

Sense

SENSE - 5 Shalnecote Grove

Inspection report

5 Shalnecote Grove
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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

5 Shalnecote Grove is a care home for up to nine people who have a learning disability and sensory impairment. At the time of our inspection eight people were living at this home.

At the last inspection on 9 October 2014 the service was rated Good.

At this inspection we judged that the service provided remained Good.

Why the service is rated Good.

People received the support they required to live a full and active life, while maintaining their safety and well-being. There were sufficient staff to meet people's needs and the registered provider had established robust recruitment checks to ensure new staff were suitable to work in adult social care.

Risks relating to people's healthcare needs and lifestyle had been assessed. Staff were aware of the support people needed in these areas, and we saw staff providing support that was consistent with these assessments.

All of the people who lived at the home required the support of staff to manage their medicines. Staff responsible for administering medicines had been trained and assessed to be competent. There were effective systems in place to make sure people received their prescribed medicines.

Staff had received training and support to ensure they were aware of people's needs and how to meet them. People received the help they required to maintain good health, to attend health appointments and have enough to eat and drink.

People were supported, as far as possible to have choice and staff supported people in the least restrictive ways possible. When restrictions on people's liberty were necessary the registered manager had ensured the correct applications had been made to protect each person's legal rights.

The staff we met knew people well, and were able to tell us about their needs and preferences. Staff had involved people that knew the person well and used their knowledge of the person to plan care that they felt was in the person's best interest and best fitted their known preferences and wishes. Staff were extremely caring in their approach to people.

A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. People had been supported to maintain links with people, places and activities that were important to them, and which they had enjoyed.

We received consistent feedback that the home was well run, and that the registered manager and deputy

managers were supportive and promoted good practice.

The registered manager had stayed up to date with changes and developments in adult social care, and had ensured they had a good knowledge of the specific care needs of people living at this home. The registered manager and registered provider had a wide range of checks and audits in place that ensured the on-going safety and quality of the service. These had been effective at providing assurances that the service remained good, and that the service was meeting people's needs.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Outstanding ☆

The service was outstanding.

Staff were very caring in their approach and knew people extremely well.

People were fully involved in their care.

People had their privacy and dignity respected.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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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 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.

This comprehensive inspection took place on 17 May 2017 and was unannounced. The inspection was undertaken by one inspector over one day. 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 and contacted the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We visited the home and met four of the people living there. Some people were unable to speak with us due to their level of learning disability and sensory impairment. We spent time observing how care was delivered to help us to understand the experience of people who could not talk with us.

During our inspection we looked at parts of two people's care plans. We looked at the systems in place to check medicines were managed and administered safely. We looked at the recruitment records of two staff. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs and the requirements of the law. We spoke with four relatives of people living at the home. We spoke with four members of staff, two deputy managers and the registered manager. We also received feedback from two health and social care professionals who were involved in the care of individuals at the home.

Is the service safe?

Our findings

We observed staff interacting with people who used the service. We saw that staff acted in an appropriate manner and that people who used the service were comfortable with staff. People who were able to communicate with us told us they were happy living at the home. Relatives we spoke with told us they felt confident that people were safe. One relative told us, "Any safety issues are discussed and resolved." One care professional told us that they had never had any concerns about the well-being of a person whose care they were involved in.

Staff we spoke with explained to us how the care and support they provided focussed around helping people do the things that were both important to them, and kept them safe. Staff we spoke with were aware of people's needs and had received training to ensure they could meet these safely and in line with best practice guidance. Staff confidently described the action they would take in the event of abuse being reported or alleged. One care staff told us, "I would report any issues straight away. We are here to protect people." The registered manager understood their responsibility for safeguarding people who lived at the service. This would ensure people got the support they required and that the relevant agencies would be informed.

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. Accidents and incidents were responded to appropriately. Monthly monitoring then occurred to see if any themes could be identified and any action taken 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. 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 each person.

We saw that the provider had systems in place to ensure there were sufficient staff available to provide people with the support they needed. People's relatives told us there were enough staff working at the home and staff confirmed there were sufficient staff working at the service. The registered manager 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. We spoke with a newly recruited member of staff who confirmed that all of the necessary checks had been completed before they had commenced working with people. Records showed that a Disclosure and Barring Service Check (DBS) and references from past employers were obtained. This helped to ensure people were supported by staff suitable to work in Adult Social Care.

