

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	

Overall summary

The inspection took place on 3 October 2014 this was unannounced. At our last inspection in December 2013 we found that all the regulations we looked at were met.

The home provides accommodation and care in a spacious house which had been adapted to meet the specific needs of five people with learning disabilities and also living with one or more sensory impairments. People were unable to communicate with us verbally but expressed their feelings through non-verbal communication.

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

Relatives, health care staff and social care professionals who supported people at the home told us that they thought the home was safe. Our observations showed

Summary of findings

that staff were aware of, and acted to minimise, any identified risks to people without restricting their independence. We saw there were systems and processes in place to protect people from the risk of harm and staff took individual responsibility for the safety and well-being of people in their care.

Staff told us they had received appropriate training and were knowledgeable about the needs of people who lived in the home. Our observations showed they anticipated people's needs as they knew them well. Staff had received training about the needs of deaf blind people and used the knowledge to communicate and support people to make choices in their day-to-day their life. There were enough staff to meet people's needs and support them to follow interests and pursuits they enjoyed.

People had their health care needs met and their medicine administered appropriately. Action was taken to familiarise people with routine medical interventions such as taking of blood before this was needed. This demonstrated the manager was proactive in helping people to access health care assessments so that their health was maintained

People had a choice of food and drink that reflected their individual needs. Staff supported appropriately where health professionals had made recommendations about a person's food and drink needs. In addition the manager had recently looked to involve a person in hosting a dinner party. This included inviting and greeting their guests and shopping and preparing the food they liked. This allowed the person to experience a social occasion involving food.

The provider had invested in employing specialist staff to assess some of the needs of people such as with eating and drinking or the way people showed their feelings. The specialist staff had produced guides for care staff so that they had the information they needed to meet the complex needs of people living in the home.

Relatives we spoke with told us that the care people received was excellent. They said staff were caring, interested and were committed to ensure that people had a good quality of life in the home. We saw that people were treated with dignity and respect and that people were able to have private time safely as any potential risks had been identified and minimised. Staff used differing forms of communication with people such as objects or hand under hand signs to tell them what was going to happen next in their day. We also saw that staff observed people for non-verbal communication so that they could meet their needs.

Management systems were well established to monitor and learn from incidents and concerns. The manager and provider undertook checks and had systems in place to maintain the quality of the service the home was providing. The manager had innovative ideas about how the home could continue to improve and had put some of these into action. The provider supported the ideas of staff and managers where these were of benefit to people of the home. Where these had proven to be successful they were shared with all of the provider's homes. This meant both the manager and the provider were striving for continued improvement in this home.

Summary of findings

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 was safe. Significant people involved in people's lives told us that the service was safe.

People were supported in a safe way by staff that were recruited appropriately, were trained and understood the potential risks to people's well-being.

Good



Is the service effective?

The service was effective. People were supported by enough staff that were skilled to meet their needs

People were supported to access a wide range of health services specific to their needs and had opportunities to enjoy food and drink.

The service was meeting the requirements of the Mental Capacity Act 2005 Code of Practice.

Good



Is the service caring?

The service was caring. Relatives and significant people in the lives of people who lived in the home told us that people were well cared for by staff who knew them well.

People's privacy and dignity was respected and staff showed caring and respectful attitudes.

People were supported to maintain relationships with their families.

Good



Is the service responsive?

The service was responsive. People received support as and when they needed it and in line with their support plans.

Any concerns about people's health or lifestyle were acted upon quickly to maintain people's well-being.

People were supported to maintain and develop challenging new interests.

Good



Is the service well-led?

The service was well led. The manager led by example and was interested and involved in the support that people received and monitored how people were supported on a day to day basis.

There were systems in place to measure the quality of the service and to identify where improvements could be made to enhance the lives of individuals living in the home.

The manager and provider listened to and acted on suggestions from staff in the organisation to improve the lives and experiences for people in their care.

Good



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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 took place on 3 October 2014 and was unannounced. There was one inspector involved in this inspection. During our inspection visit we observed and listened to how staff supported people in the home. We also 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 used this to observe four people's experience of the lunch time meal.

As part of the inspection we contacted relatives of two people and two social workers and a visiting health

professional who were involved with people who lived in the home. We spoke with four care staff and the manager of the home on the inspection about their responsibilities and the care people needed.

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. Before our inspection we checked the notifications about the home. Providers have to tell us about some incidents and accidents that happen in the home such as safeguarding concerns and serious accidents. We also checked to see if we had received any comments about the service since our last inspection. We used this information to plan what areas we were going to focus on during our inspection.

