

Sense

SENSE - 30 Norbins Road

Inspection report

30 Norbins Road
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11 December 2018
14 December 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

What life is like for people using this service:

- People received care and support that was safe. The provider had a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people. All staff had received training in safeguarding vulnerable people.
- Risk assessments were in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were sufficient staff to support people with their daily living and activities.
- People received effective care and support. Staff demonstrated a clear understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.
- People received care from staff who were kind and caring. Staff respected people's privacy and dignity at all times. Staff used innovative ways to enable people to be involved in their care planning and reviews. People were supported to express an opinion about the care provided and contribute to any changes.
- People received responsive care and support which was personalised to their individual needs and wishes. There was clear guidance for staff on how to communicate with people and how to know when a person was not happy or distressed. People were supported to access health care services and to see healthcare professionals when necessary.
- People were supported by a team that was well led. The registered manager demonstrated an open and positive approach to learning and development. Staff said the registered manager was open to suggestions and approachable. One person said the manager was always there to help them and they thought the home was well managed.
- There were systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from the issues raised.

Further information is in the detailed findings below.

Rating at the last inspection:

At our last inspection we rated the service good. The report was published 10 March 2016.

About the service:

The home provides a service for four people. Three people live in a large Victorian house; the fourth person lives more independently within the self-contained bungalow located at the rear of the property. The home is within walking distance of Glastonbury town centre.

"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." Registering the Right Support CQC policy

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained Good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 - 30 Norbins Road

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by one adult social care inspector

Service and service type:

Sense 30 Norbins Road is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced. Inspection site visit activity started on 11 December 2018 and ended on 14 December 2018.

What we did:

Before the inspection we looked at information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse. We looked at the information we require providers to send us at least once a year to give us some key information about the service, what the service does well and improvements they plan to make. This is called the provider Information return (PIR). We used this information to plan our inspection.

During the inspection, we found most people who lived at the home were unable to verbally express their views to us. We therefore used our observations of care and discussions with staff to help us form our

judgements. We spoke with one person who used the service and spent time with others carrying out observations. We spoke with four staff members as well as the registered manager.

We looked at a range of records. This included, three people's care plans and medicine records. We also looked at three staff files, staff rotas, quality assurance audits, staff training records, the compliments and complaints system, health and safety records and a selection of the provider's policies.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

We observed safe practices during the inspection and people indicated that they felt safe with the staff who supported them. One person said they felt very safe and enjoyed living in the service.

Systems and processes.

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people.
- The registered manager and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm. Records showed staff had received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it.

Assessing risk, safety monitoring and management.

- People's care plans included detailed risk assessments linked to people's needs. These included the actions staff should take to promote people's safety and ensure their needs were met. Staff we spoke with were aware of these risks and could tell us how they would keep people safe in line with their care plan. Care plans included risks related to nutrition and hydration, epilepsy and choking. Risk assessments were reviewed with people when care plan reviews were carried out and if people's needs changed.
- When people had been identified as having behaviours which could challenge themselves or others there were directions for staff to follow. These helped to reduce people's anxiety and reduce the likelihood of them becoming distressed.

Staffing levels.

- People were supported by enough staff to meet their needs. Each person received a specific number of hours with one to one support. One person explained how they were supported by a team of staff they knew well. One staff member said there was always plenty of staff and nobody had to miss an activity due to staff not being available.

Using medicines safely.

- Systems were in place to ensure people received their medicines safely. All staff received medicine

administration training and were assessed as competent before they could administer people's medicines. Clear risk assessments and agreements were in place to show how and when assistance was required. Medicine records included clear guidance on the use of specific medicines related to epilepsy. There were clear instructions in place for one person in the event of an epileptic episode and all staff were aware of the process to follow.

Preventing and controlling infection.

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment such as gloves and aprons.

Learning lessons when things go wrong.

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

People continued to receive effective care and support from staff who had the skills and knowledge to meet their needs. One person said they thought the staff were all well trained and knew what to do.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law: Staff provided consistent, effective, timely care.

