Sense

SENSE - 5 Seafield Road

Inspection report

5 Seafield Road
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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

The inspection took place on 5 January 2017 and was unannounced. We last inspected the service on 2 December 2013, and found the service was compliant with the standards inspected.

Sense - 5 Seafield Road is a care home registered to provide personal care for up to six deafblind adults. The provider is Sense, a national charity organisation for children and adults who are deafblind. Sense use the term 'deafblind' to cover a wide range of people, some of whom may not be totally deaf or blind. Some people who lived there had profound and complex learning disabilities. Several people had autism, physical disabilities and were unable to verbally communicate with us.

The service has a registered 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.

Personalised risk assessments balanced risks with minimising restrictions to people's freedom. Equipment was regularly serviced and tested as were gas, electrical and fire equipment. The service had enough staff to support people's care flexibly around their wishes and preferences.

People received their medicines safely and on time from staff who were trained and assessed to manage medicines safely. Accidents and incidents were reported and included measures to continually improve practice and reduce the risks of recurrence. Staff understood the signs of abuse and knew how to report concerns, including to external agencies. They completed safeguarding training and had regular updates.

People were relaxed and comfortable with staff who were attuned to their needs. Staff treated people with dignity and respected their privacy, they were discreet when supporting people with personal care. Staff developed positive, kind, and compassionate relationships with people.

People's care was individualised. Staff could recognise how a person was feeling from their non-verbal cues such as body language, gestures and vocal sounds and they responded appropriately. There was a relaxed, calm and happy atmosphere at the home with lots of smiles, good humour, fun and gestures of affection. Staff spoke with pride about the people they cared for and celebrated their achievements.

Each person had a comprehensive assessment of their health needs and care plans had detailed instructions for staff about how to meet those needs. Staff worked closely with local healthcare professionals such as the GP, local learning disability team and specialist professionals to improve people's health. Health professionals said staff were proactive, sought their advice and implemented it. People were supported to improve their health through good nutrition and to improve and retain their mobility through a regular exercise programme. People enjoyed their meals and ate well and lunchtime was a happy, sociable occasion.

People's rights and choices were promoted and respected. Staff understood the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards and involved person, family members and other professionals in 'best interest' decision making.

People appeared happy and content in their surroundings. Staff had the relevant knowledge and skills needed to support people and had ongoing professional development opportunities.

People pursued a range of hobbies, activities and individual interests. For example, reading and being read to, cooking, shopping, arts and crafts, and swimming. People were well known in their local community where they visited local cafes, pubs, shops and restaurants. The service had a wheelchair accessible minibus and people enjoyed trips to the cinema, beach and individual holidays.

People received a good standard of care because staff were led by an experienced registered manager and deputy manager. There was a clear management structure in place, staff understood their roles and responsibilities, were accountable for their actions and felt valued for their contribution. Staff were motivated and committed to ensuring each person had a good quality of life. The provider used a range of quality monitoring systems such as audits of care records, health and safety and medicines management and made continuous improvements in response to their 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?

Good

The service was safe.

Risks to people were managed to reduce them as much as possible, whilst promoting people's freedom and independence.

People were supported by enough skilled staff so that care and support could be provided at a time and pace convenient for them.

People were protected because staff knew about their responsibilities to safeguard people and how to report suspected abuse.

People received their medicines on time and in a safe way.

A robust recruitment process was in place to ensure people were cared for by suitable staff.

Is the service effective?

Good

The service was effective.

People were supported by skilled and experienced staff, who had regular training and received support with practice through supervision and appraisals.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to lead a healthy lifestyle and to improve their health through good nutrition, hydration and a regular exercise programme.

People had access to regular healthcare services.

Is the service caring?

Good

The service was caring

People's views were sought and staff used a wide range of non-

verbal communication methods to enable them to express their views, as appropriate to their individual communication skills and abilities.

Staff demonstrated person centred values, which placed an emphasis on respect for the individual being supported.

