

Sense

Sense - Community Services and Supported Living Services (North)

Inspection report

90 Coleridge Road
Rotherham
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21 August 2019

22 August 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Sense Community Services and Supported Living Services (North) provides personal care and support to people who have sensory needs and/or people living with a learning disability. The office is based in Rotherham.

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's experience of using this service and what we found

People were generally supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, some decisions had been made without first checking they were in a person's best interests.

Management oversight of the administration of medicines needed to be improved. There were shortfalls in the quality monitoring and auditing systems which needed to be further developed and embedded into practice.

The registered manager had failed to notify CQC of a serious incident.

There were suitable and sufficient competent staff available to support people with their needs.

Complaints were being addressed in line with the providers policies.

People were protected from abuse and staff were trained in safeguarding. People were supported to maintain a balanced diet.

Health professionals were regularly involved and consulted with to ensure people had healthy lives.

Staff were kind caring and passionate about supporting people to live a full and positive life.

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

Rating at last inspection This service was registered with us on 24/04/2018 and this is the first inspection at the new location.

Why we inspected

This was a planned inspection based on CQC guidelines.

Enforcement

We have identified two breaches in relation to Regulation 12 safe care and treatment and Regulation 17 good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.
Details are in our well-led findings below.

Requires Improvement ●

Sense - Community Services and Supported Living Services (North)

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in five 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. Also, the company provides domiciliary care and provides personal care to people living in their own houses and flats.

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

Notice of inspection

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.

Inspection activity started on 20 August 2019 and ended on 22 August 2019. We visited the office location on 20 August 2019.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, team leader and support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at an improvement schedule that the registered manager sent to us.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Record-keeping and monitoring regarding safe medication administration needed to be applied and improved. We considered this as part of the service's governance and further information is detailed in the well led section of the report.
- Some medicines which required specialist storage were not being stored in line with the provider's policy or with national guidance on the safe storage of medicines.
- We looked at procedures in place to ensure people received their medicines in a safe way. We saw Medication Administration Records (MAR's) were not always fully completed. We found numerous gaps in MARs that had not been reported or investigated. It was not clear if people had received their medicines as prescribed or if gaps were recording errors.
- Some people were prescribed medicines on an 'as and when required' basis (PRN). We saw that where this applied, people had guidance for specific administration of PRN medicines. This included how people communicated the need for PRN medicines and how they were to be administered. However, records to show why medicines had been given and the effect they have had were not consistently completed.
- Staff we spoke with confirmed that they had received training in the safe handling of medicines. They told us they had their competencies checked to ensure they were competent in administering medicines.

Preventing and controlling infection

- We found a heavily stained mattress to be in use creating a malodour in one person's home. This created an infection control issue and was not very pleasant for the person using it. We asked the registered manager to replace this immediately.
- The provider's audit process did not include a system to ensure such checks were completed therefore infection control issues had not been suitably addressed.
- Personal protective equipment, such as gloves and aprons, was available to help staff maintain infection control.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines and infection control was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager responded immediately and confirmed that a new mattress had been purchased and a new medicines audit and schedule had been put in place.

Learning lessons when things go wrong

- The provider completed an overview and analysis of accidents and incidents, to identify actions to take to prevent reoccurrence.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff were aware of what incidents constituted abuse and knew how to report and escalate concerns.
- Staff received regular training in safeguarding and were confident in reporting anything of concern.

Assessing risk, safety monitoring and management

- People had personalised assessments of risks to their health and safety in place, such as relating to medicines or nutritional and hydration needs. They included the nature of the risk and any hazards and existing controls which could minimise the risk occurring.
- Risks were regularly reviewed and monitored.

Staffing and recruitment

- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were completed on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has that means they may not be safe to work with vulnerable people.
- References from previous employers were also sought regarding their work conduct and character and these were evidenced in staff files.
- There were enough suitably qualified staff to support people in line with their assessed needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 physical, social and mental needs were assessed and monitored. We saw care plans were detailed and contained up to date information to guide staff on how to support people.
- People or their relatives had been involved in developing support plans. We saw that support plans were regularly reviewed and there was evidence of involvement from families and health professionals' input.
- People's needs, and choices were continually reviewed to ensure they were receiving the right care and support. There was evidence people's families were involved and consulted in reviewing and updating support plans and were kept informed of any changes. A relative told us, "I've seen the support plan and been involved with it."

