Sense

SENSE Holmlea

Inspection report

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Date of inspection visit:
17 August 2016

Date of publication:
15 September 2016

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

The inspection took place on 17 August 2016 and was an announced inspection. This meant that we gave the home notice of our arrival so that we could meet with people who lived there.

The home is registered to provide accommodation with personal care and there were six people living at the home at the time of this inspection. The home provided care and support to people with a sensory impairment and physical and learning disabilities.

There was a registered manager for this service, who was available every day. 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 home is run.

People's relatives told us that people were safe at the home. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff who were competent to do so. Risk assessments recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward.

There were sufficient staff to keep people safe and meet their needs, and the registered manager had followed safe recruitment procedures. Staff were competent with medicines management and could explain the processes that were followed. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The registered manager understood that there should be processes in place for ensuring decisions were made in people's best interests. Staff sought consent and recorded this.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff acknowledged people's privacy. Relative's felt that staff were understanding of people's needs and had positive working relationships with people.

Care provided was individualised according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. Staff had knowledge of changing needs and supported people to make positive changes to their care plans.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

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.

Staff knew how to recognise and report abuse and had received safeguarding training. There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

Is the service effective?

Good

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought consent and recorded this.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and dignity .They took time when delivering support and listened to people. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

Is the service responsive?

Good

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

There were processes in place to identify if people had concerns about the home.

Is the service well-led?

Good

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

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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 visit took place on 17 August 2016 and was announced, as the service was small and people may not be available to talk to us. The inspection was completed by a single inspector.

We reviewed the notifications that had been sent to us, as is required by the provider. We also contacted social care professionals within the county for their views.

We observed the interactions between staff and people living at the home and spoke with one relative. We also spoke with the registered manager and three care staff. The area manager had also provided some useful information to assist with the inspection, prior to our visit. This included information on whether people would be available and what their specific communication needs were.
We reviewed the care records of three people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

Good

Is the service safe?

Our findings

A relative of a person we spoke with told us, "Yes, I am happy with that – they are safe". Staff had knowledge of how to protect people from harm and told us that they were confident that they could refer concerns to the registered manager. Staff were able to explain the processes that they had in place for protecting people from harm. Additionally they told us that team meetings had time dedicated to discussing any concerns staff had. Staff undertook relevant training to keep people safe from harm and we saw records that confirmed this.

The registered manager told us that there were some people whose behaviour could sometimes be viewed as challenging by others. We saw this was detailed in the individual care records, with an appropriate risk assessment. This record also contained certain things that may cause someone to become distressed, for example 'too cold' or 'hungry'. This information was accompanied with guidance about how staff should then best support this person. When we spoke with staff they were able to tell us the different techniques they used with different people and how best to manage situations, to keep people safe.

We saw all care records contained risk assessments for the care and support people required. Some people used specific equipment to take medicines, eat and drink, as they were nil by mouth. We saw that there were appropriate risk assessments in place for this. Staff knew the risks involved with this equipment and what to do if they needed support if this equipment failed in any way. Some people required the support of two care staff to help them mobilise. Staff told us the process they followed to support these people and we saw that care records reflected this. We saw that the risk assessments included the use of a second person and the risks if the process was not followed correctly. Whilst we were on our visit we observed a person being aided to stand and this was done in a safe and encouraging manner by staff.

There was information available to staff for dealing with emergencies, and staff told us where this was. Staff could tell us what they would do in the event of an emergency and this was consistent with the documents we viewed. Additionally the home had in place generic assessments for the health and safety and maintenance checks for around the home, which served to ensure people were kept safe.

A relative told us, "There are always staff" and staff confirmed that they felt that there were sufficient staff at all times to meet people's needs. The registered manager confirmed how they managed staffing levels and how this was based on people's requirements. We saw from records that these requirements were always met.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. This meant only staff who were deemed suitable were employed to work with people living at the home.

There were safe medicine administration systems in place and people received their medicines when required. We observed staff administering medicines during lunch and they followed a methodical

procedure and updated records as they went. We observed staff asking people discreetly before administering medicines and staff waited until the medicines had been taken. We saw that medicines were kept securely and that each person had a Medicines Administration Record (MARs) that was individual to them. These records also showed people's personal preferences on how they liked to take their medicines.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

Good

Is the service effective?