People were treated with dignity and staff respected their privacy. Staff were compassionate and developed meaningful relationships with people.

Is the service responsive?

Good

The service was responsive.

People received care that recognised the individuality of each person, regardless of their disability or support needs.

People were part of their local community. Staff supported people to pursue a wide range of interests and activities.

People's care records were detailed and were reviewed and updated regularly as their needs changed. They described positive ways in which staff provided their care, treatment and support.

People and their representatives had a variety of ways through which they could raise concerns or complaints.

Is the service well-led?

Good

The service was well led.

People received a consistently high standard of care because the registered manager led by example and set high expectations about standards of care.

The culture was open, friendly and welcoming.

Care was organised around the needs of people who lived at the home. Staff worked well together as a team.

People's, relatives' and staff views were sought and taken into account in how the service was run.

The provider had a variety of systems in place to monitor the quality of care and made changes and improvements in response to findings.

SENSE - 5 Seafield Road

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 inspection took place 5 January 2017 and was unannounced An inspector visited this service.

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. We reviewed the information included in the PIR along with information we held about the home, such as notifications we received from the registered manager. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met all six people living at the service, and spoke with an advocate. We looked at two people's care plans and at records about their day to day care. A number of people living at the service were unable to communicate their experience of living at the home in detail. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We spoke with the registered manager and with seven staff, which included two agency staff. We looked at systems for assessing staffing levels, for monitoring staff training and supervision, staff rotas, and at four staff files, which included recruitment records for new staff. We also looked at quality monitoring systems the provider used such as audits, weekly/monthly checks and a provider visit report. We sought feedback from commissioners, and from health and social care professionals who regularly visited the home and received a response from four of them.

Good

Is the service safe?

Our findings

People appeared happy and content in their surroundings. Their demeanour and body language around the home showed they felt safe and secure. They were safely cared for by staff, who were observant, and were aware of individual risks for people and how to minimise them.

People were protected from potential abuse and avoidable harm. Staff had received safeguarding adults training and the provider had safeguarding and whistle blowing policies. This meant staff knew who to contact and what to do if they suspected or witnessed abuse or poor practice. There were secure arrangements to keep people's monies locked in a safe place, and to account for all expenditure, which helped protect people from financial abuse. All staff said they could report any concerns to the registered manager or deputy manager and were confident they would be dealt with. No safeguarding concerns had been notified to the Care Quality Commission since we last visited, and the registered manager confirmed there had been no safeguarding concerns.

Accidents and incidents were reported and the registered manager reviewed all completed forms to ensure all appropriate steps were taken to minimise risks. Where a person sustained a bruise or a wound, these were documented on a body map, so they could be monitored, which is good practice.

Individual risk assessments were completed and care plans written to reduce risks as much as possible. For example, people at risk of malnutrition, dehydration, with choking/swallowing risks. Some people were at risk of behaviours which might result in the person hurting themselves. Staff had detailed information about action to take to protect the person. For example, strategies to help distract the person from banging their head and hurting themselves, which we observed staff using in practice. Day to day, staff were vigilant and kept a very close eye on people, they were proactive and acted swiftly to minimise harm. For example, anticipating and removing hazards when a person was moving around the home. Staff balanced risks for people with supporting them to lead active and fulfilling lives. Detailed risk assessments were in place to support people safely when they went out locally, on public transport and on holiday.

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Environmental risk assessments were undertaken for all areas of the home and showed measures taken to reduce risks for people. For example, window restrictors were fitted to all upstairs windows and hot water temperatures were checked before people got into the bath to reduce the risks of scalds for people. All chemicals and detergents used in the home were risk assessed and securely stored. Health and safety checks were undertaken in all areas of the home, with action taken in response to findings. There was an ongoing programme of repairs, maintenance and refurbishment to improve the environment of the home. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and emergency lighting were undertaken. Each person had a personal emergency evacuation plan showing what support they needed to evacuate the building in the event of an emergency. Contingency plans were in place to support staff out of hours with any emergencies related to people's care or related to services at the home such as electricity, gas and water supplies.

