

Sense

SENSE - 509 Leeds and Bradford 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 ●

Summary of findings

Overall summary

About the service

SENSE - 509 Leeds and Bradford Road is a residential care home registered to provide accommodation for adults under 65 years of age who require nursing or personal care and have a diagnosis of a learning disability and or a mental health condition. On the day of our inspection four people were living in the home. The service can support up to five people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using the service

People were supported safely and protected from harm. There were systems in place to reduce the risk of abuse and to assess and monitor potential risks to people.

The management of medicines was safe. Risk assessments had been completed and were regularly reviewed. Incidents and accidents were managed effectively; lessons were learned to prevent future risks.

Staff were skilled and experienced to meet the needs of people who used the service. Staff completed training, supervisions and appraisals.

People said staff were kind and caring. Staff treated people with respect and maintained their dignity. People were involved in decisions about their care. People's right to privacy was maintained by staff.

Staff understood people's likes, dislikes and preferences and people were offered choices about their care. Staff were provided with specific guidance for how to communicate with people that were unable to verbalise their needs.

People were involved in meal choices and supported to maintain a balanced diet. Health needs were regularly monitored, and staff followed the advice health care professionals gave them.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

A complaints system was in place and complaints were managed effectively. People told us they knew how to complain if needed.

The provider had quality assurance systems to monitor the quality and safety of the care provided. People were asked for their views and the provider engaged with other agencies and services to improve their knowledge of good practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for the service was good (published 21 March 2017)

Why we inspected

This was a planned inspection based on the rating at the last inspection.

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?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

SENSE - 509 Leeds and Bradford 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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 inspector.

Service and service type

SENSE - 509 Leeds and Bradford Road is a 'care home.' People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did

Before the inspection, the provider sent us a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We reviewed information we had received about the service, such as details about incidents the provider must notify CQC about, for example incidents of abuse.

We also reviewed all other information sent to us from stakeholders such as the local authority and members of the public. We used all of this information to plan our inspection.

During the inspection

We spoke with two people to ask about their experience of the care provided. We looked at two people's care records and three medicine records. We spoke with the registered manager, deputy manager and two staff members. We looked at two staff files for recruitment, supervision and appraisal and training records. We also looked at quality monitoring records relating to the management of the service such as audits and quality assurance reports.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People received their medicines as prescribed.
- Medicine audits had been carried out to check the medicine management system remained safe. Actions were taken to address any concerns identified.
- Reviews of medicines were carried out to prevent people taking medicines that may not be required.
- One person had reduced the use of one medication as staff used positive behavioural plans to manage the person's challenging behaviours. This was effective as the person had significantly reduced their medicine use and health professionals felt the improvement was so significant in a review, they were planning to stop this medicine.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "Yes, I feel safe here. Staff look after me."
- The provider had a safeguarding policy and staff were suitably trained to identify and respond to any safeguarding concerns.
- Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them.

Assessing risk, safety monitoring and management

- People's care plans included risk assessments and staff promoted people's independence and freedom, as well as minimising risks to support their safety.
- People remained safe as risk management plans were reviewed, individualised and contained clear guidance for staff to follow. One person suffered from Epilepsy. Staff were provided with guidance on what signs and symptoms to look for so medical attention could be sought immediately to reduce any risk to the person.
- We found health and safety checks had been carried out within the home. However, the last electrical test from 2017 highlighted issues which had not been addressed. During the inspection the registered manager promptly addressed this matter.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Agency staff were sometimes used, and the registered manager said they used staff from agencies who knew the people living there. This ensured consistency.
- The provider had robust recruitment checks in place to ensure staff were suitable to work in the care industry. Recruitment took place as required.

Preventing and controlling infection

- Infection and control audits were carried out to ensure the home was safe at all times.
- The home was clean and tidy.

