

Sense

SENSE - 6 Lilac Grove

Inspection report

6 Lilac Grove
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Wiltshire
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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 - 6 Lilac Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Sense - 6 Lilac Grove is registered to provide accommodation and personal care for up to four people who are visually, hearing and sensory impaired. At the time of our inspection there were three people living in the home. Three of the bedrooms are located on the ground floor with a communal lounge, dining room and kitchen. The fourth bedroom is located on the first floor.

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.

At our last inspection in April 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing 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. At this inspection we found the service remained Good.

A registered manager was employed by the service and was present during our inspection. 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.

People were supported by staff who were kind and caring and who showed a genuine interest in people's well-being. People looked relaxed in the presence of staff and did not hesitate to seek assistance and support when required.

The service was responsive to people's needs and people were able to make daily choices about their daily routines and the support they received. People had access to a range of organised and informal activities. Care plans were person centred and contained detailed information of people's likes, dislikes and preferences.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. We saw staff seeking consent before providing assistance or support to people. There was a range of ways used to support people to communicate their wants and wishes. For those people who were unable to verbally ask for help, staff anticipated their needs. We observed this was

done by staff interpreting the sounds they made, their expressions and body language.

People had access to food and drink throughout the day and were supported to eat their preferred food choices. Where people chose not to eat the menu options available alternatives were offered.

People continued to be protected from the risk of harm or abuse and received a safe service. People's medicines were managed safely, and they received them in the way they preferred. There were sufficient staff to keep people safe and to meet their care and support needs.

People received care from staff who knew them well and had the skills and knowledge to meet their individual needs. Staff monitored people's health and well-being and made sure they had access to the appropriate healthcare professionals according to their individual needs.

The registered manager had systems in place to monitor the quality of the service provided. The service worked in conjunction with other health professionals to support people to access additional support and services where needed.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Effective.

Is the service caring?

Good ●

The service remained Caring.

Is the service responsive?

Good ●

The service remained Responsive.

Is the service well-led?

Good ●

The service remained Well-Led

SENSE - 6 Lilac Grove

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 a comprehensive inspection which took place on 25 April 2018 and was announced. We gave the registered manager 24 hours' notice so they could support one person to be aware that we were visiting. The inspection was carried out by one inspector.

Before the inspection we reviewed information we held about the service. We looked at previous inspection reports and reviewed notifications of incidents the provider had sent us since the last inspection. A notification is information about important events, which the service is required to send us by law.

We used a number of different methods to help us understand the experiences of people who use the service. We met the three people who were living at the service and one person gave us feedback about the care and support they received. We spoke with two relatives to gain their feedback.

We also spoke with the registered manager, deputy manager and two care staff. During our inspection we looked around the premises. We observed daily routines and interactions between people and staff supporting them to help us gain an understanding of the people and the care they received at Sense - 6 Lilac Grove.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included three care and support plans and daily records, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents.

Is the service safe?

Our findings

People using the service were not able to give us feedback directly about how safe they felt. During our inspection we saw people did not hesitate to seek support and approach staff when required. This indicated that people felt comfortable with staff. Relatives told us "Yes I do think he is safe. I have no worries. They know him very well and know how to support him" and "They have a good understanding of her needs and know her well. Yes I feel she has safe care."

People were protected from abuse and avoidable harm. Staff were knowledgeable in recognising signs of potential abuse and felt confident with reporting any concerns they may have. Any concerns about the safety or welfare of a person were reported to the registered manager or deputy manager who investigated the concerns and took appropriate action when needed. Staff were also aware of outside agencies they could raise concerns with, such as the local authority safeguarding team or Care Quality Commission. One member of staff told us "We have a responsibility to keep each individual safe. If I saw that a person had changed and they had become withdrawn or if they had unexplained marks I would report to either the manager or deputy. I have confidence they would take action."