People were supported by skilled staff who provided individualised care at a time and pace convenient for

each person. The registered manager used a dependency assessment tool to calculate each person's staffing needs which was reviewed regularly as their needs changed. Some people needed one to one staff support during the day for their safety and protection, which staff confirmed was always provided. Rotas showed recommended staffing levels were maintained.

Some staff had recently left and two staff were undertaking a period of induction. Further recruitment was underway to meet the staffing shortfall. Most staff said staffing levels were sufficient to meet people's needs.When asked about any areas for improvement, two staff said with more staff they could do more one to one activities with people. A health professional also commented, "Occasionally, implementation of recommendations can be difficult due to staffing numbers and access to equipment/space."

The service had long term bank staff who knew people well and covered extra shifts as needed and existing staff also did additional shifts. Agency staff were also used, the service had several regular agency staff who worked there regularly and had got to know people and. Agency staff felt well supported and always worked with people alongside more experienced staff.

A robust recruitment process was in place to ensure fit and proper staff were employed. All appropriate recruitment checks were completed such as police and disclosure and barring checks (DBS), and checks of qualifications. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Proof of identity was checked and references were obtained.

People received their medicines safely and on time. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Medicines administered were well documented in people's Medicine Administration Records (MAR), and MAR sheets were audited regularly and actions taken to follow up any discrepancies or gaps in documentation such as a missing signature.

Some people had epilepsy and experienced seizures. Detailed protocols were in place about how to manage any seizures, including instructions for staff about administering emergency medicines to stop seizures. When people went out, staff took the emergency medicine with them and there were contingency plans in place so staff could summon help and transport the person home safely.

Some people were prescribed medicines 'as needed' which staff could administer if the person was particularly anxious or displayed behaviours that might pose a risk to themselves or others. Positive behaviour support plans identified a range of ways to support the person before any medicines were used. For example, by reading the person their favourite book or encouraging them to have some quiet relaxation time with a special weighted blanket which made them feel secure. Prescription records showed these medicines were very rarely given as other strategies were successful.

People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Staff had completed infection control training, washed their hands regularly and used protective equipment such as gloves and aprons to reduce cross infection risks. Regular checks on cleanliness of all areas of the home were carried out. An environmental health food hygiene inspection of the kitchen had awarded the home a top score of five.

Good

Is the service effective?

Our findings

People's needs were met by staff who had a good knowledge of their care and health needs and were skilled and competent in their practice. Health professionals confirmed staff were proactive and sought their advice appropriately about people's health needs and followed that advice. One health professional said, "I find the staff at 5 Seafield Road attentive, welcoming and vigilant in regards to their resident's needs. They take appropriate actions, seeking support from the most appropriate professional. " Another praised the care provided at the service and said, "I have no concerns whatsoever about the care provided." Another said, "The service is doing a good job of supporting (person's name), staff have a good understanding re his needs, and I visit there regularly to review his care."

When staff, including agency staff, first came to work at the home, they undertook a period of induction. This included working alongside the registered manager and other staff to get to know people and how to support them. New staff were undertaking the national care certificate, a nationally recognised set of standards that health and social care workers are expected to adhere to in their daily working life. A competency framework was used to check staff had the required skills needed to work independently with people. All new staff had a probationary period to assess they had the right skills and attitudes to ensure good standards of practice. We spoke with a newer member of staff who was undertaking their first job in care. They felt very well supported by other staff who were helpful and checked they were carrying out their roles and responsibilities to the standard expected. They were learning basic British Sign Language with the help of other staff and a reference book, so they could communicate with people at the home who used this.

The provider had a comprehensive staff training programme to ensure staff could meet people's individual needs. A training matrix showed all staff undertook regular training and updates on topics such as safeguarding adults, health and safety, moving and handling and infection control. Training was also provided relevant to the needs of the people they supported. For example, caring safely for people experiencing seizures, and use of positive behaviour support approaches.. Most staff had qualifications in care or were working towards them.

