

Sense

SENSE - 32a Broadgate Lane

Inspection report

Deeping St James
Peterborough
Lincolnshire
PE6 8NW

Tel: 01778380522
Website: www.sense.org.uk

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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 ●

Summary of findings

Overall summary

We carried out this announced inspection on 8 August 2017. We gave the service a short period of notice. This was because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling.

SENSE – 32a Broadgate Lane is registered to provide accommodation and personal care for six people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were six people living in the service. Most of the people did not have sight and/or hearing. In addition, all of them had special communication needs and used personal forms of sign assisted language.

The service was run by a charitable body that was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the charitable body who ran the service and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 20 July 2015 the service was rated Good.

At this inspection we found the service remained Good.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been supported to take reasonable risks while also being helped to avoid preventable accidents. Medicines were safely managed. There were enough care staff on duty and background checks had been completed before new care staff had been appointed.

Care staff had received training and guidance and they knew how to care for people in the right way. This included using a number of innovative techniques to communicate with people. People enjoyed their meals and were supported to eat and drink enough. In addition, they had been helped to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. People had been supported to access independent lay advocates when necessary and confidential information was kept private.

Care staff had involved people and their relatives in making decisions about the care that was provided.

People had been supported to be as independent as possible and they had been helped to pursue their hobbies and interests. There were arrangements for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed. There was an established staff team and good team work was promoted. Care staff were supported to speak out if they had any concerns and people had benefited from care staff acting upon good practice guidance.

Further information is in the detailed findings below.

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 Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

SENSE - 32a Broadgate Lane

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 registered persons continued to meet 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.

Before the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from one of the local authorities who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 8 August 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling.

During the inspection visit we spoke or spent time with all of the people who lived in the service. We also spoke with four care staff, the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to

help us understand the experience of people who were not able to speak with us.

In addition, after the inspection visit we spoke by telephone with three relatives.

Is the service safe?

Our findings

People showed us that they felt safe living in the service. One of them smiled broadly when holding an object that was shaped in the form of a house and which represented their home to them. Relatives were satisfied that their family members were safe in the service. One of them remarked, "I think that the staff are exceptionally good and my family member is very happy to be with them."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. We noted that they knew how to contact external agencies such as the Care Quality Commission if they had any concerns that remained unresolved. In addition, records showed that people were being reliably supported to manage their personal spending money so that they always had enough to go shopping when they wanted.

We saw that care staff promoted responsible risk taking. An example of this was people being helped to safely complete household tasks in the kitchen and in the laundry. At the same time people were helped to avoid preventable accidents. Examples of this were hot water that was temperature controlled and radiators that were guarded to reduce the risk of scalds and burns. Another example was a new walk in bath that had been installed to replace an older specialist bath which was no longer economical to repair.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. In addition, we noted that the registered manager had liaised with people's doctors when they had experienced difficulties taking medicines that had been prescribed for them. As a result of this one person had been prescribed medicines in tablet form because they were at risk of choking on liquid medicines.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

Records showed that the registered persons had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures helped to establish that only suitable people were employed to work in the service.

Is the service effective?

Our findings

People showed us that care staff knew what help they wanted to receive and had their best interests at heart. One of them laughed and smiled when a member of care staff stroked their hand. This indicated that they appreciated the contact. Relatives were also confident about the effectiveness of the service. One of them remarked "The staff are first class, really they are and they know my family member inside out and because of that they can provide the very specialist care they need." Another relative said, "There's no question that the care staff absolutely know what they're doing."

Records showed that care staff had received training and guidance. We noted that care staff knew how to provide people with the care they needed. Examples of this were care staff gently encouraging people to promote their continence and enabling them to wear clean clothes of their own choice.

People showed us that they enjoyed their meals. One of them pointed towards the dining table, smiled and gestured as if they were eating a meal. In addition, we noted that the registered manager had consulted with dietitians and speech and language therapists to ensure that people were fully supported to have enough nutrition and hydration.

Records showed that care staff were helping people to safely manage and live with particular health care conditions. We also noted that people had been given all of the help they need to see their doctor and other healthcare professionals such as dentists and opticians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this was the arrangements that had been made to involve people in decisions about the medicines they were offered. We saw that people had been given meaningful information about their medicines so that they better understood how their use would assist them.

Records showed that when people lacked capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and social care professionals so that special arrangements could be made to enable care staff to continuously check that a person was safe at night. This involved a sensor device being placed in the person's bedroom so that care staff could hear if they needed assistance.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had obtained the necessary authorisations and so had ensured that people only received lawful care.