Staff support: induction, training, skills and experience

- Staff were suitably skilled and competent to support people's needs.
- Staff received regular mandatory and specific training to enable them to effectively carry out their roles. Staff were able to choose additional training where they had a specific interest to develop themselves further. For example, one staff member had done additional training on medicines and were being used to ensure future medicines monitoring was robust.
- Staff received regular supervision and appraisal of their work, which they said they found useful.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional and hydration needs were met. Staff explained people were able to choose what they wanted from a menu and the menu included pictures of the choices. People had the freedom to ask for something else if they did not want what was available.
- People had an active say in the food choices and were involved in shopping for their own food. Staff said, "Food choices depend on what the individuals want. We offer a selection of choices, we try to encourage people to make choices. Generally, people choose healthy options, but not always."
- People who required specific support with eating and drinking had guidelines in place to assist staff to give the right support. For example, one person required their food to be cut in to pieces and encouragement to swallow their food. Staff had good knowledge and understanding of this need and why it was important to follow the guidance.
- A relative said, "The food is very good and freshly cooked. It's very good and [my relative] gets healthy options."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People had regular access to health care professionals when required. We saw from people's support plans that professional visits had been recorded. Staff had a sound knowledge about the advice given from health care professionals and there was clear information incorporated in support plans.
- Staff worked under various multi-disciplinary professionals' guidance to support one person to have a medical intervention which resulted in his blood pressure being taken for the first time in 16 years. This helped to ensure the persons health care needs are now assessed and monitored.
- People were supported to have annual health reviews and people were being supported to reduce their medicines in line with the governments STOMP initiative. STOMP (stop overmedicating people with learning disabilities with psychotropic medicines) is a national project involving many different organisations which are helping to stop the over use of these medicines. STOMP is about helping people to stay well and have a good quality of life.

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

- People's homes had been personalised with their chosen fabrics and furnishings.
- People could use their own gardens which in some cases had been adapted and made accessible using ramps and easy access.
- We saw that one person had an outside summer house that they used regularly. This space was very important to the person and meant they could go and retreat there and have time by themselves in their own space.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Staff had a good understanding of the MCA and knew that important decisions needed to be made following a best interest process. However, we found two areas where a best interest process had not been followed. We discussed this with the registered manager who agreed to follow the appropriate process in these instances.
- Where it was deemed a person lacked capacity the required DoLS applications had been submitted to the local authority. However, the application process had not been monitored and followed up by the registered manager, despite a considerable amount of time having lapsed since the applications had been made.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff received training in equality and diversity which gave them the knowledge to maintain people's dignity.
- Staff were incredibly kind and caring. They actively encouraged people to achieve positive and meaningful outcomes.
- Feedback from relatives was very positive and they unanimously felt that staff were kind and caring comments included, " They are marvellous." and "You honestly can't knock the staff they are perfect."
- We found examples where staff had created a bespoke sensory space for one individual who interacted mostly with touch, smell and underhand signing. This had enabled the person to feel safe and secure and have access to a meaningful and stimulating area.
- Staff said, "It's important that there is inclusion in for people in all aspects of everyday life. It's important for them [people] to have a well-rounded life through having as many opportunities as possible. We also have a good bond with families as its very important to include them. We send monthly emails on top of regular phone calls."