Staff received regular one to one supervision, where they had an opportunity to discuss their work, and group supervision at staff meetings. In the provider information return, the registered manager highlighted another innovative supervision method also used to get staff to observe and reflect on their practice. This involved videoing staff supporting a person and reviewing their video during individual supervision. This was subject to strict protocols about confidentiality. The registered manager said this was really useful in giving staff constructive feedback and in identifying areas for improvement, particularly in relation to communicating and interacting effectively with people.

Each person had a comprehensive assessment of their health needs and staff had detailed instructions about how to meet those needs. Staff worked closely with the local GP, and members of the learning disability team which included a psychiatrist and a community physiotherapist. People had annual health checks, staff made appointments for most people to visit their local GP surgery for these. A 'hospital

passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital.

People were supported to improve their health through good nutrition and regular exercise. Staff were aware of health benefits of people keeping within a health weight range. Each person had an individual mobility plan which included a regular exercise programme and details of any specialist equipment they needed. A treadmill was also available which some people used to help them exercise.

People seemed to enjoy their meals and ate well, they were supported to eat independently through the use of specialist plates and adapted cutlery. Staff recorded people's dietary intake each day and monitored people's weight regularly, and responded to any concerns or changes. Where people had difficulties swallowing or were at increased risk of choking, staff followed the speech and language therapy advice given about the consistency of people's food. For example, cutting a person's food into bite sized pieces and remaining at their side throughout the meal. This meant they could remind the person to eat slowly and respond quickly to any coughing or choking episode. A weekly menu provided suggested meals and all meals were freshly prepared. The main meal was cooked in the evening with lunch served midday. The day we visited people chose their own sandwich fillings and one person chose spaghetti on toast. Staff offered people fruit or yogurt afterwards and checked each person had enough to eat. Cold drinks were available throughout the day and people regularly went to the kitchen to prepare hot drinks with staff supervision.

People were offered choices in every aspect of their day to day decision making, such as what time to get up, what to wear, at mealtimes and about what activities they wished to do. Staff sought people's consent for all day to day support and decision making, as appropriate to their individual communication needs. One person's care plan said, 'I can make clear choices if offered two options.' An advocate told us how staff helped prepare a person for their visit by showing them a large photograph several times prior to their planned visit.

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 understood the Mental Capacity Act (MCA) and used it confidently. MCA principles were embedded in day to day practice at the home. People can only be deprived of their liberty to receive care and treatment when it 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.

Staff had undertaken appropriate training of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and demonstrated a good understanding of how these applied to their practice. Each person's capacity to make day to day decisions about their care and support had been assessed. People's support plans also indicated to staff how they would recognise when a person was withholding their consent such as through their body language, behaviours and facial expressions.

None of the people who lived at the home could safely go outside without the support and supervision of a member of staff for their safety and protection. The registered manager had submitted Deprivation of Liberty applications to the local authority DoLS team for people who lived there. Two had been authorised and the remainder were awaiting their assessment. Staff were following the requirements of those authorisations. Where people lacked capacity, staff consulted with families, advocates and other health and social care professionals in making 'best interest' decisions about their care and treatment and detailed records of best interest decisions were kept. For example, about the introduction of a modified diet for a

person with swallowing difficulties People's liberty was restricted as little as possible for their safety and well-being and staff had specialist equipment to meet their individual needs. For example, monitoring devices to alert staff if a person with epilepsy was experiencing a seizure.

The environment was adapted to meet the sensory needs of deafblind people. A variety of sensory objects were used to help people navigate their way safely around the home, and staff were always on hand to help people. For example, the bathroom had a sponge mounted outside so people could recognise it and staff used hand over hand techniques to guide a person to the kitchen. Several people enjoyed using a sensory room, which provided sensory stimulation through special lighting, music, and sensory equipment and the registered manager said several people enjoyed the Jacuzzi bath. Since we last visited, a person's mobility had deteriorated and the service had installed a stair lift to help them go up and down stairs. This meant they could easily return to their room for a rest after lunch, which had improved their wellbeing. Stand aids and physiotherapy equipment was available to help people maintain their current level of mobility. A health professional said, "Staff take a proactive approach in maintaining activity levels and access to the community. They have invested in gym equipment (treadmill) to help maintain people's mobility in poor weather and to improve the fitness of some residents."