Is the service caring?

Our findings

People were positive about their relationships with care staff and about the support they received. We saw that a person who enjoyed the vibration made by sound spent a long time with a member of care staff who made soft noises close to their ear. The person smiled and replied making their own sounds. Relatives were very complimentary about care staff with one of them remarking, "The staff there are genuinely kind and caring. There can be no doubt at all about that. I'm certain that the people who live there get treated with real kindness and affection."

We saw that people were being treated in a kind and respectful way. Care staff took time to speak with people and we witnessed a lot of positive contacts that promoted people's wellbeing. An example of this was a person being assisted to lie on the carpet in the main lounge where they enjoyed touching the textured surface of the floor.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this included care staff having established with people how they wished to be addressed. Another example was care staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which was their own personal space that they could use whenever they wished. We noted that imaginative steps had been taken to help people identify their own bedrooms. These included a textured sign being placed on one person's door. The sign carried a spiritual message that the person recognised. Another example was a person being provided with a speaking device that when pressed announced their name. The device had been fixed to their door at ground level in recognition of the person's preference to move about their home while touching the floor.

We found that people could spend time with relatives and with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives by helping them to send birthday and Christmas greetings. Care staff also spoke with relatives by telephone and email to let them know how their family member was doing.

Records showed that most people had family and friends to support them. However, for other people the registered manager had arranged for them to be supported by local lay advocates. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised care staff.

Is the service responsive?

Our findings

People showed us that care staff provided them with a lot of care so that they could be as independent as possible. An example of this occurred when a number of people came home from work around tea time. One of them pointed to their outdoors jacket that a member of care staff had just helped them take off. The person smiled and touched their blouse to indicate that they were pleased to be comfortable in the lighter clothes they wore when at home. Relatives were confident that their family members received the right care. One of them told us, "My family member has lived in the service for many years, is settled, sees it as their home and has great care. I have all that I can ask for and am very satisfied."

Each person had a written care plan that described the care they needed. The plans also focused on supporting each person to achieve goals that were important to them. We noted that imaginative steps had been taken to support people to communicate with care staff so that they could contribute to making decisions about their care. One of these involved each member of care staff having a 'personal identifier' to hand. These identifiers included objects such as a small dice and an enamelled flower. We saw that when people who lived in the service touched these identifiers they were better able to recognise which members of staff were present. In turn, this helped people to express themselves. In addition, each person had a personal record that contained photographs, drawings and memorabilia to record and celebrate the various personal goals they had achieved.

Care staff understood the importance of promoting equality and diversity. An example of this was the arrangements that had been made to support a person when one of their relatives had died. We saw that care staff had carefully explained to the person what had happened in ways that were meaningful to them. Another example was the way in which care staff encouraged and enabled people to enjoy friendships with people outside of the service.

Records and photographs showed us that people were being offered the opportunity to participate in a range of occupational and social activities. We noted that most people had chosen to attend a local day opportunities service where they could learn new life skills and enjoy undertaking arts and crafts. The social activities people could choose to enjoy included canoeing, going out to see friends and attending local functions. In addition, we were told that each person was supported to go on holiday each year to a place of their choice. In recent years this had included going to holiday parks and staying in country cottages.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. Records showed that in the 12 months preceding our inspection the registered persons had not received any expressions of concern.

Is the service well-led?

Our findings

People showed us that they considered the service to be well run. One of them responded by smiling and waving in an appreciative way when we pointed to various parts of their home. Relatives were assured that the service was well run. One of them remarked, "I think that the service is certainly well run. The registered manager keeps me fully informed about how things are going and when I telephone the service the staff always seem to know what's what which I find to be reassuring."

We noted that people were regularly being invited to give feedback to care staff about their home and to suggest improvements. There were a number of examples of improvements being made. We were told that people had shown care staff that they liked spending time in the garden. In response to this we saw that the registered manager had secured the necessary funds to create a multi-activity sensory garden. In addition, plans showed that the garden had been carefully planned so that it contained elements that sensitively reflected each person's preferences and interests.

Records showed that the registered persons had regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. In addition, we saw that the registered manager had suitably displayed the quality ratings we gave the service at our last inspection.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there were regular staff meetings so that care staff could review how well the service was performing and suggest how it might be improved. Care staff were confident that they could speak to a representative of the registered person or to the registered manager if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was the registered manager accessing professional websites in order to develop the use of the 'personal identifiers' and to support them in their planning of the sensory garden. These developments were helping to promote positive outcomes for people who lived in the service.