privacy and dignity. Staff also understood the balance they needed to maintain between people having their own space and privacy and the need to keep them safe. This included the use of assistive technology lights that flashed in people's bedrooms to let them know someone has knocked. On staff member said, "We understand people want personal time and if they do not answer the door we will return later to try again."

We observed positive, caring and supportive interactions between staff and people using the service. It was clear from discussions and the way people were comfortable around staff that positive relationships had formed. This was confirmed by relatives we spoke with. One relative told us, "They know him and treat him like an adult." Another relative commented, "Staff are very respectful."

Outstanding ☆

Is the service responsive?

Our findings

People's relatives told us that the management and staff were quick to respond to any changes in their needs. We saw from people's care records and by talking with staff that if any changes to people's health were noted, they were reported and action was taken to meet any required changes. For example, staff had arranged a SALT assessment when they saw that a person was having problems swallowing. We also saw that staff had sought the advice of a healthcare professional when they noticed a person's medical condition was not improving. The registered manager had requested an increase in a person's one to one hours because they were having difficulty working in voluntary employment. The increased hours meant that this person could continue to work in the community.

Relatives told us they were kept up to date with any issues. A relative commented, "I am involved as a parent." Another relative told us, "We have reviews and chats on the phone."

Social and health care professionals we spoke with told us the staff were, caring, person centred and treated people as individuals. One healthcare professional told us that there had been some staffing problems in the past but there were now permanent staff who were able to sign with people which had improved communication.

Each person had a care plan that was tailored to meet their individual needs. People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people in planning their care. For example, people used pictures and signed with their key worker to set life goals and targets. These included saving for holidays, looking at new activities to participate in and looking at ways to further improve communication. A relative told us, "People are the focus of every decision they [the staff] make."

Once the care provision was agreed, a detailed guide for all staff was prepared which ensured staff understood what was required of them in order that they achieved the balance of following the person's preferences and keeping them safe. Staff understood that people required as much independence as possible. The staff sought regular advice and support from occupational therapists to enable people to take part in independent living skills. These included preparing meals and undertaking domestic tasks. One member of staff confirmed, "We encourage [people] to be as independent as possible."

Care plans also included a section on the person's individual personal history which was entitled, "My story." This had been developed with the person and people close to them. This section was a written narrative from the person's perspective and included their history, goals, preferences and hopes for the future. The registered manager told us that this section was vital as it enabled staff to "hear the voice" of the person where they were unable to articulate this themselves.

It was clear from meeting the people who used the service, speaking with their relatives and through talking with staff that each person was treated and valued as a unique individual.

We checked the care plans for four people. These contained a pre-admission document which showed people's needs had been assessed before they decided to use the service. These assessments had ensured that the service only supported people whose care needs could be met. We saw that people were encouraged to visit the supported living houses a number of times before they made a decision to live there.

People's needs were being regularly reviewed with staff, the person receiving the service, their relatives and the placing authority if applicable. Where these needs had changed, usually because someone had become more dependent, the service had made changes to the person's care plan. We saw a number of examples of this including the staff being given more hours to support people who had become more dependent.

We saw other examples where staff had worked very hard to help people to live as full a life as possible whilst still being mindful of their safety. People were able to undertake various activities which included a degree of risk such as swimming and horse riding. We were informed that life guards at the local swimming pool knew people very well and that risks and potential dangers had been discussed with them. It was clear from people's interactions with us that they really enjoyed these activities and that this enhanced their well-being. People were happy and smiling when they signed the activities they enjoyed and they were keen to tell us all about them.

One staff member told us, "We have made lots of changes in introducing more varied activities for people to try. This has made both [people using the service] happier as they are not doing the same activities week in week out." Another staff said, "We look at the staff skills mix and try to ensure people chose the member of staff they are most comfortable with for different activities. For example, when going out further afield."

Relatives also told us about the range of activities that staff helped people to take part in. They told us they understood that there was a degree of risk in these activities but that people's sense of inclusion and well-being were more important. We saw that detailed risk assessments and guidelines for staff had been developed in order to minimise the risk to people's safety as far as possible.