Good

Is the service caring?

Our findings

Staff developed positive and caring relationships with people, there was lots of gentle humour and laughter throughout the day. There was a relaxed and calm atmosphere in the home, staff were patient and adapted their pace to suit the person. One person enjoyed sitting in the sun and having a foot massage with aromatherapy oil after their walk. Staff laughed with another person who was asking for chips for lunch and chatted with another person about football. When a person became upset, a staff member immediately responded with a hug. Where a person's hospital visit became an overnight stay, the registered manager stayed with them to support the person and hospital staff caring for them. A professional said , "It's an exemplary service" and another said, "I would recommend this service to others."

Staff spoke with pride about the people they cared for and celebrated their achievements. For example, staff told us how recently they had arranged a birthday party at their local pub to celebrate a person's birthday. They also arranged for the person's mother to stay overnight, and gave them a birthday celebration breakfast of 'Bucks Fizz,' smoked salmon and scrambled egg as a special treat. Photos of what people had enjoyed doing and art and craft people had created were on display around the home and in their bedrooms.

The registered manager was passionate about ensuring staff could communicate effectively with people. The provider information return showed physical contact or touch was often essential to support a person properly due to the importance and sensitivity that touch holds for people, and played a vital role in communication. Staff knew people well, understood their needs and interacted well with them. Each person had a communication dictionary which identified each person's preferred communication methods. For example, using British Sign Language, sensory objects and objects of reference. An object of reference provides information through touch and can be easier for a person to interpret its meaning for people with visual or perceptual problems. For example, one person liked sensory objects and sat happily on the sofa holding their centipede, robin and several other objects. One person's said, "I communicate by responding to your voice and sounds that I hear. Explain what you are doing and any noises I may hear so I can build up a picture of what is happening."

Staff used a range of communication skills to support each person to express preferences and make decisions for themselves. They interpreted people's responses by their facial expressions, behaviours and body language. For example, when we asked staff what a person banging their head meant, they explained that meant they were feeling happy. Another person led staff to a box of sensory objects, when the person indicated they wanted an object. An advocate told us how impressed they were that staff gave them simple sign language information, which they also provided to staff in local shops. This enabled people to indicate their food and drink choices in local shops and restaurants, without staff assistance.

Staff treated people with dignity and respected their privacy. They were discreet when supporting people with personal care. For example, by accompanying one person to the toilet and making sure the door was closed for privacy and using an apron to protect another person's clothing when eating.

People were supported to express their views and were involved in making decisions about their care, as much as they were able to. The service used advocacy services, where needed, to represent people's interests. Each person had a small group of named keyworkers and people were involved in their assessments and annual reviews along with family members, professionals or advocates. For example, staff described how they involved and engaged one person in their review meeting, by holding it in the room where the treadmill was, so they could enjoy using the treadmill at the same time.

Families were welcomed in the home and staff supported people to keep in regular touch with them through helping them with birthday and Christmas cards, making calls, through letters and e mails. Several people went home for visits. Where a person's family experienced some difficulty managing their visits, staff accompanied the person and worked with their family. They shared their knowledge of how the person liked to be supported, as structured routines were very important to them. Their family found this really helpful and this improved their enjoyment of visits home. Where another person was estranged from some of their family, staff worked sensitively with the person and other family members to reunite the person with relatives they hadn't seen for a long time, which brought them a lot of pleasure.

Good

Is the service responsive?