Staff had been trained and assessed as competent before they were given the responsibility of

administering people's medicines. Staff we spoke with consistently described the process they followed to ensure medicines were safely administered and managed. We saw that a range of checks were undertaken each day and periodically by the management team to check this. People could be confident that their medicines were well managed.

Is the service effective?

Our findings

People could be confident that the staff team had been trained and supported to develop the skills they required to meet their needs. We saw that staff actively engaged with people and communicated in an effective and sensitive manner. One of the relatives we spoke with told us, "I'm more than happy with the care provided."

People were supported by staff who had received training to provide them with the knowledge of how to support people safely. We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. We saw that staff had the skills and knowledge they required to meet people's care needs. 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 care staff we spoke with told us, "The induction and training was brilliant."

The provider had ensured that the Care Certificate was available for any new staff starters that required this. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care. 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 provider had recently developed a system to check staff competency to make sure staff had the right skills to support people. The registered manager told us these had not yet been completed but plans were in place to commence these.

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 could explain how they supported people to make choices. We observed staff offering people choices and patiently taking time so that people could make choices regarding their own care. Staff also sought consent from people before we visited them in their individual flats.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated good knowledge of this and when restrictions on people's liberty had been identified as necessary to keep people safe, these had been discussed with the relevant professionals. Applications had been made to the supervisory body when required, and systems were in place to ensure these were applied for again, before they expired. Staff we spoke with had a reasonable knowledge of their responsibility to support people in line with the MCA and were aware of the

outcome of the DoLS applications.

People had a range of specific needs in relation to eating and drinking. Staff had involved the necessary professionals to undertake assessments and to develop guidelines that would ensure people could eat and drink as safely as possible. Staff supported people to choose meals and drinks that they enjoyed and to be involved as far as possible in the preparation of these.

People had been supported to maintain good health, and to access the healthcare services relevant to them. Relatives confirmed that people were supported with their health care. One person's relative told us, "Healthcare needs are all met and staff make sure [person's name] sees the GP if needed." Another relative told us about a person's specific health condition and that "Staff have been wonderful in the support they have given." Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required.

Staff had developed health action plans for people which detailed people's individual support needs in relation to their health. These are recognised as good practice by the Department of Health. The use of these plans is a way of ensuring people with a learning disability maintain good health.

Is the service caring?

Our findings

We observed kind and caring interactions between people and staff throughout the inspection. Staff were patient in their approach and gave people the time to communicate their needs. For example after one person gave permission for us to speak with them in their flat they decided they did not want to spend time with us. Staff reassured the person that this decision was fine. All of the relatives we spoke with confirmed that staff were kind and caring and that they were happy with the care their family member received. Relatives told us they were made welcome when they visited. One care professional told us that the staff were very good at meeting an individual's needs and that the person was very well supported.

Staff we spoke with indicated they enjoyed working with the people who lived at the home. People were supported by consistent staff that they had got to know well. One relative told us, "The staff all know [person's name] needs. One staff has worked with them since the 1990's." Another relative told us, "There are regular staff, not a huge turnover. There are staff who have known [person's name] for years. It's rare to have new staff as [person's name] takes time to build up trust."

Where possible, some people were directly involved in the recruitment of staff that would be supporting them. This was either through contributing questions to be asked of potential staff at their interview, or in one instance attendance by two people at a local job fair to help recruit potential staff. Where people were not able to be directly involved a 'matching' process was completed. This looked at the person's needs, likes and dislikes and what staff qualities, characteristics and interests would be suited to the person. For one person it was recognised as being important that staff were confident in using technology and social media. The registered manager gave an example of one recently recruited member of staff working with one person as they both shared an interest in music.

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.

There were several examples of where staff had gone the 'extra mile' for people. One person had been very scared of dogs and staff had supported the person to meet up with a staff who owned a dog and this had helped the person to become more relaxed around dogs. We saw a photograph of the person standing with the dog and smiling. Some relatives and people had asked for improved garden facilities as the current communal garden had not been well maintained by the landlord of the property. As the gardens were used by other tenants who did not live at the care home the registered manager had to seek permission from the landlord for SENSE to make these improvements. This had been a long process and was only successful following the registered manager making a formal complaint to the landlord. The registered manager told us that they had successfully obtained a £4000 grant from a large supermarket chain and work on the garden was due to commence in the next few weeks. People's views and interests were being taken into account in the design of the garden. For example one person liked swings and it was hoped to incorporate one in the new garden.