Our findings

A relative spoke positively about how staff supported people at the home, and the training they received. They told us, "[Training] yes, [staff] seem to be on lots of different course learning new techniques, it's great".

The registered manager showed us their records for staff training and the timetable for when this was due. Staff confirmed to us that they received the relevant training and that they felt they could ask for additional training if they wanted it. Staff told us that new staff undertook the Care Certificate (The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.). Existing staff were supported to undertake formal care qualifications in health and social care. This service supported people with specific communication needs and staff said they were supported to gain the appropriate training, to meet this need. For example, staff undertook courses in British Sign Language and deafblind guiding skills. This meant that people were supported with their own communication method, which allowed people to participate and be involved in their care. Staff were supported by professionals from outside their organisation to discuss specific areas of people's care and support needs. Staff said this gave them greater confidence to perform their roles and found this training useful.

Staff told us that they received an induction period when they started at the home. The registered manager confirmed this. They went on to tell us that they worked with more experienced team members to learn how to support the people living at the home. Staff and the registered manager told us that if someone felt they needed more shadowing experiences then this was put in place.

Staff received regular supervisions from the registered manager, and records confirmed this. Supervision is a meeting between staff and their manager to discuss their roles, training needs and personal development. Staff told us that they felt like they could discuss anything they needed to at this time. The registered manager told us, and staff confirmed they did not have to wait for formal supervision to discuss issues.

The registered manager told us that they also used 'video supervision'. This is where the staff member is videoed whilst on shift (in a non-covert manner). This is then watched by the manager with the staff member, staff confirmed this took place. The idea was to enable a discussion with staff about care practices they undertook and how they could be improved. We saw in care records that people living at the home had been consulted about this when they joined the service, and best interest meetings that involved families and professionals. Only those people who had said they were happy to be involved in this method of supervision with staff, were, and staff told us there was a list of people who had agreed. The registered manager confirmed that only they and the staff member would see the recording and then it would be deleted. Staff also received observations whilst working that were undertaken by the registered manager or deputy. Staff were not told about these observations until they were completed. Staff said that they found both methods to be very effective at helping them to understand where they could improve.

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.

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.

Two people living at the home had a DoLS authorisation already in place and other's had been submitted. One person had a condition within their DoLS that they needed an advocate to support them; We saw that this advocate was involved in the person's support and care. We saw that all the relevant assessments were in place and where needed best interest meetings had been done.

Staff told us that they understood the MCA and what that meant to people. They could tell us about the different people living at the home and what their DoLS covered and why this was important. Staff could also tell us that they promoted and encouraged people to make some day-to-day decisions in order to maximise people's independence. We saw that care records had been signed by the most appropriate people for the people living at the home, for example, family or an advocate.

A relative that we spoke with told us, "They involve everyone in getting food ready, that's great". Staff told us that in the morning a person had helped by peeling the potatoes for fish cakes as they liked to be involved. We observed a staff member asking a person what they wanted for their lunch and they had what they asked for. Staff explained there was a rota for the evening meals however if someone did not want this they could have something else. They supported one person to attend a class in the community that promotes weight loss and we saw that their food was consistent with this plan.

We saw that some people were at risk of choking. A relative told us, "[Person] was at risk of choking, and they [staff] dealt with this very promptly and now there are no problems". We saw that people who were at risk of choking had appropriate referrals to the Speech and Language Therapist team (SALT). The outcomes of these assessments were recorded and staff were able to tell us of each person's individual needs.

We observed staff supporting people with their lunch. People needed support to put the right amount of food on their spoon, due to their sensory impairment. However this enabled people to then eat independently and this maintained their independence. Staff remained with the person throughout lunch. Staff could tell us who needed to be encouraged to drink plenty and confirmed they kept a log of food and drinks people had throughout the day. This was to ensure staff knew if a person was becoming at risk of not eating or drinking enough.

We saw in care records that people were supported to maintain their health and access appointments. One person had been supported to have an operation and their relative confirmed this, and told us that it had transformed the person's life. They also added that the person had recently seen the dentist with support from staff. Staff told us that they felt confident which healthcare professionals to call if they needed to, and they would support people to attend appointments.

