

Sense

# SENSE - 35 and 37 Britannia Road

## Inspection report

Kingswood  
Bristol  
BS15 8BG

Tel: 01179618661  
Website: [www.sense.org.uk](http://www.sense.org.uk)

Date of inspection visit:  
22 November 2018

Date of publication:  
27 December 2018

## 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 35 and 37 Britannia Road, provides accommodation and support for up to four people with learning disabilities and hearing loss. Service users use some British Sign Language (BSL) and staff are all able to sign. Some staff used BSL as their first language. At the time of our inspection there were two people living at the service. People lived in their own flats within the building.

People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

Why the service is rated Good.

People using the service were safe. There were sufficient staff to meet people's needs and to support them in taking part in the activities they wanted to do. Restraint was occasionally used to manage behaviour that challenged. However this was used as a last resort and staff were trained in using safe techniques.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When people lacked capacity, decisions were made in their best interests. Staff were well supported with training and supervision to help them carry out their roles effectively.

The service was caring. Staff were kind and caring in their approach and people were calm and confident in their presence. People and their relatives were able to be involved in care planning and reviews.

People took part in a range of activities with the support of staff. These were well planned to ensure they were safe and enjoyable. There was a complaints procedure in place for people to raise their concerns and

this was available in a format suited to their needs. People were actively encouraged to raise any concerns at review meetings.

The service was well led. There was a registered manager in post supported by a deputy and senior. Team meetings were held to aid communication with the staff team and pass on important information about the service. There were systems in place to monitor the safety and quality of the service provided.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# SENSE - 35 and 37 Britannia Road

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 22 November 2018 and was unannounced.

We gave the service short notice of the inspection visit because the location provides a service to a small number of people and we wanted to be sure they would be available during our inspection.

The inspection was undertaken by one Inspector and a BSL interpreter. Prior to the inspection we checked all information available to us, including notifications. Notifications are information about specific incidents and events the provider is required to tell us by law. The provider also completed a Provider Information Return (PIR). This is a form completed by the provider to describe how the service operates and any improvements they plan to make.

We met with both the people using the service. We met with the registered manager and the two staff on duty during our visit. We reviewed care plans and other documents relating to the running of the service such as audits, meeting minutes and fire safety information.

# Is the service safe?

## Our findings

The service was safe. There were sufficient staff on duty to ensure people were safe. The registered manager told us they had recently recruited and were now fully staffed. Staff told us that there were usually sufficient numbers of staff to take people out safely. When new staff were recruited, steps were taken to ensure they were suitable to work with vulnerable adults. This included undertaking Disclosure and Barring Service (DBS) checks. This identifies whether a person has any criminal convictions and whether they are barred from working with vulnerable adults. There were also references and photo ID kept on file.

People received support with their medicines. These were stored safely in people's rooms. Most medicines were delivered from the pharmacy in a blister pack, so they were organised in to the days and times that they needed to be administered. PRN (as required) medicines were stored separately in their original boxes and regular stock checks were completed. For people who required topical creams there were body charts detailing where these should be administered. Staff told us they'd received training and had competency checks in relation to administering medicines.

There were risk assessments in place to guide staff in providing safe support for people. Staff were well aware of the risks for individuals. One member of staff explained how for one person they supported, they always needed two members of staff whilst out in the community and the two staff must both be trained in safe restraint techniques due to the nature of the person's needs.

Staff told us that there were times when physical restraint was necessary, however this was only ever a last resort. Staff told us they had received training to ensure they knew how to use restraint safely and in the least restrictive way possible. All behaviour incidents were reported on and it was recorded where physical restraint was used. We noted that the section of the form looking at whether less restrictive options could have been used was not always completed. However, the registered manager told us that these incidents were discussed and reflected upon in a debrief session or supervision. This would include considering whether the intervention was effective and the least restrictive option.

Staff understood their responsibility to safeguard people they supported from abuse. Staff felt confident in reporting any concerns to senior staff and confirmed they had received training to help them understand the signs of abuse they should be aware of.

There were systems in place to keep people safe in the event of fire. There were visual alarms in place and records to show that fire equipment was checked and drills carried out. People had individual evacuation plans in place.

# Is the service effective?

## Our findings

The service was effective. People received support to ensure their health needs were met. This included supporting people to access health appointments. People had health action plans in place, this detailed information about people's health needs and health professionals that were involved in their care. Information about the person's medication was included as well as a hospital passport. A hospital passport contains information to help staff in the hospital know how best to care for the person. There was information and guidance in place from professionals such as Occupation Therapists and Speech and Language Therapists.

People's rights were protected in line with the Mental Capacity Act 2005. 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.