People were encouraged to retain their independence. We were informed that where they were able, people were supported to take part in preparation of meals and people were encouraged to complete care tasks as much as they could. One relative told us, "[Person's name] is involved in things such as shopping and cooking." Some people were also supported to have a job, for example one person worked at a local charity shop with the support of staff. We were also given examples of where people had been offered opportunities to develop new skills. The registered manager had advertised a vacant cleaning job for the communal areas of the home. A recruitment process was followed where a person living at the home applied for the job was interviewed and successful in being offered the job. This was an example of how staff helped promote people's sense of self-worth. The home had several display boards which they used to record and share people's achievements. This was a way that people's achievements were recognised and were a way of helping people to feel that they mattered. For example, one photograph showed a person on a bicycle as they had successfully completed a cycling proficiency course.

Some people living at the service were unable to communicate verbally. Staff communicated effectively with people using the service, no matter how complex their needs. We saw that individual aids had been developed for each person living at the home dependent on how they preferred to communicate. Some people used sign language to communicate and we saw that some staff were very proficient in using this. The registered manager told us that recently they had introduced the services of an external sign language interpreter once a month to assist in some of the meetings that were held with people. This demonstrated that the service placed a high importance on effective communication.

Staff we spoke with were able to explain people's preferred method of communication and how people would express themselves if they were unhappy with the home. One staff gave us an example of how a person was able to choose what they wanted to drink by staff putting choices close to them so that they could choose what they wanted by the smell of the choices on offer. Observations during the inspection showed that staff were able to skilfully interpret and respond to people's communication requests. We observed staff using their knowledge of the person, and their experience of what different noises, body language and gestures meant to help people make choices and express their wishes.

The provider, SENSE is a national charity and they have in the last few years been building a new centre in Birmingham, called TouchBase Pears. SENSE intends that TouchBase Pears will provide a welcoming environment for the whole community, and vital services for disabled people. Some of the people living at Shalnecote Grove have had direct involvement in this project and have been involved in meetings to plan the new centre. The registered manager told us about the latest project in that links with The Royal Birmingham Society of Artists (RBSA) had been established. RBSA is an artist-led charity which supports artists and promotes engagement with the visual arts. The registered manager told us that artists were going to be leading on completing artwork with some people at the home and that the completed artwork was going to form part of the décor of the new centre. This showed that people who would be using the centre had been involved in its development.

People were proactively supported to express their views. In addition to staff seeking people's choices on a daily basis there were regular meetings held with people. These were held at a local community hall, adjacent to the home. People were supported to contribute as much as they could to these meetings. One current topic under consideration was a new name for the service. To make sure people could remember what had been discussed the meetings were filmed so that people could look at them when they wanted. The registered manager told us that typed minutes were not completed because "These would only be for the benefit of the staff and not the people."

Staff showed compassion where people had experienced bereavement. At our last inspection we were told

that staff had supported one person in doing a charity run in memory of a family member. At this inspection we found that staff had continued to support the person to remember their loved one. Since our last inspection two people had sadly passed away. The registered manager told us during this extremely difficult time support was given to people and they all had the opportunity to attend the funerals of their peers. The service had also maintained contact with the families of both people and had recently purchased a memorial bench/plaque for one of the people which will go in the new communal garden. Memory books were also given to both families which showed that staff cared about the feelings of people's relatives.

People had their dignity and privacy respected and we saw that staff respected people's dignity and privacy. Staff also sought consent from people before we entered people's flats. People's personal information was also respected by staff. One member of staff was uncertain about our right to look at one person's care record. They challenged our right to do this and also confirmed the information we gave them with their manager. This showed that staff protected people's personal information.

People's diverse needs were respected and account had been taken of people's sensory impairments. People had their own individual flat that provided a physical environment that was aimed at meeting the specific needs of the people who lived there. Tactile images were provided and there were colour changes to handrails, sockets and light switches making them more visible to people with sight impairment. People had been encouraged to make their flats their own personal space. Flats reflected people's personal interests and there were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

People's cultural needs were respected. Recently, theme days had been introduced that focused on different cultures where food and activities were provided. For example, recent theme days had included a Caribbean day and an Irish day. The registered manager told us that people had enjoyed these and further themed days were planned.

