

Sense

SENSE Community Services - West Yorkshire

Inspection report

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Date of inspection visit:

05 January 2023

06 January 2023

09 January 2023

Date of publication:

14 February 2023

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

About the service

SENSE Community Services West Yorkshire is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection the service was providing personal care to 2 people, this included people living with sensory impairments and people living with a learning disability.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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

People's risk assessments were comprehensive, up to date and reflected people's individual needs and risks. This meant staff could support people safely.

Staff actively supported people to choose what activities they wanted to take part in and the social aspects of their life that were important to them. Staff understood people's preferred communication styles, to ensure people could express choices about their day to day life.

The service promoted continuity of care for people and had established a process for matching staff with people based on their likes, dislikes and aspirations. Staff knew the people they supported exceptionally well and had built positive, trusting relationships.

Right Care:

Care records described the activities people liked to do and included details of people's individual preferences for how their care should be delivered. This meant people received person centred care, from a staff team who knew people well.

Staff provided care and support in a person-centred manner that respected people's privacy and dignity and promoted their independence.

The service had a process in place for making referrals to other agencies, when people required support with their health needs. When professional advice was given, staff ensure this advice was followed.

Right Culture:

The service promoted a positive, open and person-centred culture, where people were at the centre of the decision making around their care and support.

The service had a comprehensive induction and training programme in place for staff, which was monitored by management. Staff completed specific training modules, to ensure they were able to meet the needs of the people they were supporting. Staff received ongoing support within their role and found regular supervisions with management beneficial.

Systems and processes were in place to measure the quality and performance of the service, this included a comprehensive range of audits and a service improvement plan. We saw actions were identified and completed in a timely manner.

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

Rating at last inspection

This service was registered with us on 17 March 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

SENSE Community Services – West Yorkshire

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started on 4 January 2023 and ended on 3 February 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 29 March 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 2 relatives about their experience of the care provided. We also spoke with 5 members of staff including; the registered manager, operations manager, deputy manager, team leader and a support worker. We reviewed a range of records. This included 2 people's care records and 2 staff files in relation to recruitment and staff supervision.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to safeguard people from the risk of abuse.
- Staff received training about how to safeguard people from abuse and were knowledgeable about the different types of abuse. Staff were also aware of their responsibilities to report concerns immediately.
- The provider was aware of when and how to make safeguarding referrals to the appropriate agencies, for example, the local authority and CQC. At the time of our inspection, there had been no incidents which required a referral.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to assess, monitor and manage risks associated with people's care and support.
- Staff had access to information about people's risks and the support people required to remain safe at each visit. People's risk assessments were comprehensive, up to date and reflected people's individual needs and risks.
- Systems and processes were in place to report, monitor and learn from accidents and incidents in the event they arise.

Staffing and recruitment

- There were enough staff deployed to meet people's needs safely.
- The service promoted continuity of care for people and had established a process for matching staff with people based on their likes, dislikes and aspirations. Staff told us they knew the people they supported exceptionally well, which allowed them to build a positive and trusting relationship with people over time.
- The provider had a suitable system in place to recruit new staff.
- The staff personnel records we reviewed contained the appropriate background checks, including Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There was a system in place to ensure that people receive their medicines safely. At the time of our inspection, the provider was not supporting anyone who required assistance with their medication.
- Staff had received training and their competency to manage medicines was assessed to ensure people could be safely supported with their medicines, if this was required.

Preventing and controlling infection

- There were systems in place to prevent and control the spread of infection.
- Staff were trained in infection prevention and control and they had access to personal protective equipment.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had a system in place to ensure people's needs were assessed prior to their care and support commencing. This included a thorough transition process to ensure the care and support was appropriate and in line with people's needs and choices.
- Outcomes for people were identified and their care and support regularly reviewed during person centred review meetings.
- People's cultural and religious needs were considered when assessing and planning their care, as well as their preferences for how their needs should be met.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills, knowledge and experience to care for them effectively.
- There was a comprehensive induction and training programme in place for staff, which was monitored by management. This included specific training modules to ensure staff were able to meet the needs of the people they were supporting.
- Staff told us they felt supported within their role and found regular supervisions with management beneficial. A staff member told us, "I receive regular supervisions, normally every 4-6 weeks. If something arises before it, I would come and have a chat with either [deputy manager] or [registered manager]. Supervisions are really helpful to be able to reflect and get feedback."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's nutritional needs and personal preferences were considered during the assessment and care planning process. However, at the time of the inspection, nobody using the service required support with eating and drinking.
- Staff monitored the health and wellbeing of people and documented this in their care records. The service had a process in place for making referrals to other agencies when people required support with their health needs. When advice was given by professionals, staff ensured the advice was followed.