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met. They also showed how risks would be minimised. One person told us how they were always involved and they knew what staff had written.
- Each person had a hospital and health passport which clearly indicated their needs so they could be communicated to other health care professionals. Regular health care checks were arranged with people and if a person required support when in hospital a member of their staff team could stay with them to minimise the risk of them becoming distressed.
- People's changing needs were monitored to make sure their health needs were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks. Records showed staff assisted people to go to the dentist and the opticians as well as age and gender related health screening.
- Staff were supported to deliver care and support in line with best practice guidance. Information on supporting people living with specific health conditions was available and included in people's care plans. This meant staff could provide appropriate and person-centred support according to individual needs.
- People were supported by a consistent staff team who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

Staff skills, knowledge and experience.

- People were supported by staff who had access to a range of training to meet their needs. The provider had a full training programme which staff confirmed they attended. One staff member explained how they had recently attended training updates for the providers mandatory training. Staff told us the training was good and they could request training specific to people's needs.
- Staff told us they were supported by the registered manager through regular supervision and an annual

appraisal. Records showed staff were given the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

Supporting people to eat and drink enough with choice in a balanced diet.

- People required assistance with food preparation. Staff were aware of people's needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to these. We observed people having a relaxed breakfast. One person was supported in line with their care plan and indicated they liked the meal they had been offered. People's food preferences were recorded and records showed they were offered a healthy, balanced and varied diet.
- One person had been identified as having dietary needs that impacted on their general health. Staff had worked hard to find a diet that reduced the negative impact on their health. This meant the person had gained weight and needed less invasive treatment.

Adapting service, design, decoration to meet people's needs.

- Each person had their own bedroom which reflected their personal preferences and interest. The premises were warm, comfortable and accessible, with photographs and people's artwork displayed.
- One person showed us the adaptations they had in their part of the home. They said they had a, "Talking clock, talking phone, talking scales and a microwave to cook with."

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

- People only received care with their consent. One person told us staff always spoke to them about what they wanted to do. We observed people who had limited communication effectively direct what they wanted to do with their day. On the first day of the inspection everybody was getting ready to go Christmas shopping. One person had decided they preferred to remain at home and this was respected.
- 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.
- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in people's best interests. Care plans included assessments of people's capacity to make certain decisions and where necessary, a best interest meeting was held with appropriate people involved in their care and decision making.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). These had been completed for all people living at the home because they were monitored closely by staff and unable to leave the premises alone. Records showed the registered manager liaised with the local authority to find out the progress for the applications and to renew those that had expired.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care. One person told us they found all the staff who supported them were kind and cared about their needs.

Ensuring people are well treated and supported.

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which could be seen when they were talking and laughing with people.
- Throughout the inspection there was a happy cheerful atmosphere with plenty of laughter and general banter that was friendly and appropriate to the individual. Staff explained that Norbins Road was not a work place it was people's homes and they respected that.

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

- There were ways for people to express their views about their care. One staff member explained how they had supported one person to take part in their care review with the use of video and photographs. The staff member said the person was clear about the review and they were very happy it was about them. They had also used a meeting cup (a cup made personal to the person) and scented candle to make the event more personal.
- People contributed to decisions about the activities they attended or wanted to attend. People decided on what they wanted to do and staff worked out how they would manage to achieve the goal the person had set. People were also consulted daily on how the day had been for them when the daily record was completed.
- People were encouraged to do what they could for themselves including participating in cooking and cleaning. People kept their own rooms tidy and participated in household chores. On the first day of the inspection one person put their laundry in the washing machine with very little guidance from staff.

Respecting and promoting people's privacy, dignity and independence.

- Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any

comments about people of a personal or confidential nature in front of other people. Staff understood the need to respect people's confidentiality and to develop trusting relationships. Individual records were securely stored to protect people's personal information.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery. People continued to receive responsive care and support which was personalised to their individual needs and wishes. One person told us they were involved in developing their care plans and they were personal to them.

Personalised care.