We looked at the care records of two people, the medicine management process and at the records maintained about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

People received safe care. Relatives and visiting professionals' comments included: "I have absolutely no fears about [my relative's] safety with the staff" and "It is a very open and welcoming environment. I have no concerns about the safety of people here." We saw care staff supported people in a safe way and had awareness for potential risks to people's safety. Staff guided people and when necessary intervened to maintain a person's safety. For example we saw staff remove any potential trip and slip hazards out of the way quickly to support people who were unsteady on their feet.

All of the staff we spoke with told us they had been trained in safeguarding and whistle blowing procedures. They were able to describe signs that indicated that a person they were supporting was frightened or subject to abuse and who they would report any concerns about people's welfare to. Their comments included: "We [the staff] wouldn't stand for them [people who lived in the home] to be abused" and "We would ensure the guys [the people who lived in the home] were safe." Information was displayed so that staff and visitors had the information they needed to be able to report their concerns appropriately. The risks of abuse to people were minimised because staff understood the policies and procedures in place to protect people.

The manager of the service explained and understood when concerns about the safety of people both within and outside of the home's control needed to be reported to us and the local safeguarding authority (LSA). When safeguarding concerns had been raised the manager had reported these appropriately to us and the LSA. The LSA requested the manager undertake an investigation where this had been relevant to the home. The manager showed us details of their latest investigation, outcome and action taken which had been accepted by the LSA. Appropriate action was taken when safeguarding concerns were raised; this helped to protect people from any continued abuse.

Risks to people were well managed. We observed that people who were at risk of falling or choking when eating had the appropriate staff support to minimise the risks of harm to the person. All of the staff spoken with were aware of the health risk for a specific person when this was discussed with them and staff told us they had regular meetings to discuss the safety health and well-being of

individual people. Records confirmed this and showed that each person who lived in the home had individual risk assessments and risk management plans for any risk that had been identified. These risk management plans were routinely reviewed to see if they continued to help to maintain people's safety. Health professionals were consulted and their advice acted upon if there were any increased concerns about the safety of individual people.

The provider had suitable arrangements in place to respond to emergencies. A member of staff told us: "The co-ordinator's file has everything you need if you are on duty; it is fabulous." We saw that this file included emergency contact information for staff on duty. These included a management on-call rota, all the names of staff who had up-to-date training in first aid and individual evacuation plans which were personalised to reflect the specific needs of each person in the home. Staff had the information needed to keep people safe in an emergency.

There were sufficient suitable staff on duty to keep people safe and meet people's needs. Staff told us there were always enough staff on duty to provide appropriate care for people who lived in the home. Any shortfalls in staffing were usually replaced by known 'bank' staff. This was staff who had worked at this or other Sense homes before and were aware of most of the needs of people who lived in the home. This meant that people living in the home had care from staff who that knew their individual needs. A member of staff told us and records showed that staff had been subject to appropriate checks to ensure they were safe to work with people.

People's medicines were safely administered. People's medicines were stored appropriately and this meant medicines were kept so that remained effective. We found that the service usually received a copy of the doctor's prescription from the pharmacy so they could check for any errors in the medication supplied. However, these had not been obtained for the latest supply of medicines and the manager made arrangements to rectify this when we brought this to their attention. Records for three people we looked at showed that medicines given and the counts of medicine in the home were correct which meant that medicines had been given as prescribed.

We spoke with staff who administered medicines and found that they were knowledgeable about what specific medicines were for. Staff told us they had received training in medicine administration previously and were starting to

Is the service safe?

receive refresher computer training on medicines. Records showed that staff's ability to administer medicines was checked regularly to ensure they remained safe to administer medicines. All staff we spoke with told us that they felt safe to admit if they had made a medicine error and knew what health agencies to immediately contact to

ensure the any error had the least impact on the person. Relatives we spoke with told us that staff kept them informed about changes to their relative's medication so they knew what medicines their relatives needed when they came to visit them. These arrangements ensured that people received their medication safely.

Is the service effective?

Our findings

We saw that staff used people's preferred method of communication to support people to be independent, for example, in dressing and eating by directing the person how they could help themselves. Staff responded when people showed they needed support. Relatives of two people told us of specific improvements in the lives of their relatives. For one it was an improvement in tolerating change, for the other person it was an improvement in their ability to show what they wanted. Both of the professionals we spoke with told us that the service effectively worked with them to ensure good outcomes for people. People were receiving care that supported them and helped to improve their daily life skills.

