

Sense

# SENSE - 129 Neale Avenue

## Inspection report

129 Neale Avenue  
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19 October 2018

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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

SENSE 129 Neale Avenue is a 'care home' for people with learning disabilities. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The home accommodates up to six people in one adapted residential house in a residential area. At the time of the inspection there were six people living there. 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.

This inspection took place on the 16 and 18 October 2018 and was unannounced. We had previously inspected this service in May 2016, at that inspection the service was rated '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 on-going 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.

The service has a positive ethos and an open culture. The registered manager is approachable, understands the needs of the people in the home, and listens to staff and relatives. There are effective systems in place to monitor the quality of the service and drive improvements.

People are consistently protected from the risk of harm and receive their prescribed medicines safely. Staff are appropriately recruited and there are enough staff to provide care and support to people to meet their needs.

The care that people receive continues to be effective. Staff have access to the support, supervision and training that they require to work effectively in their roles. People are supported to maintain good health and nutrition and live fulfilled lives.

People have developed positive relationships with the staff. The staff are friendly, passionate about their work and caring; they treat people with respect, kindness, dignity and compassion. People have detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences.

Staff know their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People are supported to use communication aids and information is provided to people in an accessible format to enable them to make decisions about their care and support.

People know how to raise a concern or make a complaint and the provider has effective systems in place to manage any complaints received. Information is available in various formats to meet the communication needs of the individuals.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# SENSE - 129 Neale Avenue

## **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 was an unannounced comprehensive inspection, which took place on 16 and 18 October 2018 and was undertaken by one inspector. We made a site visit on the first day and contacted relatives for their feedback on the second day.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider completed and returned the PIR in April 2018 and we considered this when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who placed people and monitored the service.

During this inspection, we spent time observing the people living in the home to help us understand the experience of people who could not share their views about the service with us. We spoke with the registered manager, the deputy manager, a team leader and three support workers and contacted the relatives of two people.

We looked at the care records of three people to see whether they reflected the care given and three staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, and arrangements for managing complaints.

# Is the service safe?

## Our findings

People were being cared for safely and staff provided consistent safe care and support. There were risk assessments in place, which gave staff clear instructions as to how to keep people safe. For example, an assessment had been undertaken to identify any risk to people from falling or choking whilst eating; where risks had been identified appropriate controls had been put in place to reduce and manage the risk.

Staff understood their responsibilities in relation to keeping people safe from harm. One member of staff said, "If I saw anything I was not happy about I would report it to [registered manager], I have never had any concerns here." There was a safeguarding procedure in place and the registered manager knew that if any safeguarding issues arose that they would have to complete the relevant notification for the local authority and Care Quality Commission. There had been no safeguarding concerns raised within the last 12 months.

Staff recruitment processes protected people from being cared for by unsuitable staff and there were sufficient staff to meet the needs of the people. Staff were visible and responded to people in a timely way. A member of staff said, "There are always enough of us so we can take people out if they wish to." A relative said, "[Name of relative] is very happy, we would know if there was anything wrong."

Medicines were safely managed. Staff had received training and their competencies were tested annually. There were regular audits in place and any shortfalls found were quickly addressed. We saw that people received their medicines within appropriate periods. Staff were attentive when making sure people took their medicines, explaining what they were administering and giving people time to take their medicines.

People were protected by the prevention and control of infection. We saw that all areas of the home were clean and tidy, and that regular cleaning took place. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. There was information around the home to remind staff of what precautions they needed to take to prevent the spread of infection.

The provider had ensured that environmental risk assessments were in place. There were effective systems in place to monitor the health and safety of people, which included regular fire tests, and maintenance checks of equipment and the building. Staff knew what they needed to do in the event of a fire and there were personal emergency evacuations plans in place for each person along with health passports to help other professionals support people when needed.

Accidents and incidents were monitored and there was a system in place to check for any trends in accidents/incidents so that appropriate action would be taken to address any identified concerns. Over the last 12 months there had been no accident/incidents recorded.

## Is the service effective?

### Our findings

People's needs were assessed prior to them moving into the home to ensure that the service could meet their care and support needs. Attention was also paid to the compatibility of the people living in the home. At the time of the inspection, the people had all lived together for several years. Thorough assessments of needs were completed and individual plans of care developed to guide staff in providing personalised care to people.

People were encouraged to make decisions about their care and their day-to-day routines and preferences. To enable and empower people with different communication methods, the staff had various communication aides such as pictures and photographs. This enabled people to make choices for themselves. For example, at lunch time photographs had been taken of what meals were available to people to choose what they ate.

People could choose where they spent their time, such as in their own room or in communal areas and they could move freely around the home. Detailed assessments had been conducted to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been requested.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes are called the Deprivation of Liberty Safeguards. Staff could demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and best practice guidance and training. Service specific training had been identified to support people's individual needs such as training in dementia awareness and caring for people at the end of their life. Relatives told us that they felt all the staff were well trained and knew how to support their family members, which had greatly improved their well-being and life experiences.

All new staff undertook a thorough induction programme and all staff were encouraged to take relevant qualifications. One member of staff said, "I have completed my national Vocational Qualification at level 2 and 3 and am now being encouraged to undertake my level 5 qualification." We saw from the information the registered manager gave us that training such as manual handling, infection control and safeguarding were regularly refreshed.

Staff received regular supervision and annual appraisals, which gave them the opportunity to discuss their performance and personal development. One member of staff said, "I have supervision every 6-8 weeks, we are encouraged to speak up and air any concerns we have, [registered manager] is very supportive and hands on."

