

Sense

Ashley Court

Inspection report

Unit 1
Ashley Industrial Estate
Rotherham
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 16 December 2014 and was announced. We last inspected this service on 30 April 2013 and the service was compliant with the regulations we looked at.

The Rotherham branch of Sense is known as Ashley Court, and it provides personal care to people living in the community. The Ashley Court office is situated near to Rotherham town centre. Personal care is provided to people accommodated in two supported living

environments in the Rotherham and Sheffield area. Support packages are flexible and based on individual need. At the time of our inspection the service was supporting six people.

The service had a registered manager in post at the time of our 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.

Summary of findings

We spoke with four support workers and two service managers about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding and could identify the types of abuse, signs of abuse and they knew what to do if they witnessed any

incidents. We observed staff that responded well to people and understood their individual needs.

We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider's medication policy and procedure.

We found that people were supported by sufficient numbers of qualified, skilled and experienced staff. Staff had a programme of training, supervision and appraisal.

Suitable arrangements were in place to support people to maintain a healthy diet which included a variety of food and drink. Staff were aware of nutritional issues and ensured these were met effectively.

People had access to healthcare professionals where required and support plans reflected recommendations made by these professionals.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that, when people had the mental capacity to make their own decisions, this would be respected.

We saw that people were supported to make their own decisions and staff respected them. We spoke with staff and observed some staff working with people and saw they had a good understanding of their needs and how best to support people.

People who used the service had their needs assessed and received individualised support. People had support plans which they were involved in and discussed their care regularly with the staff.

People took part in social activities of their choice and needs and had a plan of events for each day.

The service had a complaints procedure and responded, in a timely manner, to concerns raised.

People we spoke with felt comfortable to talk to staff if they had a concern.

The service promoted a culture which was open and inclusive. The registered manager gave staff a feedback form, following their appraisal with her, so that staff could comment on her practice.

There was evidence that people were consulted about the service provided. Managers within the company who completed audits also contacted relatives of people who used the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Safeguarding policy and procedures were available and there was a clear guide for staff to follow if required.

The support plans we looked at included risk assessments which identified any risk associated with people's care.

Through discussions with staff and people who used the service we found there were enough staff with the right skills, knowledge and experience to meet people's needs.

There were effective recruitment procedures in place.

We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the provider's medication policy and procedure.

Good



Is the service effective?

The service was effective.

We spoke with staff and found they received appropriate training. Staff felt that training gave them confidence to complete their role effectively.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet.

Staff had an awareness of the Mental Capacity Act 2005 and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

Good



Is the service caring?

The service was caring.

We saw that people were supported to make their own decisions and staff respected them. We spoke with staff and observed some staff working with people and we saw they had a good understanding of their needs and how best to support people.

Staff were understanding and knew how to respect people's privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People who used the service had their needs assessed and received individualised support. People had support plans which they were involved in and discussed their care regularly with the staff.

People took part in social activities of their choice and needs and had a plan of events for each day.

The service had a complaints procedure and responded, in a timely manner, to concerns raised.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The service promoted a culture which was open and inclusive. The registered manager gave staff a feedback form, following their appraisal with her, so that staff could comment on her practice.

The service completed audits to ensure the service provided was of a good quality.

Good



Ashley Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 16 December 2014 and was unannounced. The provider was given 48 hours' notice. This was because the location is a domiciliary care service which supports younger adults in a their own accommodation. As people are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector.

Before our inspection, we reviewed all the information we held about the home. We asked the provider to complete a provider information return [PIR] which helped us to prepare for the inspection. This is a document that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

We spoke with the local authority who told us they found the service to be of a good standard. We also contacted Healthwatch Rotherham to gain further information about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four support staff and the registered manager. We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's care and support records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement.

We visited one supported living accommodation and met three people who used the service. We spent time observing how staff interacted with people so we could gain an insight into what it was like for people being supported.

Is the service safe?

Our findings

We spoke with people who used the service and they told us they felt safe at the service. People told us they felt able to talk to staff if they were worried about anything.

The provider had systems in place to ensure people were safe. A safeguarding vulnerable adults policy and procedures were available and there was a clear guide for staff to follow if required. The registered manager told us that staff were issued with a copy of the policy on their induction. We saw staff had signed to confirm receipt of this. Staff we spoke with told us they had access to the policy and confirmed they had signed to say they had read it. We also saw whistle blowing policies were in place to support staff to whistle blow in order to report any unsafe practice observed.

We spoke with four support workers and two deputy managers about their understanding of protecting vulnerable adults. We found they had a good knowledge of safeguarding and could identify the types of abuse, signs of abuse and they knew what to do if they witnessed any

incidents. Staff we spoke with told us that they had received training in safeguarding and this was repeated on an annual basis. The staff records we saw supported this.