When we spent time with staff they were able, when asked, to tell us about people's care needs. For example staff were able to describe the person's health condition, how it affected the person and what they did if the person's health condition made them unwell. This matched the information and the instructions to staff in the person's care plan. Staff told us that when they had carried out these instructions for a specific person's health condition the person's immediate welfare had improved. Staff showed us that they had the knowledge and skills to meet people's care and support needs.

Staff said they valued the specific training they had so that they had the skills to communicate with and meet the needs of deaf / blind people. Staff told us that they could ask for any training that would benefit people who lived in the home and the manager would investigate how this could be provided. Records showed that staff had appropriate training after starting work to understand their job role and all of the staff we spoke with had a recognised qualification in health and social care. Staff had the training they needed to meet the needs of people who lived in the home.

Staff told us they had regular supervision and had time to discuss the needs of people and their own development. A new member of staff told us: "This is a really good place to work you can find advice and procedures about everything you need to do to help the people here." Staff received support to discuss the needs of people and provide appropriate care.

We saw that when a person made it known to staff that they wanted to go out of the home staff responded appropriately to this. Staff spoken to understood their responsibilities in relation to the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards, (DoLS). We saw that staff had received training in the MCA. The manager told us that no one at the home was subject to a DoLS however, applications had been made for all the people living in the home. The manager had done this to ensure that safeguards could be put in place because people did not have the capacity to make the decision to live in the home. In addition the safeguards were needed because of occasions when there were not staff available to accompany and supervise a person at the time who wanted to go outside of the home. This showed us the service was able to work in line with the legislation laid down by the MCA.

Arrangements were made to ensure that people had the opportunity to be outside of the home every day. We saw that staff were mindful that a person they were supporting was showing by their actions that they agreed to the support staff were giving so people's consent was being obtained. A relative told us: "We have a good relationship with the manager and the other staff and know that they always have [my relative's] best interests in mind." Records showed that where decisions had to be made that the individual person concerned was unable to make, that relatives, relevant professionals and staff were consulted. This showed decisions were being made in the best interest of the person.

We observed people were supported with their lunch time meal and were given a choice of when and where they eat their meals. Staff communicated with people that lunch was ready by given them objects to feel that represented the meal time. Staff guided people to where food and drink was on the table and their eating implements so that people could be as independent as possible.. We saw that people were happy and some were smiling whilst eating and people ate well indicating that the food was to their liking. No one was rushed to finish the meal and people were offered more food and plenty of drinks. People were able to leave the dining area when they wanted. People were supported to have sufficient to eat and drink.

People who had difficulty eating had been assessed by health professionals. We looked at the specific eating guidelines for a person and found that their food was of the

Is the service effective?

right texture, their posture was correct and the appropriate equipment was in place as the guidelines suggested. A staff member was present at all times during the meal time to monitor people who were at risk of choking. Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. People were given suitable food to eat.

The manager of the home had initiated a "Come dine with me" experience for a person in the home. This had involved a person inviting people they liked from other Sense homes to come for a meal whilst the other people who lived at the home went out to another activity they enjoyed. The person had been involved in all aspects of buying and preparing food they liked as well as welcoming their guests. This had worked well and was now being planned for other people who live in the home. This meant that the service was looking at new ways to involve people in their experience with food.

Relatives we spoke with told us that the service responded quickly to any health care need. Their comments from relatives included: "We know staff keep a close eye on [person's name] health and are quick to seek advice and help if there are any health issues" and "They always tell me about health issues and any new treatment or medication." Plans were in place to ensure that people had routine health checks so as to identify any change in people's health. The manager had been forward thinking in arranging visits from a community nurse to work with individuals in the home so that they could tolerate blood samples being taken. This could help in identifying any health conditions the individual may have in the future. The manager had worked proactively to gain this and other specialist health support for people in the home.

The provider had invested in providing specialist support for their residential services which including assessments for people who had difficulties eating or drinking sufficient amounts and people who when they became upset could show behaviour that was challenging to service. The home could call on these specialist for advice and support.

Is the service caring?