We saw that when people lacked capacity, decisions were made in their best interests and these were recorded clearly. On reviewing staff training information we saw that only a few staff had received formal training in the MCA and this was in 2012/13. The registered manager told us that specific training in MCA had been discontinued but that it was covered in other training courses at induction. One member of staff told us about the principles of the MCA such as assuming a person has capacity to make choices and people having the right to make choices that other's might consider 'bad' choices.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). For people using the service, applications had been made to the local authority as necessary.

Staff were positive about the training and support they received and told us it gave them the skills they needed to support people using the service. We viewed the training matrix which showed that staff covered topics such as safeguarding, health and safety and safe physical restraint techniques. Staff confirmed they received one to one supervision with their line manager regularly but could also approach them at any time between formal sessions. For staff whose first language was BSL, training was delivered in an accessible format for them. One member of staff told us for example that for online training there was an option to bring up a video and watch the training being signed.

The accommodation was suited to the needs of people living at the service. People had their own individualised flats. Some areas of the flats did require updating, for example the flooring in one flat had some discolouring and looked dated. We highlighted this to the senior staff on duty.

Staff helped people prepare meals and snacks according to their needs and wishes. There were facilities in each flat to do this.

Staff were able to communicate effectively with people using the service. One person used BSL and staff confirmed that there was always staff on duty who was able to sign with them. All staff were supported to train in BSL and for some staff this was their first language. Staff told us communication worked well with staff supporting each other to learn new signs.



## Is the service caring?

### Our findings

The service was caring. Staff had built strong, warm relationships with people they supported. People were at ease in the presence of staff and staff were able to help us communicate with people and understand their individual signs. We saw one person communicating with care staff about going out that afternoon for coffee, the staff member was reassuring and patient.

People were supported in their independence as far as possible. People lived in their own flats with their own facilities. This enabled staff to support people to carry out day to day tasks such as meal preparation. One member of staff told us how the person they supported was good at changing their own bedding. Having individual flats also meant people always had their privacy when they wanted it.

People were involved in planning their own care as far as they were able. They attended care reviews with family members and contributed with ideas about how the meeting should run, such as what refreshments they wanted and where it should be held

People were supported to stay in contact with their relatives and people important to them. One person told us about how they were going to be meeting their brother for a birthday get together. We also saw how one person was supported when a close relative had passed away.

## Is the service responsive?

### Our findings

The service was responsive to people's needs. Staff evidently knew people very well and were able to tell us about people's interests and activities they enjoyed. One member of staff told us about one person who enjoyed all kinds of activities including rock climbing, ice skating and the cinema. We saw that activities had been assessed to plan how to manage them in the safest way possible. For example, cinema visits took place at the quieter times of day and with 1:1 support.

Support plans were clearly person centred and took account of people's individual needs and preferences. There was clear information about how to manage people's behaviour and the strategies that should be used when a person's behaviour challenged. There was information included about people's communication needs and support plans were reviewed regularly to ensure they were up to date and reflective of people's current needs.

Issues relating to equality and diversity were assessed and included in care planning. One person for example was described as being Christian but chose not to attend church. People were encouraged and able to be part of the wider community, for example by attending a disco and local groups such as a cycling group and arts and crafts.

There was a process in place for recording complaints although there had been no formal complaints in the last 12 months. Staff told us how they understood the people they supported and their individual behaviours that may indicate they were upset or concerned. The complaints procedure was produced in a visual format to help ensure it was accessible to people using the service. As part of the care plan review process, people were regularly asked whether there was anything they were unhappy about. This gave them opportunity to raise any issues or concerns.

## Is the service well-led?

### Our findings

The service was well led. There was a registered manager in place supported by a recently promoted deputy and a senior. Tasks and duties were delegated across the senior staff team; for example the deputy and senior each took responsibility for overseeing one of the people being supported. Staff were positive about the support and guidance they received from the registered manager and felt confident about raising any concerns and issues. The senior care staff told us they had received good support to move in to this role including an induction day with the registered manager.

The service received support from the wider organisation. In the PIR, the registered manager told us that the organisation ran workshops and conferences specifically for managers. There was an operations manager providing additional leadership and support.

Team meetings took place for staff to discuss issues relating to the service and people they supported. We viewed minutes of these meetings and saw that they were also used as learning opportunities. At the November meeting for example, safeguarding was discussed and new knowledge in the field that staff should be aware of. Handovers took place between at the change of shifts to pass on important information.

Staff told us they felt the team worked well together and supported each other, for example in learning new signs in BSL. The registered manager told us how they were proud of how the service had supported people and the progress they had made, including increased participation in activities and a reduction in behaviours that challenged.

There was a system in place to monitor the quality of the service provided. This included audits to check finances, medicines and people's individual support.