Assessments had been carried out to identify risks to the person and staff supporting them. Risk assessments included guidance for staff on the actions needed to minimise the risk of harm to individuals or others. This included areas such as environmental risks as well as risks associated with people's health and well-being and daily living choices. Risk assessments were completed with the aim of keeping people safe whilst supporting them to still take part in activities around the home and in their community. They included moving people safely, supporting people who may be at risk of choking and supporting people in the event of a fire. We observed staff followed safe working practices. For example, people who needed assistance to move or walk around the building were supported appropriately with the correct equipment, such as a walking frame or wheelchair.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Any incidents were recorded on an online reporting form. The health and safety team reviewed the details of the incident or accident and where trends or patterns were identified the registered manager was made aware of their findings.. The registered manager said the information would then be used to see if any lessons could be learned and changes to care practices made. The registered manager told us they also regularly reviewed this information to identify if any immediate changes to someone's care were required. For example, they told us of a recent incident whereby one person had fallen down the stairs. This had resulted in a review of the person's guidelines with additional information included for staff to be able to support this person safely down the stairs.

People received their medicines safely from staff who had the required skills and knowledge to carry out this task. Staff had completed training in the safe administration of medicines which included observations of them administering these to people. People had their medicines at times to suit them. People's GP's had authorised the use of medicines sold over the counter. People's medicines were regularly reviewed with health care professionals. This was particularly important for people who had epilepsy, to ensure their

medicines were appropriately prescribed.

Protocols were in place for the safe administration of 'as required' medicines (PRN). Care records contained detailed information regarding people's prescribed medicines and how they preferred to take them.

People were supported by enough staff to meet their needs. The registered manager explained that staffing levels were flexible depending on people's level of funding. People had differing levels of one to one support hours allocated to them. The registered manager said there were usually three staff members on duty but if people's needs changed or a day trip was organised then more staff would be allocated to that shift. We saw actions had been taken where required to help ensure people were safe with the staff supporting them.

Recruitment processes ensured all the necessary checks had been completed including a full employment history, confirmation of their character and skills and a Disclosure and Barring Service (DBS) check. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

Staff explained what measures were in place to maintain standards of cleanliness and hygiene in the home. For example, there was a cleaning schedule which all staff followed to ensure all areas of the home were appropriately cleaned. The service had adequate stocks of personal protective equipment such as gloves and aprons for staff to use to prevent the spread of infection. On the day of our inspection the home was clean, tidy and free from odours.

Is the service effective?

Our findings

People received care and support from staff who knew them well. They had received appropriate training and had been supported to develop the necessary skills and knowledge to meet people's needs. New staff members received a comprehensive induction to their role. This included completing the Care Certificate which covers an identified set of standards that health and social care workers are expected to adhere to. Induction also included staff shadowing experienced staff members. One staff member told us "The induction I got was really good. The training is also really good. There is plenty of it and you also get regular refreshers."

Regular one to one meetings (supervision) were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported and could raise any concerns. They felt confident action would be taken where required to resolve any issues. One member of staff told us "We get regular supervision. We get feedback on our performance which aids improvement. The management are really supportive and I can discuss any worries in between my supervisions."

People's health and emotional well-being were monitored and any changes in their well-being prompted a referral to appropriate health care professionals such as their GP. People were supported to receive regular health checks. Contact with health professionals such as the doctor, dentist, consultant, or nurse were recorded in people's records. This showed people's day-to-day health needs were met and appropriate information between the services was shared. One relative told us when their family member had appeared unwell how staff had explored their concerns about the person's well-being until they finally got a diagnosis. They said "Everyone did what they could to investigate his health needs. The observations of him were good which helped them identify something was wrong. They support him to all of his appointments." Another relative told us "They support her to all health appointments and keep me up to date."

People had 'Health Action Plans' in place which contained information on their medical history and current health needs. People had individual hospital files. These contained specific information regarding people's medical history and communication needs to support nursing staff should the person be admitted to hospital.

People were supported to eat and drink sufficient amounts and maintain a healthy life. Where people were not able to contribute directly to the menu planning staff told us meals were prepared based on their knowledge of people's preferences. Staff had obtained information on people's likes and dislikes from family members and through observations and these were recorded in people's care plans. Where people were able to contribute directly to the menu planning, picture menus were used to support their choices. The person would put the pictures menus on the fridge each day to help them know what meal was being prepared that day. Staff said that if people did not want or eat the meal option then alternatives would be offered. We saw where one person had refused the meal choices for breakfast, staff had offered an alternative. The person's choice not to eat was also respected. One person was able to tell us they liked the

food choices on offer. They said they also enjoyed being involved in the cooking.