Good

Is the service caring?

Our findings

A relative told us, "Yes, they [staff] work wonderfully with them, they have brought [person] on enormously,". They went on to say, "They [staff] are so caring, not by half!" The registered manager was very proud of the caring nature of the staff team and told us, "They are a brilliant team and they have changed people's lives".

We observed staff with some people who lived at the home and we saw that they were kind and compassionate and that they knew the person well. Staff did not rush people they were working with and were very patient. We saw that where possible they promoted a person's independence and encouraged them to try new things. Staff told us that they felt it was important to know a person in order to support them. This was so staff with similar interests could work with people and support them to achieve more.

Staff said that they felt if they knew the person well it would support them to encourage people to carry out some tasks themselves. An example of this that we saw was that during the medicines administration, the staff member handed the glove to the person so that they could put the cream on their own knees. Once this had been done the staff member thanked the person using the appropriate communication method for that person. We saw that staff encouraged people to get their own condiments at lunchtime and staff told us that they offered objects of reference to people to carry out their own personal care tasks.

People were supported to maintain relationships with people that were important to them. We saw information in care records about people's family relationships, and a relative told us that they could visit any time.

A relative told us, "Yes, I am involved in [care] planning, we had a review just last week, ideas I suggest are listened to". The registered manager confirmed that care planning could be held at any time, but there was a formal meeting at least once if not twice a year. They went on to say that each person had a key worker who undertook a 'person centred review meeting' once a month. This was part of their formal care planning and each review resulted in an action plan that staff worked towards with the person. We saw this when we reviewed care records which documented the involvement of different people important to the person and their care planning. Care records had all been updated recently. This showed us that the registered manager was committed to ensuring care records were individual to people's current needs.

People living at the home had distinctive communication needs. This meant that people expressed themselves with their preferred communication method or expressive behaviour. As a result, staff would not know that a person did not like something about the care they received until the time of task. In these instances staff recorded the response of the person and then a mini review of the person's care was undertaken. This meant staff were able to work with the person to find an alternative way of supporting them. Staff confirmed that they too were involved and could make suggestions as to how to support people at the home. One person living at the home had an advocate supporting them, and we saw in their care records that this person had been involved in planning care and support for that person.

A relative told us, "Yes, they deal with [person] privately, both at home and when they visit me". Staff could

tell us the principles of good care and that it was important to be discreet. We saw that staff were indeed discreet, especially when asking someone if they required support with their personal care. Staff supported people away from communal areas and encouraged people as they did. We saw in care records that people had made lists of what was important to them when having care delivered. This included things that were individual to them, and the records showed if this did not happen why they would be upset. We asked staff about individual people's care and they were able to tell us what was important to each of them. Staff also confirmed how they maintained people's privacy and would shut doors and curtains before delivering care.

Good

Is the service responsive?

Our findings

A relative told us that they felt people had choices in what they did. They said, "They get out and about, choose [to do] things like swimming" they went on to say that, "Staff know [person's] communication needs very well, which helps [person] make decisions".

We reviewed the care records of three people that lived at the home. We found them to be detailed, up-to-date and that they included information that was needed to best support a person individually. Staff confirmed to us that they found the records to be helpful and that they continued to work with people to keep them relevant and individualised to them. Staff also said that if there were bank staff then these documents were very helpful to enable that staff member to know all about a person and their needs.

We saw in a person's care record that they liked to go to bed at a certain time, around 9.30 pm. However, if the person was still alert and engaged staff should offer the person their pyjamas, in order to check if they did want to go to bed at this time. If they wanted to stay up then staff would encourage them to stay in the lounge and find an activity that the person wanted to do, before retiring to bed. Staff were able to tell us that this is how they supported this person, saying it was important that the person chose what it was they wanted to do. The registered manager told us that staff were very responsive to the choices that people made. For example, one person may have a staff member identified to work with them, but would see another person on the day that they would prefer to be supported by. They would make this choice known to staff and staff would arrange the shift to best respond to this request and ensure the person's choice was met.

