Sense

Sense 12 Oakfield Road

Inspection report

12 Oakfield Road
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27 April 2022
04 May 2022
12 May 2022
19 May 2022

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
Sense 12 Oakfield Road is a supported living service providing personal care to six people at the time of the inspection.

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

Based on our review of Safe, Effective and Well led the service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

Right Support
- The provider had not always assessed, monitored and mitigated the risks associated with people's care.
- The provider had not always ensured incidents were reviewed to reduce the chance of reoccurrence and take learning from them. As a result appropriate responses to incidents had been delayed.
- Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.
- Staff enabled people to access specialist health and social care support in the community.
- Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Right Care
- Not all staff had received the training deemed necessary by the provider. Those staff who had received training informed us how they applied it in supporting people with their individual needs.
- People's care and support plans, on the whole, reflected their range of needs and this promoted their wellbeing. We found that staff's knowledge of people's support needs had not been consistently incorporated into these care plans.
- People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could communicate with staff and others involved in their care and support. However, we received feedback that staff needed additional training to facilitate this communication further and to gain the necessary skills to understand all of people's communication needs.
- Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service had enough staff to meet people's needs and keep them safe.

Right culture
● Staff and relatives evaluated the quality of support provided to people. However, people had not always been involved in these reviews.
● Relatives had been involved in planning people's care. However, we found that systems for new admissions to the service had not been consistently followed and as such all the information about a person's care had not been formulated.
● Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
● The service enabled relatives to work with staff to develop the service.
● Staff felt well supported in their role, felt able to raise any concerns and enjoyed their roles in supporting the people who lived at the service.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 20 March 2020). There were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the previous regulation. However, a different breach of regulation was identified in relation to the manner in which the service was monitored. The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected
We undertook this inspection to assess that the service is applying the principles of Right support, right care, right culture. This focused inspection was also carried out to follow up on action we had told the provider to take at the last inspection and was in part prompted by a notification of a specific incident where a person sustained a serious injury.
This report only covers our findings in relation to the key questions safe, effective and well led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the Safe, Effective and Well Led sections of this full report.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sense 12 Oakfield Road on our website at www.cqc.org.uk.

Enforcement and Recommendations
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified a breach in relation to the systems to ensure safe and good quality care at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Requires Improvement

The service was not always well led.

Details are in our well-led findings below.

Sense 12 Oakfield 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. 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
Two Inspectors and an assistant inspector carried out the inspection.

Service and service type
This service provides care and support to people living in two '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.

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 27 April 2022 and ended on 19 May 2022. We visited the office location on 04 May 2022 and 12 May 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We communicated with two people who used the service and three relatives about their experience of the care provided. We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with two people to tell us their experience.

We spoke with five members of staff including the registered manager, operations manager and three support workers.

We reviewed a range of records. This included two people's care records and two 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 how the provider monitored the service were reviewed.

Requires Improvement

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 now deteriorated to 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.

Assessing risk, safety monitoring and management

- Where people were at risk of choking, we found guidance from healthcare professionals had not been consistently followed by staff. One person had been given foods that were not safe for them to eat. Additionally, we were not provided with assurance that foods had been prepared safely. This placed people at increased potential risk of choking.
- Where people were at risk of not receiving adequate food amounts, we found that this had not been consistently monitored. Specific guidance was available from a healthcare professional on how to support the person to receive adequate food amounts, but records did not indicate this guidance had been consistently followed. Whilst staff could inform us how they supported this person and had knowledge about trends they had noted in the person's eating, care plans did not contain this up to date information. The service had not considered this person's capacity around making decisions about meals.
- We raised these concerns with the operations manager who took immediate action to ensure people's safety.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe.
- Where people experienced emotional distress care and support plans were in place to support staff to provide an appropriate and consistent approach.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- Whilst staff recognised incidents and reported them appropriately, we found that incidents had not been consistently monitored or analysed to enable possible trends to be identified, lessons to be learnt and to reduce the risk of reoccurrence. As a result of this we identified three incidents where appropriate, timely action had not been taken in response to the incident. One of these incidents raised potential safeguarding concerns.
- We raised this with the operations manager who took action to review these incidents and escalate as appropriate.
- Staff knew people well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff were able to tell us the specific manner in which people may indicate signs of abuse through differing means of communication. One staff member told us, "The person's mood would change and they become

withdrawn."