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. We saw that referrals to the dietitian and speech and language therapist had been made when required and advice followed.

People had regular access to healthcare professionals and staff sought support from health professionals when needed. There was a health communication passport in place for each person; this ensured that there was information readily available for health professionals to understand how best to support people.

The home is a detached house, which had been modified to meet people's individual needs. The registered manager ensured that the environment was maintained and free from hazards. There was an accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. There was an on-going programme of maintenance and people had been encouraged to personalise their bedrooms.



## Is the service caring?

### Our findings

People had developed positive relationships with staff and were treated with kindness and respect. We observed good interactions between the people and staff. As people were getting ready to go out for the day staff chatted with people and made sure they had the things they needed to take with them.

People were relaxed in the company of staff and we observed friendly banter between people and staff. The staff knew people and communicated well with them. One member of staff said, "[Name of person] likes you to talk to them all the time and describe what is around." A relative said, "The staff are very good and helpful, they help [Name of relative] to have as normal a life as possible."

Care plans contained detailed information to inform staff of people's history, likes and dislikes, their preferences as to how they wished to be cared for, what would be a good or bad day for them and what their cultural and spiritual needs were.

People's individuality was respected and their choices in relation to their daily routines and activities were listened to and respected by staff. A member of staff said, "It's important to respect everyone's human rights and support them to live as fulfilled a life as possible, this is what we all do here."

People were encouraged to maintain their relationships; families and friends were welcomed at any time. Relatives told us they could visit when they wished and staff supported people to make visits to them when they wished. Staff understood who was important to the person, their life history and their cultural background. For example, they ensured that one person went to visit their parents each Friday so that they could attend Friday prayers with their family.

People were treated with dignity and respect. Staff told us how they maintained people's dignity when providing personal care. They described how they ensured curtains and doors were kept closed, and how they encouraged people to be independent and help themselves as much as they were able. People were dressed appropriately taking into account their age, gender, personal preferences and the climate.

People had access to an advocate to support their rights to have choice, control of their care and be as independent as possible. The registered manager had a good understanding of when people may need additional support from an advocate. An advocate is an independent person who can help people to understand their rights and choices and assist them to speak up about the service they receive.

## Is the service responsive?

### Our findings

People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.

The plans enabled staff to interact with people in a meaningful way and ensured that people remained in as much control of their lives as they could. They were reviewed regularly and any changes communicated to staff, which ensured staff remained up to date with people's needs.

People were enabled and empowered to be involved in their care plans; staff ensured that review meetings were geared around the person's individual communication method. For example, using symbols and pictures to support the person to express their views and any concerns they may have. We read in one person's care record about how they had been able to take part in a review meeting about their care, photographs had been taken which enabled the person to understand who was there, this had been a real achievement for the person.

At the time of the inspection, staff were undertaking training in relation to end of life care to prepare them to support people at the end of their lives. The registered manager was reviewing the information they had around end of life and looking at ways to develop meaningful plans with people and their families. This would ensure that people had the opportunity to express their wishes and preferences as to how and where they would like support at the end of their life.

People were supported and encouraged to follow their interests both at home and out in the local community. One relative said, "[Family member] is always encouraged to try new things, they love travelling on trains, they went on the train to Leicester the other day and they have been to Euro Disney on Euro star; they bake and are encouraged to help in the kitchen" A number of people attended local day centres in the area and accessed various social events in the evening. We saw pictures of various activities people had taken part in such as the Festival of Colours and outings to various county parks and leisure activities such as 'Dance able.'

If people were unhappy with the service, there was a complaints procedure in place. The information was accessible to meet people's individual communication needs. A relative told us that when they had raised a concern the registered manager had resolved it quickly. There had been no complaints in the last 12 months.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, People were supported through pictorial schedules with pictures and symbols that were meaningful to them and there was a 'Talking Tile' which people could press and it gave them the information such as which staff were working that day.

# Is the service well-led?

## Our findings

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Relatives and staff spoke positively about the registered manager. One relative said "[Registered manager] is very helpful and good; sorts things out straight away and is always looking for opportunities for [relative] to go out to places and keep them busy." Staff told us how supportive and approachable the registered manager was.

People could be assured that the service was well managed. There were procedures in place, which enabled and supported the staff to provide consistent care and support. Staff demonstrated their knowledge and understanding around such things as whistleblowing, safeguarding, equality, diversity and human rights. The supervision process and training programme in place ensured that staff received the level of support they needed and kept their knowledge and skills up to date.

The atmosphere around the home was friendly and welcoming which led to an open and transparent culture. People, staff and families were asked for their feedback through surveys and care reviews. The provider kept everyone informed about how the service was developing. The provider ensured that any learning from complaints or experiences was shared across the organisation.

Staff attended regular staff meetings; the minutes of meetings confirmed that staff had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to safeguarding investigations or complaints. One member of staff said, "Staff meetings are not just about what we need to do to improve things, we celebrate what has gone well. We can nominate a colleague for their work each month, [Registered manager] gives the winner a £5 voucher." The staff felt valued.

There were effective systems in place to monitor the quality of the service. The provider spent time at the service on a regular basis and received monthly reports on audits undertaken; this ensured that the systems in place to monitor the standard and quality of the service were being managed effectively and appropriate action taken to address any shortfalls. We saw that the service had consistently maintained good standards following each audit.

The registered manager worked with the local authority and NHS commissioners and was receptive to any advice and support offered to enhance the life experiences of people. The service had recently received a 'Gold Certificate' from the Northamptonshire Quality Checkers. This is a group of people with disabilities who visit and check whether a service is providing a quality service which meets the individual needs of people.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their

website.