- People's care plans included clear information about the support they required to meet both their physical and emotional needs. They also included information about what was important to the person and their likes and dislikes. One person told us they had been involved in developing their care plan and were kept involved during reviews and when updates were required. Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans.
- As well as detailed plans for personal care and keeping safe there was detailed information about how people communicated and what each action or body language meant. Each part of a person's plan described the support they needed and identified any risks. All records were kept up to date and reflected people's current needs. People's communication needs were known and understood by staff.
- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the Accessible Information Standard. One person told us how they used braille which enabled them to understand their care needs. For example, the person showed us how they could use a braille labeller to label their herb and spice jars. This meant they could be more independent when preparing their meals. They also showed us their braille books which they enjoyed reading.
- People participated in a range of activities to meet their individual needs. On the first day of the inspection people were preparing to go Christmas shopping. On the second day people were getting ready to go to a "festival of lights" at a popular holiday destination. Records showed people joined in with a variety of activities such as, visiting an animal park, swimming, and a variety of interesting day trips. People were also supported to maintain contact with their families and friends. Two people were preparing to go to stay with family for the Christmas celebrations. Staff were preparing to support both on long journeys to join their families. One staff member explained they planned to support one person to visit a family member in Greece.
- One person told us how they were learning to speak Spanish. They told us how their support worker was helping them, and how they were going to do braille in Spanish as well. This person also told us about the carriage driving they had all enjoyed with the local riding for the disabled association (RDA)
- People with religious and cultural differences were respected by staff. One person told us about the local

church they attended and the restoration project for the following year. They told us how they had been supported to make alternative arrangements whilst the church would be closed. The registered manager was also aware of how they could access community links for people with other religions or cultural needs.

- People were also supported to be involved in the local community. Following a review of how to be more involved in the community one person had joined a beach clean and a local bulb planting scheme.

Improving care quality in response to complaints or concerns.

- There was a concerns, complaints and compliments procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to the policy and knew who they could raise a concern or complaint with. One person said, "If I want to complain I can talk to [the registered manager]. I know what to do."

- Compliments received included, "After visiting earlier this year, personally I am very moved by the level of care and attention that [the person] and everyone receives. And "I have the highest regard for Sense and all the staff at Norbin's Road."

End of life care and support.

- The service was not supporting anyone who was receiving end of life care at the time of our inspection. However, the registered manager knew who to involve in the local community if the support was needed.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- The registered manager told us they promoted the values of the organisation which stated, "We strive together to unlock barriers to communication so everyone can enjoy meaningful lives." It was evident staff knew people well and put these values into practice. Staff spoke enthusiastically about how they worked towards achieving the philosophy and goals of the organisation. All staff spoken with emphasised that the support they provided was driven by the person and not by the organisation.
- The registered manager and provider promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- The service had links with other resources and organisations in the community to support people's preferences and meet their needs.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The service was well run. Staff at all levels were aware of their role and responsibilities. An on-call system was available so all staff could contact a manager at any time of the day or night for advice and support. A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff spoke positively about the registered manager. All staff spoken with said they felt listened to and involved in the future development of the organisation. Staff personnel records showed they received regular contact with the registered manager as well as one to one supervision meetings. Supervisions were an opportunity for staff to take time out to discuss their role within the organisation and highlight any training or development needs. The registered manager explained how they had used filmed supervisions which they then watched with the member of staff and discussed how things went and if they could have acted differently.
- To the best of our knowledge the provider has notified the Care Quality Commission of all significant

events which have occurred in line with their legal responsibilities.

Engaging and involving people using the service, the public and staff.

- Where possible people were involved in the recruitment of new staff. One person asked questions and would feedback their impression to the registered manager.
- One person told us how they were involved with the running of their home and how they would braille their diary and that their care plan was also in braille. This meant they could continue to be involved in decisions made about the way they lived and their care.
- People and their families could comment on the service provided. Some people living in the home could not fully express their views verbally but staff knew people well enough to know what they were feeling by their behaviour and could support them to voice their views.
- One staff member said they could make any suggestion and they were listened to. They said, "[The registered manager] is really open and listens to any suggestions. They are always ready to try new things and then we can talk about whether it worked or not."

Continuous learning and improving care.

- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training could be arranged. Staff members confirmed they had attended staff meetings to discuss ways to improve the service and how they worked.
- The registered manager explained how managers would carry out audits at other homes in the organisation so they could share best practice between the homes. Staff could also work at other homes so they could share good practices or bring back new ideas.
- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training, and through manager meetings within the organisation when they could share what went well and what they did about things that did not go so well.