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

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 MCA 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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service worked within the principles of the MCA.
- Staff received training and had a good understanding of the MCA. Staff we spoke with gave examples of when and how they supported people to make their own decisions.
- The provider was aware of their legal responsibilities under the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported to express their views and make decisions about their care, as far as possible. Staff understood people's preferred communication styles, to ensure people could express choices about their day to day life.
- People and their relatives were also involved in planning and reviewing the care being provided. This took place during regular person-centred review meetings, which focused on the outcomes the person wanted to achieve with their support and the discussions were led by the person, wherever possible.
- Staff we spoke with gave examples of how they supported people to be involved in making decisions about their care. For example, one staff member told us, "I try to take into account what the person needs or wants to do and how they want it to be done. The person I support is capable of communicating their wishes, so I bear in mind what they want, and I respect that."

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well by kind and caring staff, who had established a positive relationship with the people they supported. One relative told us, "The staff are familiar, so they know [my relative] very well. [My relative] knows who they are, which has helped them to build a rapport and a relationship."
- People's relatives also told us that staff provided care and support in a person-centred manner that respected people's privacy and dignity and promoted their independence. One relative told us, "[Staff] have been really good with supporting [my relative] to stay as independent as possible. [Staff] have given us advice to support [my relative] with this as well."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were involved, as far as possible, in every aspect of planning their care and support. They were supported by staff, who knew them well, to be in control of how they spent their time.
- Care records were person centred. They described the activities people liked to do and included details of people's individual preferences for how their care should be delivered. This ensured staff had enough information to meet people's needs safely.
- People were supported to choose what activities they wanted to take part in and the social aspects of their life that were important to them. For example, one person was supported each week to attend the temple in order to participate in prayers with members of their community.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were considered during the assessment, care planning and review process. Support plans included information about how staff could best understand and communicate with people.
- Staff were also trained in different forms of communication, such as British Sign Language, and used these skills when supporting people.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints policy and process to be followed if a complaint was received.
- At the time of our inspection, the service had not received any complaints or concerns. Staff we spoke with knew how to respond to complaints and concerns, should they arise.

End of life care and support

- The provider had a suitable policy in place. However, at the time of the inspection, no one supported by the service was receiving end of life care.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service promoted a positive, open and person-centred culture, where people were at the centre of the decision making around their care and support.
- Outcomes for people were identified and staff were committed to ensuring people were supported to achieve their goals, to enhance their quality of life.
- Staff we spoke with knew people and their daily routines well. They also spoke positively of the culture in the service and the support they received from their colleagues. One staff member told us, "The team dynamics are really good, and the team works well together."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The management team and staff were motivated about their roles and understood their responsibilities. They had a clear desire to achieve good outcomes for people and placed them at the centre of decision making.
- Systems and processes were in place to measure the quality and performance of the service; this included a comprehensive range of audits. Where areas for improvement were identified, actions were implemented promptly, and a service improvement plan was in place to oversee this.

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

- The provider engaged with people, their relatives and staff members on a regular basis.
- There were systems in place to obtain feedback from people and their relatives, which the service used to help drive improvements. We received consistently positive feedback from people's relatives regarding the management of the service.
- Staff were regularly engaged by the management through a range of meetings; such as team meetings and one to one supervision sessions. Staff told us they found these meetings helpful and informative.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The management team understood their responsibility under the duty of candour. Systems and processes were in place to share information appropriately with the relevant agencies, when necessary.
- Staff were knowledgeable about working in partnership with other agencies to ensure good outcomes

were achieved for people.