Is the service responsive?

Our findings

When people could not fully contribute to their care planning or review process, staff had involved people that knew the person well and used their knowledge of the person to plan care that best fitted their known preferences and wishes. One relative we spoke with told us, "There are regular review meetings. Both [person's name] and us are involved in these." Another relative told us, "We are invited to review meetings. We had one earlier this year. We looked at the last year and what [person's name] wants to achieve this year."

Care plans contained good information which guided staff around how care should be delivered. People had sections that identified; 'what's important', 'what people like and admire about me', 'how best to support me', 'what's working', 'what's not working' and 'my communication'. People had formal annual reviews which were attended by people who were important to them. We saw everyone discussed how care and support should be developed, and progress on actions that had been identified at previous reviews. The home had also 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. We checked the outcomes for one of these meetings and found that actions suggested to improve a person's life had been acted upon. This meant that the home was focussed on the needs of the people who lived there.

People were supported to have relationships with those who were important to them. One relative told us, "I can visit at any time." 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. Staff told us that they also supported people to send out cards to their relatives at birthdays and special times. One relative told us, "[Person's name] has just been on holiday and I was sent a card when she got back." Technology was also used to support people's contact with their family.

People had access to activities on a daily basis and the relatives we spoke with were happy with the activities their family member took part in. One person's relative told us, "[Person's name] loves water so staff take her to swimming." Another relative told us, "[Person's name] is very active. They have more opportunities living there."

A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. Activities on offer included rock climbing, ice skating, gardening and meals out. Some people attended college courses or had voluntary work. People were also provided with the opportunity to have a holiday and these were planned around the things people enjoyed.

Some people who lived at the home were unable to verbally tell staff if they had a complaint due to their communication and health care needs. People's care plans stated how the person would communicate whether they were unhappy. Relative told us they felt able to raise any complaints or concerns. One relative told us, "I'm very confident to raise any concerns, we always do if we have any and they do take action." Another relative told us, "I have never had cause to complain but any suggestions are acted on."

The registered manager told us that whilst they had not received any complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Is the service well-led?

Our findings

All of the staff and relatives that we spoke with indicated that the service was well led and that the managers were approachable. One care professional told us they had contact with support workers and the management team and all had been very helpful when they needed any information. The registered manager was committed to making improvements within the service and was supported in this by two deputy managers. One care staff told us, "There is always something that we can improve on; we are always looking for new things."

Staff told us that they had opportunities to contribute to the running of the home through regular staff meetings and supervisions. Staff also confirmed that the registered manager listened and took action when they made suggestions or raised concerns.

Relatives were happy with how the home was managed. The home actively involved relatives in the monitoring of the service and questionnaires had been sent out in 2015 to seek their views. The outcome of these were positive. Where suggestions had been made for improvement the registered manager had taken action to respond. The registered manager told us that questionnaires had been resent in 2016 but that only one had been returned. Feedback was currently obtained on a more informal basis when the registered manager had contact with relatives or at review meetings when relatives attended these.

The registered manager had stayed up to date with changes and developments in the field of adult social care, as well as the specific needs of the people living at this home. This ensured he was able to lead and support staff in providing care that was consistent with best practice guidelines. The registered manager was aware of their responsibilities to the Care Quality Commission such as notifying us of specific events that had occurred at the home and was aware of changes in regulation and what it meant for the service.

The registered manager and the registered provider had developed and utilised a wide range of audits and checks to ensure that the service being offered was meeting people's needs, was safe and meeting the requirements of the law. These had been effective at providing assurance that this service was still good. However, the area manager had completed an audit of staff training and this had identified that eight staff had not yet completed their on-line Mental Capacity Act training, the deadline for this action was the end of April. When we asked the registered manager about progress in achieving this they were unsure and on checking found that staff still needed to do this. They told us they would ensure this was completed promptly.

Discussions had been held and ideas were being explored about how the home could continue to develop in ways to meet people's needs and to achieve the rating of Outstanding. The registered manager had developed an individual development plan for the home with areas that the manager wanted to improve further that would improve outcomes for people.