Sense

SENSE - 296-298 Warren Farm Road

Inspection report

Kingstanding
Birmingham
West Midlands
B44 0AD

Tel: 01213507076
Website: www.sense.org.uk

Date of inspection visit:
25 January 2017

Date of publication:
05 April 2017

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

This unannounced inspection took place on 25 January 2017. Warren Farm Road provides care and accommodation for five people who have sensory impairments and learning disabilities. The service was last inspected in November 2015 where we found that the registered provider was breaching regulations in relation to the assessing, monitoring and improving on the quality of the service. Following that inspection the registered provider sent us an action plan detailing action they would take to address the breach. At this inspection we found that improvements had been made and the provider was no longer breaching the regulation.

There is a registered manager at the service who was present throughout the inspection. 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.

People living at the home were safe. Staff had a good knowledge of signs of abuse and the correct safeguarding procedures to follow. There were sufficient staff available to support people when they needed staff support.

People received their medicines safely. Staff received training and their knowledge and skills were checked to make sure they were safe to support people with their medicines. We saw staff supporting people with their medicines in the way they preferred.

Staff had received sufficient training to ensure they had the knowledge of how to support people. We observed staff using different skills to support people such as using specific communication techniques.

People were supported to make daily choices about their care. Staff understood how to support people under the Mental Capacity Act (2005) and provided care in people's best interests. Where there were restrictions on people's care the provider had ensured authorisations were in place to deprive people of their liberty.

People received meals of their choosing. People had their healthcare needs monitored regularly and changes in healthcare needs were responded to appropriately.

Our observations during the inspection showed us that staff knew people well and relatives we spoke with informed us they were happy with the care their relative received. We observed kind and relaxed interactions between people and staff.

People had care plans developed with people who knew them well. Care plans detailed how people would prefer to receive their care. Staff we spoke with could describe how they supported people in a way they

preferred. Care was reviewed regularly to monitor whether care was still meeting people's needs. Where any changes were identified care records were updated to ensure staff had information to support people consistently.

People took part in activities based on their interests. There were new systems being introduced to increase the range of activities on offer which would enable people to have new life experiences.

There were systems in place for concerns or complaints to be made. Relatives felt able to raise any concerns they may have.

Relatives were happy with how the home was managed and staff felt supported in their roles and received opportunities to reflect on their practice. There were systems in place to continuously monitor the quality and safety of the service provided to people living at the home.

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.

People were supported by staff who understood signs of potential abuse and appropriate action they should take.

People received care from sufficient staff who were safely recruited.

People had safe support with their medicines.

Is the service effective?

Good

The service was effective.

Staff received specific training to ensure they were knowledgeable about people's needs.

People were supported to make daily choices about their care.

People received support to have their healthcare needs met and received adequate nutrition and hydration.

Is the service caring?

Good

The service was caring.

Staff were caring in their approach and knew people well.

People had plans of care that detailed their preferences.

People had their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People had their care reviewed to ensure it continued to meet their needs.

People took part in activities based on their interests.

There were systems in place to raise concerns and complaints.

Is the service well-led?

Good

The service was well-led.

Staff felt supported in their roles and felt able to make suggestions for improvements.

There were systems in place to keep the quality and safety of the home under continuous review.

The registered manager was aware of their responsibilities

SENSE - 296-298 Warren Farm 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 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.

This unannounced inspection took place on the 25 January 2017 and was carried out by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the people who commission services from the home for their feedback

We visited the home and met with all the people who lived there. All the people living at the home were not able to speak to us due to their health conditions and communication needs. We spent time in communal areas observing how care was delivered and 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 spoke with the registered manager, the deputy manager and four staff. We looked at records including two care plans and medication administration records. We looked at two staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality of the service. As part of the

inspection we spoke with three relatives and a healthcare professional for their views of the service.

Good

Is the service safe?

Our findings

We saw people received safe care that wherever possible promoted their independence. We observed staff safely support one person using correct manual handling techniques. People's relatives told us that staff supported their relative to keep safe and one relative told us, "Without a shadow of doubt she's safe."

People were supported by staff who had a good knowledge of safeguarding procedures. Staff were able to describe specific signs a person may show that may indicate if they had been abused. People benefitted from staff who knew them well who in turn would be able to identify any changes in behaviour that may indicate abuse. Staff had received training in safeguarding procedures and knew how to report any concerns. The registered manager understood their responsibility for safeguarding people who lived at the service.

People had their individual risks identified through their care plan. We saw that steps had been put in place to minimise the risk for the person. This included providing staff with guidance on how to reduce the risk for the person. Where accidents or incidents occurred immediate checks were carried out on the persons welfare. Accidents were then reviewed weekly by the registered manager to see if appropriate action had been taken. Monthly monitoring then occurred to see if any themes could be identified and any action to reduce the chance of them occurring again.

Some people living at the home displayed behaviours as a means to communicate their feelings or to request support. Staff we spoke with were able to describe what a person was communicating when they displayed certain behaviours and how they supported them. Staff gave us an example where they had noted a change in a person's behaviour and had sought advice from specialist healthcare professionals to support the person. We saw there was guidance for staff on how to support people with their behavioural needs to ensure a consistent approach was carried out for the person.