Our findings

Relatives we spoke with told us: “The staff are very caring and have a good understanding of [my relative’s] needs” and “I am very happy with the care staff and the care of [my relative]. The staff are like a family to me.” A health professional told us: “It is lovely to come in here. You are welcomed by staff; staff smile at you and they smile at people that they are working with. It is a very open environment.” When we talked to staff individually about people’s care they spoke with respect about the people they were supporting. Their comments included: “I like to tell people what I am going to do before I do it. I know they cannot hear but it helps me not to rush and to assist people well,” “Our manager tells us it [the job] is all about what these guys [people who lived in the home] want” and “We make sure that when new staff come in that they know how each person likes to be supported.” People received support from caring staff.

Staff paid attention to people’s appearance. All of the people who lived in the home required support with their personal care and people looked well cared for. For example people were wearing clothing that matched and had their personal hygiene needs, such as nail, hair and shaving needs met. A relative told us: “[Person’s name] always looks clean and smart; it isn’t just because they know I am visiting because all of the people look well cared for.” Staff demonstrated an understanding of the importance of supporting people to look good to maintain their dignity.

We saw a person choosing when and what to eat, another person choosing an eating implement and another choosing to engage in activity they liked. We saw staff accommodating these choices when they had been made. We saw that staff used varying methods of communicating with people about what was going to happen. Often this was by the use of objects such as small plastic plates and cups to represent food and drink, or items to represent a

specific member of staff. Hand signs were used with some people and pictorial representations of some signs that were used were displayed in the reception area of the home. People were involved in determining some aspects of their day which increased their control in what happened in their life.

People were supported to be as independent as possible. Comments from staff included: “We give the minimum support necessary to ensure good care. We do this by giving people options.” We saw for example individuals had been encouraged to make a choice of meal or take their used crockery back to the kitchen. Where people achieved something new or enjoyed a particular experience a comment was placed on a display board [WOW board] so that all staff could see. This information sharing helped staff to reinforce improvements and to organise appropriate enjoyable experiences for people.

People were supported to maintain relationships with people who were important to them. Staff helped people to buy and send birthday cards to their relatives and people were also supported to visit their relatives homes if they wanted.

People’s right to privacy and dignity was respected; people were able to spend some time alone in their bedrooms and there were several areas around the home where people could chose to be alone. Some bedroom windows that faced the outside had privacy frosting to ensure that people were not able to be seen whilst in their rooms. Suitable equipment was available to alert people that staff were intending to enter their bedrooms and this also helped to maintain people’s privacy.

Staff were aware that sometimes people could compromise their own dignity due to their lack of understanding. All the staff we spoke with were aware of how to ensure that people’s privacy and dignity was respected and we saw that staff acted appropriately when this occurred at our visit.

Is the service responsive?

Our findings

Relatives told us that people were happy at the home because staff knew them well and were aware of their individual needs and interests. Staff knew when and how to respond to people because the majority of them had worked with people at the home for a significant amount of time. Our observations showed that staff were alert to people's potential care needs and worked together well to support people. During the inspection we saw that when a person put their coat on independently, arrangements were immediately made to take person out. A staff member told us: "We are told all the time that this is people's home, it is our job to offer choices and empower people by giving them experiences and options." Staff responded appropriately to the care needs of people.

Relatives we spoke with commented on how the care provided was individual to their relative's needs. A social care professional told us about the individual interests that a person had and we saw that this person had the opportunity to be involved in these interests on the day of the inspection helping them maintain this interest. There was a wide variety of activities available for people each day based on what people had shown they liked doing. People were challenged to try new interests and at regular meetings about individual's care it was discussed if they had enjoyed them or not enjoyed them. Where it was judged that there was no benefit to the person then they did not repeat them. People's achievements were recognised and communicated to the staff team so they could be done again in the future. This meant that people were supported to be involved in interests they liked or were important to them.

When we arrived at the home some people were on holiday and the others had yet to be supported through their morning routines. Staff told us there were no set times for people getting up. One person had been unsettled throughout the night before our inspection was left to sleep until they wanted to get up. Throughout the day staff responded appropriately to people's wishes and needs. Personal care was individual to each person and provided at the time and in the way they preferred.

We spoke with staff about how they responded if a person refused to be supported by them. All of the staff told us that they looked for the best match of staff with the person when allocating staff on each shift, so the likelihood of this happening was reduced. However if it happened, staff told us they would support each other by changing the staff member who was supporting the person or not continuing so that the person was happy with the support provided. One staff member told us: "I don't know how it works but we work seamlessly as a team to ensure that people have the best experience of care." We found that efforts were made to respond to people's non-verbal communication so that each individual person's needs were met.