Learning lessons when things go wrong

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.
- The service recorded accidents and incidents and analysed these by considering trends and themes to improve the service.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.
- Care and support was delivered in a non-discriminatory way and respected people's individual diverse needs.
- Care plans instructed staff to offer people choices. We observed staff offering people choices of drink and food at breakfast time.

Staff support: induction, training, skills and experience

- Staff told us training was provided which ensured they had enough knowledge to support people and fulfil their role effectively. One staff member said, "I'm up to date with my training."
- The provider was proactive and encouraged new training to meet people's specific needs. One person was on a dementia pathway. The provider immediately introduced dementia training, so staff had the right knowledge to care for the person.
- We saw evidence staff members had received supervisions and annual appraisals to support their development and identify any training needs.
- Staff told us they were supported by the management team.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were involved in meal choices and supported to maintain a balanced diet. One person said, "They (staff) ask what you want for your meals. I go out shopping and cook my own food."
- People were supported to remain healthy and staff arranged appointments for people. For example, one person had been supported to get a new pair of glasses to aid their vision.
- Health action plans were in place and people's health closely monitored with annual health checks.
- The registered manager worked closely with health care professionals and arranged support for people when it was required. For example, the provider devised a care plan with health professionals to support a person safely at the home without the need for multiple hospital visits. This had been effective as their attendance to hospital had significantly reduced.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People confirmed staff asked for their views and sought their consent before assisting with care and support.
- The provider had capacity assessments in place for people unable to make specific decisions, some of which were in place for people unable to manage their finances and medicines due to a lack of capacity.
- Staff were knowledgeable about the MCA. One staff member said, "The MCA comes in if people can't make decisions. For example, where they want to live and if they can take their medicines. We use best interest decisions and involve family to make decisions."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and health care professionals told us staff were kind and caring. Comments included, "I've got a lot of friends here. It's nice here" and "The staff are nice. Staff sit and chat to me."
- Staff knew people's preferences and used this knowledge to care for them in the way they wanted.
- For example, staff were aware of one person's need for reassurances by answering their repeated questions to reduce the person's anxiety. We observed staff giving reassurance which helped the person to remain relaxed.
- Staff told us they always explained to people what they were doing when carrying out care and offered choice. One staff member said, "[Name] takes a while to process things. We use less complicated language and tell them the pros and cons, so they can make a decision. If choosing activities, we explain what the activities are and let them make this decision. [Name] lets us know their views and opinions on how they are supported."
- People's religious, spiritual, sexual and cultural choices were met and recorded in support plans.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One staff member said, "We always knock before entering a room. We keep doors closed when doing personal care. We do not speak about private matters in front of others and go into a different room to discuss matters."
- One person had a sign on their door stating, 'please knock before entering' and staff had respected this.
- Staff were aware of maintaining people's dignity. For example, we observed staff privately asking the person if they wished to use the bathroom before leaving the home to prevent a possible continence issue. This followed the person's care plan.
- Staff were proactive and encouraged people to remain independent. We observed staff supporting people to make their own breakfast with staff there to support and ensure people's safety.

