

Sense

SENSE - 163 Newington Road

Inspection report

163 Newington Road
Ramsgate
Kent
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Care service description

SENSE - 163 Newington Road is a care home for adults who have sensory impairment and learning disabilities. The service is run by the national charity Sense, and can provide care and support for up to four people.

The service is situated in a residential area of Ramsgate. There were four people living at the service at the time of the inspection. Most people had lived at the service for a long time and some people had very complex physical needs. The accommodation was on one level. There was a communal lounge, conservatory, dining room/kitchen area and a small garden. Hallways were wide and accessible so people in wheel chairs could move around the service. Each person had their own bedroom which contained their personal belongings and possessions that were important to them. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

Rating at last inspection

At the last inspection, the service was rated good and requires improvement in the 'safe' domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 3 August 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014, Safe care and treatment. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SENSE - 163 Newington Road on our website at www.cqc.org.uk

At this inspection we found the service remained good and is now rated good in the 'safe' domain.

Why the service is rated Good

The service had improved since the last inspection. Medicines were now stored safely and at the correct temperature. Staff were not decanting medicines from their original packaging. There were clear guidelines in place when people needed medicines on an as and when basis.

Staff knew how to recognise and respond to abuse. There had been no safeguarding incidents since our last inspection.

Risks relating to people's health and mobility had been assessed and minimised where possible. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

There was enough staff to keep people safe. Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

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 ●

We found that action had been taken to improve safety.

Medicines were managed safely.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Staff had received training and knew how to recognise and respond to different types of abuse.

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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 was planned to check 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.

We undertook an announced focused inspection of SENSE – 163 Newington Road on 2 February 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 3 August 2016 inspection had been made. The team inspected the service against one of the five questions we ask about services: is the service safe? This was because the service was previously not meeting some legal requirements. This inspection was carried out by one inspector.

The provider had not completed a Provider Information Return (PIR), because we had not requested one before this focused inspection. 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. Before the inspection we reviewed all the information we held about the service, we looked at previous inspection reports and any notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the registered manager and two members of staff. We looked at two people's care plans and the associated risk assessments and guidance. We looked at a range of other records including medicines records and audits, maintenance records, four staff recruitment files and staff rotas. We observed people receiving their morning medicines.

Some people were unable to tell us about their experience of care at the service so 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 talk with us.

We last inspected this service on 3 August 2016. Breaches in the regulations were identified at this inspection.

Is the service safe?

Our findings

People told us and indicated they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. Staff knew people well and said they had built up good relationships with the people they supported. One person told us, "I like it here I do." They listed the name of each member of staff and told us everyone was, "Alright."

At the last inspection in August 2016 medicines were not always stored or administered safely. Temperatures where medicines were stored were not checked. When people needed medicines on an 'as and when' basis guidance was not in place to make sure these were given consistently. Some medicines were decanted from their original packaging into containers. This increased the risk of mistakes being made. At this inspection improvements had been made.

All medicines were stored in their original packaging. One person asked staff for their medicine, saying, "I want my pills please!" Staff administered the person's medicines safely and the person said thank you after they had taken them.

Temperatures where medicines were stored were taken each day and the registered manager reviewed these monthly to check they had remained within a safe range.

Some people were prescribed medicine on an as and when basis (PRN) for pain relief or anxiety. There was clear guidance in place so staff knew when people might need these medicines and how much they should take.

There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were routinely dated when they were first opened. Staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date.

At the time of the inspection there were no medicines that had special storage requirements; however, staff had an awareness of the specific requirements relating to their storage and administration.

Staff had identified the risks associated with people's care, such as mobility, skin integrity and unstable health care conditions such as diabetes. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. There was now clear guidance in place to tell staff what action to take if people's blood sugar levels became too low or too high.

When people were at risk of developing pressure sores they had beds with air flow mattresses to help keep their skin healthy. There was now clear guidance in place so staff knew what setting mattresses should be on and what they should do if people's skin became sore. Staff regularly checked this equipment and ensured they were on the correct settings. Staff recorded when they helped people move from different

chairs so everyone knew how long people had been sitting in the same position.

Staff recorded accidents and incidents when they occurred, but there had been no incidents since the previous inspection. The registered manager told us that staff knew people well and were often able to anticipate their needs; this prevented a lot of incidents from occurring. Staff told us they would complete an incident form if anything happened and the registered manager said they would always review incident forms to look for any trends.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The registered manager had an 'emergency plan' in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. There was an on-call system in place, which was shared between different managers employed by the provider. Staff told us that they could always contact a member of the management team should they need additional support or guidance.

There were enough staff on duty to meet people's needs and keep them safe. The staff team was small and they knew people well. If staff were unavailable, because of sickness or other reasons the rest of the team covered the shortfall. Agency staff were rarely used, and never worked alone with people they had not met before.

Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. One staff member told us, "There is always enough staff, we do one to ones or go out in groups. Today at 11 there is an additional member of staff coming in so everyone can go out bowling." Everyone left the service to go bowling and have lunch out together.

No new staff had been recruited since the last inspection. Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Staff told us they would report any concerns to the registered manager. One member of staff said, "There is lots of different types of abuse; sexual, physical and financial, for example. People might try to please the person who was abusing them or be scared of them. We know people well so I would notice a change in behaviour. I'd immediately go to my line manager if I was concerned or their manager. If not I could go to safeguarding team. I would always document my findings." Staff were confident that the registered manager would act on any concerns that were raised. There had been no safeguarding issues since our last inspection. People's money was managed safely and the registered manager regularly

checked that receipts matched what had been spent for each person.