

Sense

SENSE - 115 Gough Road

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on the 16 June 2017. SENSE-115 Gough Road provides accommodation and support to five people who have sensory impairments. We last inspected this service in October 2014 and found the service to be 'Good' in all areas. At this inspection we judged that the service provided remained 'Good.'

People received support to remain safe whilst ensuring the risks associated with their care were well managed. Staff had knowledge of how to recognise safeguarding concerns. The staff were aware of the appropriate action they should take should concerns arise. There were sufficient, appropriately recruited, staff available to support people.

People received safe support with their medicines from staff who had received training to provide this support. Medicines were stored safely and systems were in place to ensure medicines had been administered as prescribed.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported by staff who had received training to provide them with the skills they needed for their role. People received food and drinks they enjoyed and were supported to have their individual healthcare needs met.

People were supported by staff who knew them well. Relatives confirmed that they were happy with the care their relative was receiving. We observed many caring and relaxed interactions between staff and people.

Care plans had been developed which stated how people preferred to be supported. We saw that these were reviewed with people and staff that knew the person well to ensure the care received continued to meet people's needs.

People had a full and active life which was enhanced by people's opportunity for regular activities that were based on people's interests. There were systems in place for complaints or concerns to be raised and relatives told us they felt comfortable in raising concerns should they need to.

There were systems in place to monitor the quality and safety of the service provided. Relatives were happy with how the home was managed and staff felt supported in their roles.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remained safe.

Good ●

Is the service effective?

The service remained effective.

Good ●

Is the service caring?

The service remained caring.

Good ●

Is the service responsive?

The service remained responsive.

Good ●

Is the service well-led?

The service remained well-led.

Good ●

SENSE - 115 Gough 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 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 unannounced inspection took place on the 16 June 2017 and was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We received feedback from the people who commission services from the provider and health watch.

We visited the home and met with all the people who lived there. None of the people living at the home were able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and 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 could not talk with us.

We spoke with the deputy manager, the operations manager and four staff. We looked at records including two people's care plans and medication administration records. We looked at two staff files to review the provider's recruitment process. We sampled records from staff training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality and safety of the service. As part of the inspection, we sought the views of three relatives of people using the service.

Is the service safe?

Our findings

People were supported to remain safe and relatives we spoke with confirmed that people were safe at the home. We observed staff supporting people safely during the inspection such as when staff assisted people to mobilise. Staff were aware of the need to keep the environment well maintained to enable people to freely move around their home as they so wished.

People were supported by staff who understood how to manage the risks associated with people's care. Where risks had been identified steps had been taken to ensure these had minimal impact on people's care. Some people used behaviour as a means of communicating their needs or feelings. In these instances detailed guidelines were available to enable staff to support people consistently and safely at these times. People received support from staff who were knowledgeable about recognising signs of abuse and the action they would take to safeguard people should concerns arise.

People were supported by staff who had been safely recruited. Checks, such as a Disclosure and Barring Service check (DBS) had been carried out to ensure staff were suitable to support the people living at the home. We were provided with further evidence following the inspection that confirmed additional checks, such as obtaining references, had been carried out. Recruitment processes involved the people living at the home through specific interview questions and showing staff around the home. There were sufficient staff available to enable people to receive the support they needed when they wished.

People received safe support with their medicines. Only staff who had received training and had been deemed as competent were able to administer medicines. The process for medicine administration had been changed recently to enable it to be more person centred and people received their medicines once they were ready not when staff were ready. Our review of medicine administration records evidenced that most medicines had been given safely. The deputy manager took steps to investigate three minor issues we brought to their attention and informed us of action that would be taken to ensure this did not occur again. Medicines were checked regularly to ensure they had been given safely.

Is the service effective?

Our findings

People received support from staff who had developed the skills they needed for their role. Relatives told us that staff knew how to meet people's individual needs and one relative commented, "His needs are met and he is happy." We observed staff confidently using different communication techniques to facilitate effective communication between themselves and people living at the home.

Staff described the training they had received throughout their work at the home and confirmed that it had provided them with the knowledge to carry out their role. One staff member told us, "I believe I am getting the training I need." The provider had ensured staff received specific training on the needs of the people living at the home, including an understanding of people's sensory needs. There were systems in place to ensure all staff received initial training and staff were updated to make sure their knowledge was current.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We observed people being offered choices in all aspects of their care including at meal times, with activities and through where people wanted to spend their time. Different communication tools had been devised for each individual to enhance the decision making process and we saw staff consistently use these tools with people. Care plans provided guidance for staff on the specific ways people made choices in their care. Where it was thought that a person may lack capacity to make a specific decision assessments had been carried out and meetings had taken place to ensure that any decisions made were in the person's best interests.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. All the people living at the home had restrictions on their care in order to keep them safe. Applications had been made to the appropriate authorities for a DoLS, some of which had been approved. Whilst people were being supported in the least restrictive way we noted that improvements were needed in the systems for checking whether the restrictions on people's care had been authorised.