Staffing and recruitment
● Staff recruitment and induction training processes promoted safety, including those for agency staff.
● The service had enough staff, including for one-to-one support for people. There had been the need to use regular agency staff due to staff turnover at the service. One relative told us, "The regular staff work really hard in the house to facilitate really good care for [name of person]. (They) look after him really well and know him really well. The downfall comes with the agency staff, if they have staff shortages." The service was working hard to ensure more permanent staff were recruited to ensure consistency in support for the people receiving care.

Using medicines safely
● People could take their medicines in private when appropriate and safe.
● People were supported by staff who followed systems and processes to administer, record and store medicines safely.
● People were supported by staff who had received training and competency checks around safe medicine administration.

Preventing and controlling infection
● The service used effective infection, prevention and control measures to keep people safe.
● Staff used personal protective equipment (PPE) appropriately and in line with guidance.
● The provider's infection prevention and control policy was up to date and there were checks in place to monitor infection control practice.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

Our last inspection found that there was a lack of robust processes to ensure care was personalised and able to meet people's needs effectively. This was due to assessment records and transition plans not been in place prior to people moving into the service. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection sufficient improvement had been made in developing processes around assessing people's needs and the provider is no longer in breach of this regulation.

- We were informed of the systems that had been developed following the last inspection to support people's transition into the service and how these had been used successfully for one person.
- However, we found that staff and management had not followed these systems consistently and in the case of the newest admissions to the service a transition plan and full assessment had not been formulated. As a result, not all the information about the person's care had been gathered. We were informed of instances where families had had to ask for specific training around communication to be provided. The provider informed us this training was now in the process of being provided to staff.
- Care plans, in the most part, reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. We found staff's knowledge of people they supported had not consistently been incorporated into these care plans.

Staff support: induction, training, skills and experience

- The provider had specified training that new staff needed to complete, with given timescales, in order to provide care to people in a safe manner. However, some newer staff had not completed this training which included safeguarding, food hygiene and first aid. The lack of training placed people at potential risk of harm. We raised this with the operations manager who took action to begin addressing this concern.
- For those staff who had completed training they could describe how their training and personal development related to the people they supported.
- The provider checked staff's competency to ensure they understood and applied their training and best practice.
- The service had access to resources of specialist teams employed by the provider that could support in training staff to meet people's needs.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

One staff member told us, "I don't have to wait for supervision. I can walk into the office and talk to [name of registered manager] if I have any concerns. He is always there to listen, [name of registered manager] is great."

Supporting people to eat and drink enough to maintain a balanced diet
● People had not always been supported to receive food in a safe manner in line with speech and language guidance. This placed people at potential risk of choking. The provider took steps to address these concerns during the inspection.
● People had not always had their eating and drinking monitored sufficiently in line with healthcare professionals' instructions. This placed people at potential risk of not receiving sufficient food amounts. The provider took steps to address these concerns during the inspection.
● Mealtimes were flexible to meet people's needs and to avoid them rushing their meals.
● People were able to eat and drink in line with their cultural preferences and beliefs.

Staff working with other agencies to provide consistent, effective and timely care; Supporting people to live healthier lives, access healthcare services and support
● People had health actions plans that described how to support them with their healthcare in the way they needed, although some of the information in these needed updating.
● People were referred to health care professionals to support their wellbeing and help them to live healthy lives
● Multi-disciplinary team professionals were involved in and made aware of people's support plans to improve a person's care
● The provider was carrying out an initiative around reviewing people's experience of health and well- being across all of the provider's services. This was being carried out to listen and respond to people being supported by the provider and also to aim to support people to achieve better health outcomes.

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.

● Relatives were able to tell us how staff supported their loved ones to make choices and decisions about their care. One relative told us, "Staff read his body language and attitude and he will let the staff know if he does not want to do something." Another relative told us, "She goes to bed when she wants to, gets up when she wants to, they let her do what she wants."
● Staff empowered people to make their own decisions about their care and support. Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.