The environment was adapted to meet people's needs. There were assisted bathroom facilities and ramps in place to support people's mobility. Rooms were organised so that people and any equipment required could be moved safely. The service had been extended to support one person to have an adapted bedroom which met their needs.

People's needs and choices were assessed in line with current guidance and care was delivered in line with these assessments. We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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.

The manager ensured where someone lacked the capacity to make a specific decision mental capacity assessments were completed and best interest decisions were recorded. Staff were aware of their responsibility to support people with making daily choices. One staff member told us "It's important for them to be involved in making choices where they can. We support them to make daily choices about what they want to eat or drink and what activities they want to do. Sometimes if bigger decisions are needed a best interest meeting will take place. One person choose when they want to get up by pulling the duvet back over themselves to let us know they are not ready to get up." Staff also told us they used familiar objects of reference to support people with making choices.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Applications, to restrict some people's liberty under DoLS, had been submitted to the local authority. These had not all been processed by the DoLS team but the manager had been proactive and reviewed these applications to ensure they remained the least restrictive practice.

Is the service caring?

Our findings

Relatives spoke positively about the care and support their family member received. Their comments included "I couldn't think of a better place for her to be living. Staff are all friendly and respectful in their care for her" and "We are really happy with the care he receives. Staff are friendly and kind in their approach. They know what they are doing."

We observed staff interacting with people in a kind and caring manner, involving people in choices around their daily living. Staff sought permission before providing care and support and ensured people knew what was happening at all times. People looked relaxed and comfortable in the company of staff and did not hesitate to seek support and assistance when required. For example, one person became anxious and staff asked what the person wanted. The person signed biscuits and the staff member immediately supported them to choose which biscuits they wanted. They then supported the person to open the packet. The person wanted to hold the staff members hand whilst they ate their biscuit which the staff member did, offering reassurance. This supported the person to reduce their anxiety.

Staff gave us examples of how they maintained people's dignity and respected their privacy. They said they ensured doors were closed and curtains were drawn when supporting people with their personal care. They said they would always explain to people what was happening when they were providing personal care. One staff member told us "I will always say what is happening and what I am doing. I support and encourage service users to do as much for themselves as they can."

People's needs in respect of their age, culture, gender and disability were understood by staff. Staff had recorded important information about people including personal history and important relationships. People were supported to maintain relationships which were important to them. Staff explained how they had explored with people their different cultural backgrounds to ensure they were providing people with appropriate care for their culture. One staff member told us "We have explored people's cultures to find out if there were any differences needed in the way we provide care. We have spoken with people's families. For one person we tried different foods from their country but the person did not enjoy them. We have had activities around different cultures and trying out different foods."

Staff spoke passionately about wanting to provide people with a high standard of care and support. Their comments included "I am proud of the work we do here. People get top quality care. We are like a family here. This is people's home not our work place" and "We all know people well and their routines. Everyone is well looked after."

The registered manager told us staff really cared about people and were committed to their wellbeing. They said "I am proud of the work we have done since our last inspection. I am proud of staff. They are a strong, supportive team who want the best for everyone living here. Service users are our priority."

We spoke with the registered manager about how they ensured people were treated in a kind and caring manner. They explained they worked alongside staff to monitor and observe their practices. They said that

new staff worked alongside more experienced members of staff to enable them to learn about people and their needs. Handover information was available at the start of each shift to inform staff of any information they needed to know about each person.

The registered manager and deputy manager, with people's consent, took videos of staff supporting people with their care and support. This did not include intimate care. This was then watched by the staff member and a discussion held with either the registered manager or deputy about the staff member's working practices. This gave staff the opportunity to reflect on what was working well and what practices could be improved upon. The registered manager explained that this supported them with making sure people received a consistent, high standard of care.

Is the service responsive?

Our findings

Each person had a care plan which was tailored to meet their individual needs. These were personalised and included information about people's preferences and how they wanted their needs met. For example, care plans contained information on people's preferred daily routines which included what time they liked to get up, whether they wanted a shower or a bath and what activities they enjoyed taking part in. This meant staff were able to support people in the way they wanted or needed to be supported to maintain their health and well-being. Care plans were regularly reviewed and updated as required.