People received sufficient amounts of food and drinks that they enjoyed. Care had been taken to provide meals that were based on people's specific dietary requirements and we saw that individual menus had been developed which took into account these requirements. People's independence was promoted at meal times through the use of adaptive cutlery and sessions were built into people's timetables to enable people to carry out cooking sessions with staff.

People were supported to access healthcare appointments to maintain their health. We saw that people

had regular access to community healthcare professionals who supported people in monitoring their healthcare conditions. Information about people's healthcare needs was available to enable staff to support people consistently. We noted that systems in place for monitoring people's health had not identified that one person had lost a large amount of weight in a short space of time. Whilst we found no evidence that this had impacted on the person, improvements in monitoring systems were needed. The deputy manager informed us following the inspection that this concern had been acted on shortly after the inspection and that healthcare professionals had been consulted.

Is the service caring?

Our findings

People were supported by an established staff team. A lot of the staff had worked at the home for many years. This benefitted people living at the home as staff had grown to understand people's communication styles and knew people's preferences for their care. People often initiated communication about how they wanted to receive their care for the day and we saw staff respond promptly. We were provided with examples of how staff were led by how people preferred their care. We observed staff interacting with people in a caring, relaxed manner and saw staff provide people with reassurance where they needed it.

Relatives were happy with the care their relative received and complimented the caring nature of the staff team. One relative told us, "I get on well with his carers they are wonderful people," and another relative told us, "I couldn't of found a better place for him."

Staff told us that they enjoyed working with the people who lived at the home. One staff member told us, "I like the guys we support there is so much going on with them. It's really fulfilling and rewarding." Another member of staff told us, "I like the people I support. I know them so well and find it easier to work with them." Staff were aware of people's life histories and gave an example of how much one person had developed their skills since living at the home.

Relatives informed us that they were involved in their family member's care and one relative told us, "I feel they listen which is good." Care plans had been developed with those who were important to the person and with staff who had worked with people for a number of years. We saw that these care plans detailed important information about how people would like their care to be delivered.

Care had been taken to make the environment of the home safe for people whilst still enabling people to move independently around the home. People were supported to retain their privacy and dignity. Systems had been designed, that were based on each individuals communication needs, which alerted people that staff were about to enter their bedrooms.

The home had ensured that people maintained contact with people who were important to them. Many people had families that lived a long way away from the service. At certain times during the year the service supported people to have holidays close to where their family lived to enable contact to be maintained. In addition the home provided people with the opportunity to meet with people from the provider's other homes on a weekly basis.

Is the service responsive?

Our findings

People had a full and active life which was enhanced by their opportunity to access activities on a daily basis and one staff member told us, "I want them to enjoy life as much as possible." Activities had been planned around people's interests and incorporated the opportunity for people to have new life experiences. Regular activities in the surrounding areas had the additional benefit of helping people living at the home to become part of their local community. Staff were committed in supporting people to take part in the activities they enjoyed.

The care people received was reviewed to ensure it continued to meet people's preferences and needs. We saw that people had been involved in reviewing their care and consideration had been given to whether people may want parts of their care changed. Those who were important to people and staff who had worked with people for many years were part of these reviews. Where improvements were identified through these reviews timescales for making these changes and who would be responsible were stated.

Systems had been developed to ensure important information was shared about any changes to people's care needs. We saw that some of this information was not shared confidentially. We brought this to the attention of the deputy manager who assured us steps would be taken to ensure this did not occur again.

People living at the home were unable to make an official complaint due to their healthcare and communication needs. However people's care plans detailed how a person would express that they were unhappy and described action staff should take in these instances. The home was also aware of other methods they would use such as observing people's behaviour and communication to monitor whether people would be dissatisfied with the service. Relatives we spoke with felt able to raise any concerns they may have about the service and were assured these would be acted on.

Is the service well-led?

Our findings

Relatives provided consistent feedback that the home was well-led. One relative we spoke with told us, "They've got good leadership." The majority of the staff we spoke with felt supported in their roles and able to raise concerns should they have any.

There was a registered manager at the service. 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 the time of the inspection the registered manager had been seconded to manage another one of the providers homes. Daily management cover was being provided by the deputy manager with support from the operations manager. The deputy manager was aware of their responsibilities for reporting specific events that had occurred at the home and understood the different agencies that needed to be informed of these events.

There were systems in place to enable the quality and the safety of the service to be monitored. Checks were undertaken on a regular basis around key aspects of the service to monitor whether the service provided was of a good quality. These regular checks included the monitoring of incidents of behaviour to see if any action could be taken to reduce the chance of similar incidents occurring again. Whilst the majority of these checks had been effective we noted that medication audits had not identified where improvements were needed and checks on people's healthcare had not always identified concerns. We were confident that action would be taken by the provider to ensure the effectiveness of these audits would be improved. Representatives of the provider carried out additional monitoring of the service to make sure the home was meeting the expected standard.

The home had systems in place to develop the service provided further. We saw that a development plan had been introduced which aimed to further improve the service provided to the people living at the home. This plan was monitored on a regular basis to ensure that progress was made with these improvements. Additionally we were informed that questionnaires to staff and relatives were due to be sent out again to enable feedback to be sought on further improvements the home could make. This showed us that the home was proactive in involving others in the continual development of the home.