Staff told us how they supported people to make choices and decisions using the care records and their knowledge of the people living at the home. Sometimes they would suggest things they knew the person liked to do and show them objects. For example, they would show someone a shoe to indicate going for a walk, or a swimsuit. Staff knew the responses of people and would know if that person wanted to do that activity or something else.

People led very active lives and they were supported to maintain hobbies and interests, as well as try new things. We were told that people liked to go to the local 'gateway club', or swimming. One person liked to go to the theatre and another person liked to visit a local barber's once a month for a traditional wet shave. We saw picture boards which showed people doing these activities outside each person's room. One person had shown signs when they moved to the home of not liking water. Staff had worked with this person to build their confidence. For example, they started initially showing the person a bath full of water and then the following week they tried putting their hands into the water. Staff worked at the person's speed and after a number of weeks the person became more excited by the water. This person then progressed to going swimming regularly and showed positive signs that they were enjoying it. This enabled this person to experience new activities and empowered them to develop themselves.

People were supported to maintain their religious beliefs and we saw in one person's records details about their religion, and how to support them. This involved supporting the person to get ready for meetings, and

ensuring that they observed their culture during activities others undertook when celebrating certain holidays. Staff were able to tell us how they managed this without depriving other people of their own times of celebration.

This showed us that staff were responsive to meeting people's individual needs and to ensuring that they had access to their hobbies, interests and religions and were able to maintain active and varied experiences.

A relative told us, "No, I do not have any complaints; there is nothing I am unhappy with". They went on to tell us that they could call at any time if they did have concerns and these would be listened to.

Due to people's communication needs it was difficult for them to articulate anything they were not happy with. Staff told us that they knew the people well and would see if something was distressing them. They would then try and communicate with the person in their preferred method to determine what was wrong. They would report these instances to the registered manager as well as try and find a solution. Care plans were adjusted when staff discovered a person was no longer happy with something and what the alternatives were.

There was a complaints policy available to people and staff felt confident to act on issues if they were raised to them. The home had not received any formal complaints in the past year. The registered manager told us that 'resident meetings' did not really work for the people living at the home. It was more meaningful to look at individual concerns and find solutions to best meet the person's needs.

Good

Is the service well-led?

Our findings

A relative told us, "Anything I want to know or talk through, I can call [registered manager] any time". The registered manager confirmed this and said they were available at any time to talk to people, relatives or staff.

Staff felt supported by the registered manager and the deputy manager. They told us that the registered manager was very approachable and they could talk to them about anything. They said that the manager was available either in person or by telephone if they had issues out of hours. Staff said they were a close team and felt they also supported one another well.

Staff were confident that they could raise any concerns about the home to appropriate people, if they had cause to. They told us where they could find this information and that no staff member had had to follow this process. Staff were aware of the core values of the home and spoke passionately about them. These included promoting independence and individualised care. Staff took pride in their work, and gave us examples of where they encouraged choice and independence.

There were regular team meetings in place and staff said that they found these useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the management team and time to discuss their roles. We also saw that there were annual appraisals recorded to look at the overall performance of staff and discuss what they still needed to work towards.

The registered manager told us that they felt much supported by the area manager. They said they felt listened to and had the support they needed to carry out their own role.

The registered manager had a number of audits that they used to track the quality of the service. This included the monitoring of staff performance, and audits around health and safety, including accidents. We saw that these audits supported the registered manager to analyse trends in people's wellbeing and enabled discussion at supervision. Each year 10 audits had to be sent to the service's head office for auditing, the most recent one had just been completed. This enabled the overarching organisation to ensure consistency in care across the country, as well as local level quality assurance. The registered manager had a good understanding of the key challenges that the service could face in the future, and explained how this was managed.

There was a business continuity plan and risk register in place for the service. This meant the registered manager had effective processes in place in case there was a disruption to the running of the home. The registered manager told us that a large amount of the quality assurance for day-to-day care was done in an informal manner, which included observations, which enabled the registered manager to act in a responsive manner.

As this is a small service the registered manager told us that they informally gained opinions and concerns.

The registered manager confirmed that they were adaptable to making changes should concerns be raised. This was in place of formal meetings or surveys, which were not very adaptable to the people living at the home.

The service had submitted all the relevant notifications that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.