● For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions in all but one instance.
● There were systems in place to provide oversight of Court of Protection applications. This ensured any restrictions on people's care were kept under review.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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

- The provider's monitoring systems had not identified that people with specific dietary needs had received foods that were unsafe. This had placed people at increased risk of potential harm from choking.
- The provider's quality assurance systems had not identified that sufficient guidance and monitoring was not in place to support people who may be at risk of not receiving sufficient food amounts. Where weight loss had been recorded action had not been taken to escalate this appropriately as per the guidance in place should this occur. This had placed people at potential harm of not receiving adequate nutrition and hydration.
- Systems to monitor the provision of training for staff had not identified that some staff had not received training deemed necessary for their role.
- Systems had not been established to monitor incidents that occurred in the service. The lack of systems meant that timely action had not been taken to address concerns.
- Systems had not been followed for new admissions to the service. Transition plans had not been formulated and as such all information about the person's needs had not been gathered. This placed people at increased risk of potential harm as their needs had not been fully assessed.
- Systems to monitor the quality of the service had not been consistently effective. Audits were carried out by the registered manager around key areas of the service. Where additional actions were identified from these, they had not been consistently incorporated onto a service development plan in order to monitor and improve the service.

We found no evidence that people had been harmed, however, systems were not robust enough to demonstrate effective monitoring of the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Immediate action was taken by the provider to mitigate the risk to service users and an initial plan of improvement was sent to us following the inspection site visit.
- The service had a management structure in place and access to resources to enable them to make improvements in the service, such as the provider's quality team. The service had visits from an operations manager and two deputy managers had recently been appointed to support in the management of the service.

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

● People we communicated with during the inspection indicated they were happy living at the service. People appeared relaxed and comfortable with the staff that were supporting them.

● Management were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. One relative told us the registered manager was, "A very nice man. Very good, polite and caring man."

● We received positive feedback from relatives about the care their loved one was receiving. One relative informed us, "I am very happy she is with Sense. She is happy, content and a healthy woman. They are A1 with her. I would recommend anybody to Sense." Another relative told us, "We are happy that [name of person] is at Oakfield Road. We feel he has really good care. He was at home this weekend, he looks really well and settled." This relative also told us, "He seems really settled, really happy. He is doing lots of activities and seems to be enjoying himself."

● Staff felt respected, supported and valued by the registered manager. A member of staff told us one of the best things about their role was, "The way we support each other working here. When we feel supported, we get better results for people." Another staff member informed us, "I can come into the office anytime I need support." This staff member told us the best part of their role was, "The people we support are lovely."

● Staff felt able to raise concerns with managers without fear of what might happen as a result.

● Staff had a good knowledge of the people they supported and what was important to the person's care.

● People had been supported to access a range of activities based on their interests.

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

● The provider apologised to people, and those important to them, when things went wrong

● The registered manager and operations manager had been open during the inspection process and facilitated our requests for information.

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

● The provider had considered people's needs in relation to equality and diversity. There was guidance available in support plans of how staff needed to support people in relation to their individual equality needs.

● The provider sought informal feedback from relatives and those important to people and used the feedback to develop the service.

● Meetings took place to review key aspects of people's care. Following these meetings action plans were formulated to ensure any improvements identified could be implemented and monitored. The service could further improve this by ensuring people's feedback was reflected and involve people in these meetings in a way that would be suitable in relation to their communication needs.

● Relatives informed us they felt involved in their loved ones' care and had been supported to stay in contact with their relatives. One relative informed us, "Yes we are very hands on." This relative further told us, "Yes I ring virtually every evening." Relatives informed us that they knew who the registered manager was and of the management structure in the home so they knew who to contact should they need to. We were informed of the odd occasion where it had been difficult to get in contact with one of the management team and some issues with communication between the management team. We informed the provider of this feedback.

● We were informed of plans to seek formal feedback from relatives and staff through questionnaires which were due to be sent out imminently.

Working in partnership with others

- Staff worked collaboratively with other key healthcare professionals to ensure people's needs were met.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not ensured systems were robust enough to demonstrate effective monitoring of the quality and safety of the service. 17 (1)(2)(a)(b)(c).

The enforcement action we took:

We issued a warning notice