We saw that there were sufficient staff available to support people when they requested it. We observed that staff were always available in communal areas of the home. One relative we spoke with told us there were enough staff working at the home and staff confirmed there were sufficient staff working at the service. The home had access to bank staff who were available to cover any staff absence which ensured consistent staffing levels at the home

We saw that the provider had robust recruitment practices to ensure staff employed were safe to support people. These checks included obtaining a Disclosure and Barring Service Check (DBS) and securing references from past employers. Not all the evidence we needed to corroborate that recruitment checks had taken place was available at the home. We sought and received confirmation from the provider's recruitment officer that these checks had been carried out following the inspection.

People living at the service required support to receive their medicines. There was information available in people's care plans of the specific support people required with their medicines including how staff should communicate with people to inform them they were about to have their medicines. We saw that where

people had 'as required' medicines there was guidance for staff detailing the signs a person may show that would indicate they needed their medicine. Staff had received training to support people with their medicines and the registered manager had carried out checks with staff to make sure they were safe to support people with their medicines. We saw that people received their medicines in a dignified way and staff followed the person's specific care plan. There were systems in place to audit medicines to check that they had been given as prescribed. The provider had put systems in place to make sure people received safe support with their medicines.

Good

Is the service effective?

Our findings

We observed staff supporting people using different skills throughout the inspection that indicated staff knew people well. One example of this was how staff tailored their communication techniques dependent on who they were supporting. One relative told us staff had, "Definitely got the right skills."

People were supported by staff who had received training to provide them with the knowledge of how to support people safely. When staff first started working at the home they received an induction which included training and working alongside an experienced member of staff. Staff informed us they had received sufficient training for their role. One staff member we spoke with told us, "[The] training is really good." We saw that training had taken place in core subjects relating to care and specific training had taken place relating to the specific needs of the people living at the home. Training was monitored through monthly supervisions with staff where training needs were discussed. The registered manager also checked staff member's competency following certain training courses to make sure staff were safe to support people.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA.

People's care plans listed the specific ways people made choices about certain aspects of their care. Staff had a good understanding of the MCA and could explain how they supported people to make choices by tailoring their approach depending on which person they were supporting. Staff told us, "With choices- everyone's individual," and "[People] make choices about most things." The service had developed individual communication aids to support people in their decision making. Where it had been assessed that a person did not have the capacity to make certain decisions best interest meetings had taken place. These best interest meetings had been reviewed yearly to see if decisions that had been made on behalf of the person were still in their best interests. We discussed this with the registered manager who agreed to consider increasing the frequency of these reviews to ensure any decisions made were still current and in-line with people's best interests.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. We saw that the registered manager had applied for DoLS appropriately where it had been identified that people had restrictions on their care. There were systems in place to ensure that DoLS approvals were kept up to date.

People were supported to receive regular healthcare. Relatives told us that the home responded

appropriately and quickly to changes in healthcare conditions and one relative told us, "In a moment's notice they take her to the Doctors. They don't wait." Each person had a health action plan that detailed the specific support people required in their healthcare needs. Where people had specific healthcare conditions the service had developed guidelines for staff on how to support the person and what to do in a healthcare emergency. Some people had healthcare needs that required specific monitoring and we saw that the service had ensured this had happened. The service had good links with external healthcare professionals who were available for advice should the service have concerns about people's health. We spoke with a healthcare professional who supported people at the home. This healthcare professional informed us that staff followed any advice given to them and sought further guidance where any concerns had arisen.

People were supported to eat and drink sufficient amounts to stay healthy. The service had established people's preferences for food and developed menus around these. There had also been consideration given to people's cultural requirements around meal times. We saw that people were encouraged to be as independent as possible with meals. Some people living at the home required their food to be prepared in a specific way so that it was safe to eat. We saw that one person's guidelines did not have the most current information as supplied by a healthcare professional. We spoke with the registered manager who provided us with evidence that this guidance had been updated following our inspection.

Good

Is the service caring?

Our findings

We observed many kind, caring interactions between people and staff throughout the inspection. Staff were patient in their approach and gave people the time to communicate their needs. Relatives were happy with the care their relative received and one relative told us, "They [the staff] know her inside and out. They know her movements before she does." Another relative told us staff knew their relative well and commented, "They sure do know her well, she's lived there a long time."

Staff we spoke with enjoyed working with the people who lived at the home. When we asked one member of staff what the best thing was about working at the home they told us, "The resident's. I love working with the people." Another member of staff told us, "The service users are the priority," and also told us, "I love to know the service users inside out. Can then offer best care." Through our conversations with staff we found that staff knew people well and described people's personalities and likes and dislikes as well as their care needs.

People had care plans developed with input from those who were important to them and staff who had worked with people over many years. We saw that care plans contained important information about how the person would like to receive their care. Guidance within care plans provided staff with information about people's likes and dislikes and how to support the person in a way they preferred.