Our findings

People received care that was personalised. Most staff knew people well, understood their needs and cared for them as individuals. Staff knew about people's lives, their families and what they enjoyed doing. The service recognised the individuality of each person regardless of their level of disability or the support they needed. They worked flexibly and organised their day around the needs and wishes of people. Positive support plans identified family and friends important to the person's emotional and psychological well-being. Professionals spoke of the 'person centred approach' of staff at the home. Professionals said they had no concerns about the service. A health professional said, "Staff will ask for clarity and further advice regarding the most suitable care pathway when required."

People received co-ordinated person centred care which responded to their changing needs through partnership working. For example, staff worked closely with a person, their family, professionals and staff to assist a person to move from another home. Within Sense, people had access to multisensory impairment and behavioural specialists who could work with them and staff to help meet their individual needs. They provided intensive support for a person, who recently moved from another Sense home to live at the service. They did detailed work to assess the person's complex care and communication needs, and helped staff identify various strategies to make that transition. Prior to the transfer, some staff from 5 Seafield Road went to work with the person at their previous home to get to know them and how they liked to be supported. A member of staff from the first home moved to the person's new home with them, which provided continuity for them and ensured the whole staff team learnt how to support them. The registered manager said that although it was early days, the person had settled in really well and was getting to know and recognise other people living there. This meant the careful preparation helped the person settle in their new home quickly with minimal disruption.

People's support plans and health logs provided detailed information for staff about how best to support each person. It included details about the person, their background and what they enjoyed doing. For example, how one person enjoyed going on the swing, listening to music and helping to prepare meals. Also, details about their favourite things and what might make a perfect day for a person. For example, that they enjoyed massage and choosing from their box of sensory objects. Also, details about how staff would recognise the person displaying any behaviours that might be harmful for them and positive actions to take to distract them and prevent those behaviours escalating. For example, being aware of the signs that might indicate the person was over stimulated leading to self-injury and strategies to distract and calm them, such as having quiet time using a weighted blanket.

People's moving and handling plans were detailed about how many staff and any equipment needed such as a wheelchair or hoist equipment. Staff promoted each person to remain active, whilst minimising their risks of slips, trips and falls. Staff kept daily records which documented details of how people had spent their day, about their mood, meals, snacks and drinks.

Staff supported people's rights to express preferences and make decisions, and did not make assumptions about what they felt was best for an individual. For example, the registered manager explained how staff

had worked with a person to explore the pros and cons of whether they should use their money to purchase a games console. They met with them to discuss this, using sign language. The person decided they would buy the console.

The registered manager said several people particularly enjoyed and benefitted from spending time in the sensory room. A sensory room is a special room designed to help a person develop their senses through special lighting, music, and objects. It is used as a therapy for people with limited communication skills. People liked banging a drum, enjoyed light shows and listening to sensory music. The registered manager said a member of staff had recently decorated the sensory room with murals on the wall related to things that people in the home enjoyed and could relate to, for example, Disney themes and a sea theme to reflect the home's proximity to the beach. Over Christmas, they had also decorated a person's room with a London theme, which the person proudly showed us when we visited.

Our conversation people and staff and details in care records showed people were stimulated, and enjoyed a range of activities and interests. One person was enjoying a nature DVD and another person arrived back from a local café they had visited for coffee. Another person was a keen football fan and showed us they football magazine and stickers they had purchased at the local shop that morning. Several people enjoyed walking along the seafront and collecting shells and regular visits to the local pub for a drink or a meal. Each person was a member of the local library and enjoyed visits there to choose books and audio books. People enjoyed being read to, one person particularly enjoyed hearing rhyming poems, and finishing the rhyming sentence.

People were supported to maintain and develop their independence. For example, one person liked to bake bread using the bread maker and another person enjoyed helping to cook dinner. Others helped with cleaning and tidying their room. Another person went shopping to choose new bedroom furniture. Staff told us about holidays some people had enjoyed this year such as camping at Woodlarks and were planning for 2017. They supported each person to choose their holiday destination, booked it and accompanied them to provide their care.