Care and support was planned and delivered in a way that ensured people's safety and welfare. The support plans we looked at included risk assessments which identified any risk associated with their care. Risks identified included using the kitchen, bathing, taking medicines and going swimming. One person had a risk assessment in place regarding evacuating the home in an emergency. The risk assessment was individual to the person's needs and was in picture form. This was to help the person understand what to do. Another risk assessment was in place to support

someone crossing the road. The risk assessment included pictures of the person. This showed that the service presented information to meet people's individual needs and communication styles.

Through discussions with staff and people who used the service we found there were enough staff with the right skills, knowledge and experience to meet people's needs. One person said, "The staff are always here." Staff we spoke with told us staffing depended on people's needs. The provider employed 30 staff in all which included 12 bank staff who were used on an occasional basis. The registered manager told us agency staff were not used.

There were effective and safe recruitment and selection processes in place. Pre-employment checks were obtained prior to people commencing employment. These included two references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service check.

This helped to reduce the risk of the provider employing a person who may be a risk to vulnerable adults. The records we looked at confirmed this. Staff we spoke with also explained the recruitment process they had gone through, which further evidenced correct procedures were followed.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw that support plans included a section for administering medicines. The aim of the support plan was to ensure that the person who used the service was involved in their plan and remained as independent as possible. We spoke with staff who were knowledgeable about medicines and their side effects. We saw that medicines were ordered, administered, stored and disposed of safely and in conjunction with the

provider's medication policy and procedure.

Is the service effective?

Our findings

We spoke with staff and found they received appropriate training. Staff felt that training gave them confidence to complete their role effectively. Within the staff files we looked at we saw training certificates and an individual training planning sheet for each individual. The service also had an electronic system in place for monitoring when staff training was due. The system flagged up a reminder for the registered manager to action.

Staff completed mandatory training such as moving and handling, fire safety, medication, safeguarding vulnerable adults and health and safety. In addition to mandatory training we saw some staff completed specific training related to individual needs of people. For example, epilepsy, autism and British sign language (BSL).

Staff we spoke with informed us that newly appointed would work alongside existing staff members until they felt confident in their new role. Staff told us that induction was part practical and part shadowing. Staff said the process of induction was thorough and beneficial. The registered manager told us that each staff member had an induction folder which was signed off by the registered manager when she felt they were competent. We looked at three staff files and saw evidence of this.

Through talking to staff and looking at staff records we found that staff received regular supervision (one to one session with their manager). Staff we spoke with told us they felt supported by the registered manager and able to discuss anything with her.

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

The staff we spoke with had an awareness of the Mental Capacity Act 2005 and confirmed they had received training in this area. Staff were clear in their understanding that when people had the mental capacity to make their own decisions, this would be respected. Information contained in individual support plans showed that the service had assessed people in relation to their capacity when needed. We saw that where people lacked capacity, decisions were made in the person's best interest and took into account the person's likes and dislikes.

People who used the service were supported to have sufficient to eat and drink and to maintain a balanced diet. We saw that support plans were in place to identify assistance required in this area.

Support plans gave information about a person's likes and dislikes. People were involved in menu planning and shopping. We saw pictures were used to assist people in making choices about their meals. We visited a supported living environment and found people had access to food at all times. Staff were available to assist where required in food and drink preparation.

We spoke with staff about what they would do if they identified any concerns associated with the person's diet. Staff were knowledgeable about when they should contact the GP or other professionals, such as the dietician and the speech and language therapist. We looked at support plans belonging to three people and found that the dietician and speech and language therapist had been involved in a person's care where needed. Guidance from these professionals had been included within support plans. This ensured staff knew how to support the person.

People were supported to maintain good health and have access to healthcare services where required. We saw that care records contained a health action plan which was used to assist other professionals in how to support and communicate with the person when attending appointments. We saw support plans in place regarding health care needs such as, hearing, sight, dental care and any allergies.

Is the service caring?

Our findings

One person who used the service told us the staff were lovely and they were very happy. Positive caring relationships were developed with people who used the service. During our inspection we observed positive interaction between staff and the people who used the service. Staff were respectful and treated people in a caring way. Staff told us about the importance of assisting people in making their own choices. People were also supported to develop and maintain relationships with their friends and family members. Each person had a section in their support plan called, 'my relationship social circle map.' This indicated important people in their lives and relationships the person had chosen to maintain. One person had a friend who visited regularly and they visited them.