We saw a number of other examples of how staff had empowered people to take part in activities. For example, one person had been admitted from a residential service and the registered manager told us that when they visited the local gym staff noticed that this person had a fear of water. It took a number of months for staff to slowly get the person used to water and to move nearer and nearer to the pool. After some time the person could go in the pool. The registered manager wanted this person to have a holiday and so organised this with the person by using pictures to explain what a holiday was. The person attended an adventure holiday run by the organisation. Because the person had been supported by staff to feel more comfortable around water they were able to go sailing.

We also saw that staff had spent time with people in order to make sure they were not disadvantaged by their disability. For example, a person needed to attend a health check-up which included the use of a blood pressure monitor. The person was not comfortable using this monitor and had refused in the past. The staff team spent a lot of time using the monitor on themselves so the person became more used to this device. After a while the staff were able to get the person to wear the monitor and experience the way it worked and to feel the increase in pressure around their arm. After some time the person was able to go for a check-up and use the monitor. The outcome for the person was positive and it was found their blood pressure was higher than average and they were prescribed the appropriate medicine. Staff had assisted two people with this desensitising procedure.

The complaints policy was given to relatives when the person started using the service. The policy was also

in pictorial form. However, the manager had wanted to make sure people knew what they should do if they were unhappy and they used an innovative way of empowering people. In order that people better understood the concept of making a complaint, the registered manager and staff had made a video with each person to explore what they understood by a complaint or concern. This included the person communicating to staff what they would do if they were unhappy or sad about something. People used various communication methods in the video including signing. The registered manager told us that people could refer to this video so they knew what to do if they were unhappy.

Staff understood the various ways that people communicated if they had a concern. For example, one person had communicated to staff that they no longer wanted to take part in an activity which they had been enjoying for a while. Staff discontinued the activity and after a while the person indicated that they wanted to resume which the staff facilitated. Staff explained to us how this person had used different ways of communication to get their views across. Some people had specific soft toys that they took to staff to show them when they were unhappy.

Relatives of people using the service told us they had no complaints but said they felt able to raise any concerns without worry. When we asked relatives who they would raise any complaints with, they told us they could speak to any of the staff or management.

There were no recent complaints about the service and we saw that, where complaints had been raised, these had been appropriately investigated and dealt with by the registered manager. A relative confirmed that any concerns were addressed and confirmed, "It was cleared up quite quickly. Another relative told us, "If I did have a problem, I would speak with [the registered manager]."

Good

Is the service well-led?

Our findings

Relatives of people using the service and staff were positive about the registered manager. One staff member told us that the registered manager was, "Very approachable. You can ring her at 9pm at night and she will come if you need to talk." Other staff described the registered manager and deputy manager as, "Very supportive," Staff said the service was well run with one staff member commenting, "This is a well bonded staff team, one of the best I have ever worked in." A relative told us that the registered manager was, "Honest and down to earth. She doesn't use jargon and is always at the end of the phone."

Staff told us that the management listened and acted on any suggestions they made for service improvements. One staff member told us, "All staff are able to discuss issues and concerns they may have to suggest solutions or improvements. For example, all staff played their part in assisting the SALT to monitor [person using the service] when eating and drinking and this information was used to develop a plan to protect their health and wellbeing."

There were systems in place to monitor the safety and quality of the service provided. These included yearly quality surveys, unannounced visits by the registered manager to the supported living houses, regular reviews of service provision, self-audits and monthly audits by the area manager. The registered manager audited care plans, medicine records, people's financial records and risk assessments to ensure information was accurate and up to date.

All of this quality and safety information was used to develop the service's on going continuous improvement plan. The registered manager gave us examples of where people's suggestions had led to direct improvements. These examples included using a wider range of pictures to enable people to communicate and changing the main meals times to improve people's nutrition and hydration.

Relatives confirmed they had regular contact with the registered manager and been asked for their views about the service. We saw completed surveys that indicated people were satisfied with the service including the following comment about the registered manager "You are a star. You've shown us what a 'can do' personality you have."

Staff told us that they were aware of the organisation's visions and values. They told us that people using the service were always their priority and that they must treat people with dignity and respect. When we discussed these visions and values with the registered manager it was clear that these values were shared across the service.