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

- People said they were involved in care planning.
- The registered manager told us that should anyone wish to have an advocate they would support people to find a local service. An advocate is a person who can support people to raise their views, if required.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- Personalised care plans were created which included people's likes and dislikes. One staff member said, "It's very person centred and tailor-made care here."
- Staff supported one person to make choices about their care using picture cards and small sentences as their verbal communication skills and understanding was limited.
- One staff member said, "Everyone is responsive to people's needs and what they want to do. For example, helping [Name] to learn maths and English. Everyone makes sure [Name] isn't isolated even though they are partially blind and non-verbal. Everyone here cares."
- Some people using the service had positive behavioural plans incorporated into their care plans for staff to follow. These included details of a people's observed behaviours and what worked well to reduce this behaviour.
- People were encouraged to have full control of their lives. Staff observed people's abilities and proactively supported them to enhance their independence. For example, one person was being supported to attend a college course to learn how to read and write after telling staff they would like to start reading books.
- People told us care reviews took place with them and we found their opinions had been recorded in care records.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with their family and friends. One person told us their sister regularly visited them at the home which they enjoyed.
- People were encouraged to go out into the local community and participate in activities they enjoyed. Most people in the home had support workers who took them out to ensure their safety.
- One person had enrolled in a gardening programme and attended college. Two people attended a regular singing group and people told us they often went on holidays of their choice.
- The deputy manager said people's activities were catered around their specific likes. For example, one person enjoyed the feel of different textures and liked active activities. We saw the person had been swimming, horse riding and were arranging a canoeing and rock climbing holiday.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed and recorded in care plans. Care plans provided staff with guidance on the most effective ways to support the person to communicate.
- For example, we saw an easy read guidance for males living in the home on how to check their private areas for lumps, so they could do this in the privacy of their own room.
- Some people were unable to verbally communicate. Staff were provided with guidance on how to support people and effectively communicate by observing their facial and body language. One staff member said, "[Name] can hear what you say but can't speak. We ask if they want a bath and if, so they will move their hand out to indicate if they want a bath."
- Moments, Memories and Me scrap books were used within the service to promote communication for the individuals and to express what was important to them. One individual who was blind and non-verbal used a small recording device to capture sounds that represent activities, tasks and visits that are important to them. These scrap books were also used to support individual's choices, for example when holiday planning, this is one of the tools that staff used to promote choice and control.

Improving care quality in response to complaints or concerns

- People knew how to provide feedback about their experiences of the care they received. They felt confident any feedback would be managed effectively. One person said, "I would speak to the manager about any concerns."
- There was an appropriate complaints management system in place. The provider had policies and procedures in place to guide staff in how to manage complaints. The management team investigated and responded to complaints appropriately.

End of life care and support

- The service was not providing end of life care to anyone at the time of this inspection.
- Staff discussed people's preferences and wishes for end of life care and this was recorded in people's care plans if they wanted to talk about this.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility; Continuous learning and improving care

- The registered manager and the staff we spoke with demonstrated a commitment to providing person-centred, high-quality care. They placed people using the service at the centre of everything they did.
- Comments from staff included, "They (management) are regularly here. They are approachable and really supportive" and "Whenever you have an issue they (the management) are always there for you. I believe it's really well organised. I like this company. The manager can't do enough for us and the people living here. The management team do a lot for us. They will always step in to help if needed."
- Throughout the inspection, the management team were open and transparent towards the evidence we presented and were proactive in their response to our findings.
- People told us any concerns raised were managed effectively.
- Systems to check and audit the service were in place. Audits identified areas for improvement which were fed back to staff to help ensure continuous improvement of the service.
- The registered manager was clear about their responsibilities for reporting certain events and incidents to CQC and they understood the regulatory requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had a positive culture that was person-centred, open and inclusive. Staff told us they felt supported by the manager, and they were comfortable raising any concerns.
- Keyworker monthly meetings were held with people. They asked people about their goals/ambitions and for their views. For example, one person went bowling and said they had a really good time. Another person was planning to attend a family wedding with support from staff.
- Surveys were carried out to gather people's views. Comments from relative surveys included, 'I am happy with the support and care that [Name] is getting' and 'The staff are always friendly and welcoming. As a relative I feel I am listened to and if I have any concerns they are taken seriously and acted upon.'
- Monthly house meetings were carried out informing people of any changes within the home.

Working in partnership with others

- The provider worked in partnership with other services and had positive community links.
- The registered manager said, "I attend working age adults' meetings and the registered manager's

network. Staff also attend an 'intensive interaction' café which helps us to get new ideas and different ways to communication with people."

- The registered manager also attended meetings with other services owned by the provider to share good practice and celebrate successes.
- Health professionals and people involved in each person's care were asked to write in a diary to engage with staff within the home and gather feedback.