The service supported people to express their views and be actively involved in making decisions about their care and support. We looked at support plans, spoke with staff and observed staff interacting with people who used the service. Staff told us that each person had a named key worker. A key worker is a member of staff working alongside a person and supporting them on an individual basis. Each key worker held regular meetings with a person to ascertain what parts of their support plan worked well and what needed to change. For example, the meeting included achievements, what made the person happy or sad, activities they had been involved in and what the person would like to do and achieve the following month.

We saw that a variety of communication methods were used in order to support people and to ensure they were

involved in decisions about their care. We observed staff working with one person using objects of recognition. This was a technique which staff had taught the person in order to communicate their needs. We saw a box of objects which the person selected and gave to staff to communicate what they wanted to do. For example, if the person selected a fir cone, it meant the person wanted to spent time alone in the summer house. If they selected an air freshener it told staff they needed to use the toilet. This showed the person had control over their life and was involved in making decisions.

We spoke with staff who gave clear examples about how privacy and dignity was maintained and respected. One member of staff said, "Because people are sensory impaired, it's important to look for facial expressions and a willingness to do something, and to respect what is being conveyed."

We visited supported living environments and saw that staff respected that it belonged to people who used the service and staff respected and promoted people's independence within the property. For example, people were involved in answering the door and choosing what they wanted to do.

One person had requested a key for their bedroom door and this was actioned. The registered manager went on to tell us that the person then requested a bell outside their bedroom door. We saw this had been provided.

We saw that people had their own private space, in addition to their bedroom, where they could listen to their own type of music, entertain family and friends or just to be alone.

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. The support plans were person centred and some contained pictures and photos to assist in the person understanding their plan. Staff and people who used the service confirmed that the person was at the heart of the plan. Time was given for people to comment and be involved in their support plan to ensure it worked for them. People took part in a range of activities which were based on their individual needs and preferences.

Support plans were written in an individual way based on how the person communicated. One person had a page for each task which had pictures relating to the area of support. For example, for showering we saw pictures of items such as soap, hairdryer, shower etc. The person pointed to the pictures to explain their wishes.

People were involved in a project known as 'My learning, my way.' This project is a way of celebrating achievements. For example, one person invited their relative for Christmas dinner and was involved in making Christmas crackers for the table and took part in preparing the meal. This showed an inclusive approach to support.

Another person had expressed an interest for some outside space where they could go when they wanted time alone or privacy. The service created a summer house in

consultation with the person. The person chose how they wanted it decorating and what they wanted in the summer house. This space is fully heated so the person has access to it all year round.

The registered manager told us about a music festival which people who used the service had been to. She explained that a person with hearing impairment had laid on the stage so they could feel the vibration of the music and feel part of the event. This had been arranged by staff who had acknowledged this as a need.

We saw that people had a range of activities which they took part in on a weekly basis. Staff also told us and we saw photos of outings and holidays which had taken place.

The service had a complaints procedure and people knew how to raise concerns. People we spoke with said they felt they would be listened to if they had a worry. The complaints procedure was sent out to families at the start of the service provision and people who used the service had an easy read version of the document in their care and support files.

The service had received one complaint in July 2013. We saw that a log of this complaint and that all correspondence had been retained. The manager told us that complaints and the outcomes are discussed with staff in order to learn from them. Staff we spoke with confirmed this took place. The service also received regular compliments which were shared and used to motivate staff when they had completed good work.

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. 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.

The service promoted a culture which was open and inclusive. The registered manager gave staff a feedback form, following their appraisal with her, so that staff could comment on her practice. The registered manager used comments provided to improve her practice. Topics covered were listening to others, responding in a timely, treating people with respect and openness and honesty. We saw very positive results from the feedback. Staff we spoke with were very complimentary about the registered manager and found her a great support. We saw evidence that team building days took place where good practice was shared and performance was celebrated.

We saw various audits had taken place to make sure policies and procedures were being followed. This included

an annual internal audit completed by the company's compliance and policy team. This was last completed in July 2014. Where recommendations were made, action plans were in place to address areas of development. Monthly audits were completed by the area manager and looked at how well the service operated. Care and support plans were monitored by key workers on a monthly basis and discussed with the registered manager.

There was evidence that people were consulted about the service provided. Managers within the company who completed audits also contacted relatives of people who use the service. This was to gain their feedback. We also saw that keyworker meetings and reviews of care and support included people involved in the persons care. We saw that their opinions about the service were sought and respected. We saw a compliments file which contained lots of information about how the service had supported people in a positive way.

The service had an on call system which supported staff outside normal working hours. This operated 24 hours a day over a seven day period. Staff felt able to call and felt supported when they needed to use the service.