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Staff promoted and respected people as individuals and encouraged them to achieve their potential.
- Staff spoke passionately about the support they delivered and were keen to share 'good news' stories. For example, one person had made significant achievements such as accessing outside spaced for the first time in 16 years. This person had been nominated for an award to celebrate outstanding achievements for people with learning disabilities.
- Staff displayed dedication, passion and determination and supported people in a multitude of ways to enable them to feel safe. This had developed their independence and given them choice and control of their lives.
- Numerous examples were given which demonstrated where teams had built trusting, caring, responsive relationships with the people.
- Staff told us they encouraged people to do as much for themselves as they could and always encouraged their independence.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People were treated as individuals and each person had an individualised support package. This meant they had appropriate staff support to encourage support and activities that were tailored around their needs and wishes.
- People's support plans were reviewed at regular intervals and regular meetings were held to establish the effectiveness of the plan in meeting people's needs.
- Staff were individual's keyworkers, so they could work holistically to ensure people were receiving the support they needed and were achieving their potential.
- Staff were very responsive to people's needs. This was celebrated when they won an annual award after being nominated for the person-centred work that they had done.

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 careers.

- Staff consistently ensured information was available to people in an accessible format. They used simple language and illustrated the information with pictures to assist people, particularly those with learning disabilities, to understand information more easily. Staff were able to use British Sign Language which enabled effective communication with people.
- The registered manager had made information accessible to staff who needed to have adapted methods to support their needs.

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 offered a stimulating range of social and recreational activities. They were encouraged and supported to continue their interests both within and outside their home.
- Staff supported people to attend clubs, visit friends and attend various community activities. Staff ensured there was good communication and contact with family and friends, so they were involved and included in their loved one's life.
- The service raised community awareness about what Sense represented by arranging a community walk that over 50 people attended. This helped to support people to be a part of the community.
- People were supported to attend a local Pride event where they were able to meet with new people and take part in the celebration of diversity.

Improving care quality in response to complaints or concerns

- The provider had a clear complaints procedure in place and there was evidence to show that formal complaints were thoroughly investigated.
- Responding to and learning from compliments and complaints was a core value of the provider and learning from complaints was used to inform service delivery planning, quality assurance and performance improvement.
- All informal and formal compliments and complaints were centrally monitored to improve practice across the organisation.

End of life care and support

- End of life care plans had been developed where people had chosen to discuss this topic. These plans considered people's choice, cultural and spiritual needs.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the time of our inspection the service had a registered manager in post.
- There was a lack of effective quality monitoring and oversight taking place to ensure the service was working to the provider's expected standards. When checks were completed they were not always effective, or robust and did not identify the concerns we had raised as part of this inspection.
- We found that people had been given delegated responsibility to carry out certain checks. However, these had not been completed regularly and the registered manager had not checked them to ensure the audits were robust.
- The registered manager had not fulfilled the regulatory requirements to inform CQC of a significant event which had occurred causing a serious injury to a person. We brought this to their attention and this was then reported after the event.
- We found there to be shortfalls in the management and oversight of medicines, infection control, and a lack of consent for some decisions that had not been made through best interest process.
- Governance systems needed to be made robust by further development and needed to be embedded into practice to ensure service shortfalls are identified and addressed.

Effective arrangements were not in place to assess and monitor the quality of the service provided to ensure compliance with regulatory requirements. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff were incredibly passionate about people living a positive life where they achieved their potential. This was evidenced by the exceptional achievement people had made, which was celebrated and shared as good news.
- Relative feedback of the service provided was very positive. One relative said, "I think most fantastic company and I take my hat off to them."
- There was a positive and can-do culture at the service when planning to meet people's needs. One staff member told us, "Everyone brings something to the table, we are solution focused."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found the registered manager had been open in their approach with us during the inspection in line with the Duty of Candour.
- Relatives told us the registered manager was more than approachable and was open and honest with them.

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

- Staff we spoke with felt the management team listened to them when they made suggestions about the services provided. Staff told us when they had raised issues with the management team action had always been taken. Staff said, " Our manager knows people really well you are able to talk with them and they live and breathes work. They are passionate."
- Staff were encouraged to develop themselves personally and their strengths were utilised by them being given additional responsibilities in areas they were interested in.

Working in partnership with others

- People who used the service and their relatives were able to give their views and opinions on the delivery and quality of the service.
- Satisfaction surveys were sent out to relatives to gain feedback. People's views were sought via individual meetings with their key workers.
- Comments received about the service showed that people were happy with the provider.
- The registered manager and provider worked in partnership with other professionals and key organisations to ensure the rights of people were upheld.