Three volunteers worked at the service, helping people with activities such as reading, art activities, cooking and going out locally. We met one volunteer who was a retired ex member of staff and visited and spent time with people several times a week. They told us how they were working their way through the 'Harry Potter' book collection with one person they had had already read the 'Terry Pratchett' novels to them. The registered manager said volunteers were "invaluable" to the service and brought new ideas and enthusiasm.

Staff could recognise when people were unhappy and responded immediately. For example, one person would become very vocal when they were unhappy. Information about how to complain was available around the home so families and visiting professionals would know how to complain. The provider had a complaint policy and procedure and a complaint log was kept. The complaints log showed one complaint was received in the past 12 months. Any concerns raised were listened and responded to, with positive actions taken in response. For example, staff noticed how mealtimes had started becoming a problem for a person. The registered manager described how they had become quite vocal and seemed distressed sometimes. So, they tried offering the person the opportunity to eat a little later, or in their room if they wished to. Staff said this had worked well, sometimes the person chose to eat with everyone else and other times chose to eat a bit later, which had significantly reduced their anxiety.

Good

Is the service well-led?

Our findings

People received a consistently high standard of care because the registered manager led by example and set high expectations about standards of care. The provider information return showed staff held a position of trust and responsibility and were expected to demonstrate consideration for a person's right to privacy, safe support, dignity and respect. Support with personal and healthcare was provided using an ' Ask, Listen, Do' approach. Sense's values and I-Statements underpinned all aspects of the service and staff supervision also. They were; 'I will understand and respond, I will listen to others, I will be honest and open, I will respect others, I will participate and contribute, I will take informed risks, I will find things to celebrate, No decision about me without me.'

Staff photographs were displayed to show people which staff were on duty each day. A professional said, "I feel there is strong management and the management team is well respected."

There was a clear management structure in place, the team was led by an experienced registered manager, supported by a deputy manager. Both were approachable, led by example and were trained in coaching techniques. They provided staff with a high level of support and constructive feedback. The registered manager had also recently attended a Sense well led workshop.

A performance management system was used to ensure all staff had objectives based on core competencies, so success could be recognised, training needs identified and continuous professional development encouraged. Any staff performance issues were dealt with through supervision, capability and disciplinary procedures.

There was an open culture in which staff felt able to raise concerns and were confident they would be dealt with. Regular staff meetings were held where staff felt able to contribute their ideas and suggestions. At staff meetings, they discussed people's ongoing progress and contributed ideas and suggestions which were implemented. For example, the registered manager said staff were currently discussing strategies to encourage a person to put away their sensory objects but reduce their anxiety by identifying where they were. A staff member had suggested get a 'bum bag' for the person to use to put them in, which the team were planning to try.

Staff were motivated and committed to ensuring each person had a good quality of life. One staff member said, "Consistency is the key." Staff felt well supported, and were consulted and involved in decisions made. They understood their roles and responsibilities and were accountable. One staff member said they particularly appreciated being able to work flexibly so they could fulfil their own family caring responsibilities alongside their work.

Annual surveys, comment boxes and individual meetings were held to get feedback about the service and showed consistently positive feedback. The provider had a range of quality monitoring systems which were used to continually review and improve the service. These included monitoring cleanliness, health and safety checks of the environment and equipment. Regular audits of care records, medicines management

and health and safety checks were carried out, with positive action taken on areas that needed improvement. For example, in relation to a drug error. The provider had improved the environment of care for people by redecoration inside and outside.

A representative of the provider visited the home every few months. They produced a written report and the registered manager developed an action plan in response to any issues raised. A service development plan identified further improvements planned. For example, making care and support plans more person-centred and further environmental improvements.

A Sense intranet site provided access to policies and procedures and information about the wider organisation and access to advice and support from the specialist team. Board meeting minutes identified best practice and encouraged each registered manager to implement in their teams.

The registered manager met their legal obligations to submit statutory notifications when certain events occurred, such as when injury to a person occurred. They provided additional information promptly when requested, and worked in line with their conditions of registration.