People living at the service were unable to communicate verbally. However the home had developed other methods to enable and encourage people's communication. We saw that individual aids had been developed for each person living at the home dependent on how they preferred to communicate. We saw objects of reference, communication cards and hand under hand signing being used to promote people's communication. Observations during the inspection told us that staff were able to skilfully interpret and respond to people's communication requests.

People were supported to have relationships with those who were important to them. The home had ensured contact was maintained with family members by taking people to visit families and had encouraged families to visit the home where they were able to. Technology was also used to support people's contact with their family.

People had their dignity and privacy respected. Staff told us how they ensured they respected people's dignity and privacy such as ensuring doors were closed when carrying out personal care. We observed one instance where personal information was not handed over confidentially. We spoke with the registered manager about this who said they would ensure this did not occur again.

People were encouraged to retain their independence. We were informed of instances where people were supported to take part in preparation of meals and people were encouraged to complete care tasks as much as they could. During our inspection we saw one person being supported to remain independent with some mobility tasks and people being supported to eat independently wherever possible.

Good

Is the service responsive?

Our findings

Throughout the inspection we observed staff responding to people's requests for support. We observed one person became a little upset and staff knew how to interpret the person's communication and respond in a way they liked to provide comfort to the person.

People had access to activities on a near daily basis and one relative we spoke with was happy with the activities their relative took part in. Another relative we spoke with told us, "They do loads of things." People had individualised activity schedules for the week based on their interests. The service was working on sourcing new activities for people to take part in to enable new life experiences to occur. On the day of the inspection some people had gone out to an adventure park. People accessed the local community for activities based on their interests. When people chose to stay at the home there were meaningful activities available. We saw that the home had a sensory area for people to access. The equipment available in this sensory area had been developed in line with people's sensory needs and individual equipment was available for each person living at the home. The home was in the process of changing the shift pattern of staff to enable people to access the activities they wanted to do.

Where people had indicated that they would like to continue practicing their faith, staff had ensured people were supported to do this. The home had supported people to attend their places of worship whenever possible.

People had their care reviewed to ensure staff had up to date information on how to meet people's needs. Relatives informed us they were involved in their relatives care and that the home kept them up to date on any changes in care. One relative told us, "They keep you updated." The home had developed a keyworker system where staff reviewed people's care on a monthly basis. These reviews reflected on the person's experience of care over the last month. People also had the opportunity to have a yearly review of care where relatives and other people who were important to the person were invited. This review focussed on what had been achieved during the year and goals for the following year were set. Where any action points were identified these were monitored through the monthly reviews to ensure they were followed through.

People who lived at the home were unable to make complaints due to their communication and health care needs. People's care plans stated how the person would communicate whether they were unhappy and staff were able to tell us how they would support someone in this situation. We saw that people's mood was monitored on a monthly basis to see if any behavioural changes may indicate whether something was the matter.

The provider had a formal complaints procedure in place which was available for relatives, staff or visitors to the home. There had been no official complaints in the last twelve months. Two relative's we spoke with told us they felt able to raise any concerns they may have.

Good

Is the service well-led?

Our findings

At our last inspection in November 2015 we found that the registered provider was breaching regulations in relation to the assessing, monitoring and improving on the quality of the service. The provider submitted a comprehensive plan detailing action they would take to address the breach identified. At this inspection we found that progress had been made in addressing the issues found at the last inspection, the provider had followed their action plan and were no longer in breach of regulation.

Since our last inspection a new registered manager had been appointed. The registered manager was committed to make improvements within the service to benefit people which were evidenced at our most recent inspection. The registered manager was supported by a deputy manager who was able to provide leadership should the registered manager be unavailable. The registered manager was aware of their responsibilities to the Commission such as notifying us of specific events that had occurred at the home and was aware of changes in regulation such as the duty of candour regulation and what it meant for the service. Registered providers have a duty to display their inspection ratings to enable people to have information about how well the service is performing. We saw that the registered manager had ensured this information was displayed at the home.

Staff informed us they felt supported in their role. Staff commented that the registered manager was, "Really nice as a manager," and a "Brilliant manager. [She's] turning this place around." Staff informed us they received supervisions and felt able to make suggestions to improve the service at staff meetings

Relatives were happy with how the home was managed. The home actively involved relatives in the monitoring of the service. Relatives were able to specify how often they wanted contact with the service, some of which was weekly. This enabled continuous communication between relatives and the home. Feedback questionnaires were sent to relatives where requested. As people had lived at the service for a number of years some relatives preferred not to complete questionnaires but gave feedback to the home regularly.

There were systems in place to monitor the quality and safety of the service. The registered manager had key areas within the service that were monitored weekly or monthly. These included audits of medicine administration and monitoring of accidents and incidents. These checks ensured the quality and safety of the home was kept under review. The provider also required certain information to be shared which was then analysed and trends were shared across the organisation to enhance learning. Representatives of the provider carried out visits to the service to audit certain areas. The registered manager had also developed an individual development plan for the home with areas that the manager wanted to improve further that would improve outcomes for people. All of these systems showed us that the quality of the home was been consistently monitored

The registered manager was developing staff champions for different areas of the service. These included medication, safeguarding and meal planning. The aim was for staff to take ownership of these subjects and share expert knowledge with the staff team.