Care plans were being updated in line with the introduction of Accessible Information Standard (AIS). A legal requirement passed by Government in 2016 to ensure that people with a disability or sensory loss services received information in a way they can understand. The deputy manager explained how they had transferred all paper care plans to an electronic format to make the information held accessible to people. In the different sections of the care plans they explained they were uploading pictures or videos that related to that section of care. For example, in the activities section there were pictures and videos of the person taking part in their preferred activities. The deputy said this supported the person to be involved in understanding their care plan where possible. The person could also actively contribute to the information held in their care plan. Staff explained how they also used objects to support people to make daily choices such as which clothes they wanted to wear, activities they wished to take part in and food they wished to eat.

One person did a daily video diary of how their day had been and what activities they had taken part in. This could then be shared with family and other staff with the person's permission. We spoke with the person who said they enjoyed making the video.

People continued to be supported to maintain their independence and community involvement. This included people being supported to follow their interests and take part in social activities. Staff explained whilst people had some planned activities each week, this remained flexible to take account of their health needs or them choosing to do something different.

People were supported to access their local community which included the local shops and facilities. The service had access to a vehicle to support them to access the community. On the day of our inspection people chose to take part in a community activity. One person chose to go out for a meal in the evening to a local restaurant.

For people who may be receiving end of life care there was some information around funeral arrangements. Advance decisions that included people's preferences and their choices for how and where they wished to be cared for at the end of their life were not identified. The registered manager acknowledged that this was an area that needed some development. One relative told us "All staff are diligent around his care, offering support when needed. They are very flexible with his care. They maximise the good days and support him to rest on the bad days." The registered manager explained they were working with the local hospice and GP to ensure they could meet the needs of this person and support them to remain in their home.

The registered manager had systems in place to support them to investigate complaints and concerns. There was a policy in place for dealing with complaints effectively. There had not been any complaints since our last inspection. There was a log in place which recorded when the complaint was received, any investigations undertaken and when a response to the complainant was completed. Relatives told us they felt comfortable raising concerns and felt that appropriate action would be taken to address them. One relative told us "Whilst I have never needed to complain I have been able to discuss any worries I have had. We are really happy with the care here."

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. 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.

The registered manager remained committed to ensuring people received high quality care. They said they were proud of the work the service had been doing since our last inspection. The registered manager explained how they were developing their care planning system to make the resources accessible to people. There had been an extension completed to make the environment more accessible for people and the home had also had some of its decorating updated. Undertaking video supervisions and observations of staff practices ensured that people were receiving consistent, appropriate care to meet their needs.

Staff we spoke with said they felt supported by the management team and the organisation. They all spoke positively about the support they received. Their comments included "I love working here. I get support both formally and informally. I am also supported to progress in my role" and "Management are really helpful. It's a really supportive place to work at and you can discuss worries anytime. I really enjoy working here."

Relatives we spoke with knew the registered manager and spoke positively about the management of the service. Their comments included "The management is good and very approachable. They are easy to speak with" and "The manager is very good at communicating with this and keeping us up to date."

The provider had systems in place to monitor the quality of the service and identify areas of improvement. These included checks and audits carried out periodically throughout the year. We saw records of audits covering areas such as infection control, health and safety, the safe management of medicines and care planning. Members of the senior management team also visited the home periodically. Records of observations were noted and any actions required identified. Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training.

Accidents and incidents were recorded and actions identified to reduce the risk of them reoccurring. Daily and weekly checks were undertaken to ensure that the service remained safe and any areas of maintenance were identified.

The service had notified CQC about significant events. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

The service worked in partnership with other agencies to ensure people received appropriate support and consistent care. The service worked closely with health and social care professionals to ensure they shared relevant information and also kept up to date with any changes with the person's needs.

The management team continued to operate an on call system to enable staff to seek advice in an emergency. This showed leadership advice was present 24 hours a day to manage and address any concerns raised. There were procedures in place to guide staff on what to do in the event of a fire or loss of utilities such as gas or electric.

Providers are required by law, to display their CQC rating to inform the public on how they are performing. The latest CQC rating was displayed in the service and these details were also on the provider's website.