Relatives we spoke with told us that they had not had to make any complaint about the care their relative received. They were in regular contact with the home and felt able to talk to the manager and knew how to complain if needed. Professionals we spoke with had no complaints about the care provided in the home. People who lived in the home would be unable to make a complaint due to their communication needs and level of understanding so relatives or professionals would have to make complaints on their behalf. People's care plans contained information about how individual people would show they were unhappy about something and staff knew about these signs and would act to immediately to put this right. The manager was keen that any complaints or expressions of dissatisfaction were acted upon so that it improved the lives for people living in the home. People could be assured that any concerns raised about their care would be acted upon.

There was a complaint procedure available and records were kept of any complaints. There was also formal complaint process where staff, relatives and other agencies could refer their complaint to the provider rather than to the manager of the home. There were no active complaints when we inspected the service. All concerns about people's care were investigated and appropriate action taken.

Is the service well-led?

Our findings

The home had a registered manager in post at the time of our inspection. We found that the registered manager was supported by a deputy manager and a regional manager who provided regular support and advice.

We found that the manager used different methods of relaying information and keeping in contact with relatives; taking account of relatives' preferences to be contacted by telephone or by email. We contacted two relatives and three health and social care professionals about their contact with the staff and manager of the home. They were all complimentary about the management of the home. Their comments included: "We have a good relationship with the manager and the other care staff..." and "The manager is great." Relatives had been sent a survey by the provider to ask them about their views of the service provided and the comments were all positive. Relatives and professionals had a good experience when they contacted the manager or staff of the home.

A relative told us that the staff group was stable which they thought showed that staff liked working at the home. Relatives and professionals we spoke with told us they felt welcomed when they visited the home. A professional told us that the culture of the home was good; when they visited staff continued to work normally and that it was a happy place. A member of staff told us: "The managers here lead by example we are encouraged to make a difference." The manager was involved and interested in the individual care of people; we saw they were present around the home and not continually in the office, they interacted with people and were observant of any changes in people's behaviour and responded to it. The manager ensured that the culture in the home supported people who lived in the home, as well as relatives, visitors and staff. For example, when a person showed behaviour that was not usual for them there was an open discussion between staff and the manager about these changes. Regular meetings were held to discuss any longer term changes in people's needs and outcomes of their experiences so that personal plans reflected people's current needs.

Staff received support to maintain a quality service. They told us and records confirmed that they could express their views at regular supervision and staff meetings with the manager. They confirmed that they were able to speak openly if they had any concerns or if they had made any

mistakes. Amongst their comments were: "The managers are approachable and efficient and this has led to low staff turnover," "Anything that is reported to the manager is dealt with straight away" "We are encouraged to be involved, to use our strengths and we are valued" and "The manager is terrific, lively and bubbly, and tells it as it is. Her manager comes to the home on a regular basis and you can talk to her too."

Quality assurance and monitoring of the quality of the home resulted in improvements in the service. Regular visits were undertaken by the provider and information was collected from audits of the home and staff discussions to produce an action plan for the manager and staff to work through. We saw the existing action plan contained plans to maintain and improve the quality of the service offered.

The manager had notified us of all events that they needed to because they were aware of the regulations governing the service the home provided. We had received no negative comments about the service this home had provided in the last year.

The manager told us in their provider information return that they had nominated the staff team and a specific member of staff for good practice awards created by the Sense provider organisation and both nominations were short-listed. We saw evidence of their short-listing near the 'WOW' display board which documented both the achievements of people who lived in the home and those of staff. The manager promoted continued improvement by celebrating the successes of people who lived in the home and staff.

We found that Sense as a provider organisation and the home were keen to continue improving by sharing innovations started in one home across all of their services. The home were among five Sense's homes piloting computerised staff training courses to see if this would assist the organisation to efficiently meet the needs of people and regulations. The manager of this home started the 'Come Dine With Me' experience and was continuing this with other individuals in the home. The provider was encouraging other residential homes operated by Sense to take this idea up and we were aware of one home locally taking this up.

The manager was aware of other initiatives in some of other Sense homes local to them as well as the provider's national initiatives and was assessing what could be

Is the service well-led?

adopted to enhance the lives of people who lived in this home. The manager spoke with us about other projects that they were developing including a project to improve access to restaurants for people who have both cultural and special dietary needs . The manager also spoke about a project which aimed to record significant moments in

people's lives such as enjoyment of an interest, a special occasion or new skill that could be shared with relatives at regular intervals. The manager had shown a desire to ensure that people who lived in the home had a continual improving service.