Sense

SENSE Andlaw House

Inspection report

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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

The inspection took place on 20 and 21 June 2016. It was carried out by one adult social care inspector. Andlaw House is a residential care home for deafblind people in Exeter. The home comprises two flats with separate staff teams. People who live there may also have complex and diverse needs, a learning disability, and/or a physical disability. The provider is Sense, a national charity organisation for people who are deafblind. Sense use the term 'deafblind' to cover a wide range of people, some of whom may or may not be totally deaf and blind.

We visited both flats where seven people lived and received support. We took a British Sign Language interpreter with us and had limited conversations with three of the people living there. Other people did not use sign language or communicate verbally, so we observed their interaction with staff and talked with their relatives and care workers to gain a better understanding of their experience of the service.

The service had a newly registered manager. 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 registered manager was on annual leave during the week of our inspection. We therefore met with the area manager who knew the service well. They told us the ethos of the service was to ensure people were supported to have the opportunity to participate and be active members of the community. They wanted to support people to make choices, build confidence and self-esteem, to be healthy and happy and enjoy life.

At the time of the inspection Andlaw House was in the process of significant change. There had been a high turnover of managers, a restructure in the organisation and policies and procedures had been revised. There had been a stable staff team for a long time but staff told us they were feeling unsupported and concerned by the use of agency staff and changes to the rota system. Managers acknowledged and understood how staff were feeling and were working to address their concerns and support them through the changes.

Policies and procedures were in place to protect people from the risk of abuse and avoidable harm. Staff had received a range of training and information, including safeguarding adults, and they were confident they knew how to recognise and report potential abuse. Safeguarding concerns related to agency staff had been managed appropriately and action taken to minimise risks.

People's rights were protected, because the service acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Systems were in place to ensure people received their prescribed medicines safely. People were also supported to access other health and social care professionals to maintain good health and well-being.

A comprehensive induction and training programme aimed to develop and maintain staff's skills and knowledge, and to meet people's individual needs. Additional training was being planned in response to the changing needs of the people using the service. Staff received regular one-to-one supervision and attended monthly staff meetings. They were kept informed and up to date via staff publications, briefings and Sense's intranet site, where there was an area dedicated to practice sharing and recognising best practice.

Several members of staff had worked at the service for many years, which meant they were extremely knowledgeable about people's individual needs and preferences. The area manager told us," The level of care the team offer to those with complex health needs in my opinion is admirable, and they are responsive to any small changes in health to ensure the best support and care is given".

Staff, including new staff, used a range of communication methods according to the needs of the individual, promoting their ability to make choices and participate in decisions about their care. They spoke positively about the people they supported and were understanding and considerate of their needs. They took pleasure and pride in the progress people were making.

People's individual nutritional requirements were assessed and documented, and staff had a good understanding of the nutritional support they needed. This meant people received a diet appropriate to their needs and wishes, and had takeaway or meals out if they wanted to.

Staff were proactive in ensuring people had contact with their families and relatives commented on how caring and dedicated they were. "I'm very fond of the staff. They have just been so devoted to [person's name] over all these years", "Staff are very polite, caring and friendly", and, "I'm really happy with [my relative] there. I would hate for them to be anywhere else".

Staff were guided by care plans which promoted people's independence and were developed with the support of specialists employed by the organisation, for example a behavioural specialist as well as support from other local specialists such as physiotherapists. They detailed people's complex support needs, related to health, nutrition, likes and dislikes, communication, vision and hearing, mobility, cultural needs and preferences and activities, communication, physical health and personal care. People and their relatives had been involved in care planning and reviews, which meant care plans accurately reflected their needs and wishes.

People engaged in a wide range of activities designed to develop life skills and promote independence. They were supported to access local resources in the community to maintain hobbies, or engage in social opportunities.

The provider had a range of monitoring systems in place to check the environment was safe, the service running smoothly, and identify where improvements were needed. A three day audit had just been completed at the registered manager's request, looking at every aspect of the service. People using the service, relatives and staff were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways, including a service user's reference group (SURG) and an annual satisfaction survey.

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.

The provider acted appropriately in response to safeguarding concerns, taking action to keep people safe.

All new staff were thoroughly checked to make sure they were suitable to work at the care home.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Is the service effective?

Good

The service was effective.

People received personal care and support from staff with the knowledge and skills to meet their individual needs.

People's nutritional needs were understood and met.

People were supported to maintain good health and to access health and social care professionals when needed.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Is the service caring?

Good

The service was caring.

People were treated with kindness, dignity and respect and were supported to be as independent as they wanted to be.

Staff had a good understanding of each person's preferred communication methods and how they expressed their individual needs and preferences.

The service was proactive in ensuring people were fully informed and involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

Care plans provided clear guidance for staff on how to support people's individual needs.

People and their relatives were supported to contribute to their care plan reviews in a meaningful way.

People were able to take part in a range of daily activities according to their interests

Is the service well-led?

Good

The service was well led.

Managers were working to support staff during a challenging period of change.

People were supported by a motivated and dedicated team of management and staff.

The provider had systems in place to monitor the quality of the service and make improvements where necessary.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback

SENSE Andlaw House

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.

At the last inspection on 8 July 2013 the service was meeting essential standards of quality and safety and no concerns were identified.

This inspection took place on 20 and 21 June 2016 and was unannounced. It was carried out by one adult social care inspector with a British Sign Language interpreter to facilitate communication with people living and working at the service.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records, medicine records and quality monitoring audits. We looked at the care provided to people, observing how they were supported, looking at four care records and speaking with three people to help us understand their experiences. We had feedback from four relatives, and spoke with seven staff including care staff, the area manager and a manager from another service who was covering because the registered manager was on holiday. After the inspection we also spoke with two health and social care professionals who supported people at Andlaw House, to ask for their views about the service.

Good

Is the service safe?

Our findings

Relatives told us staff kept people safe, "Do I think [person's name] is safe? Yes, very much so. It's the best place they've ever been to. The staff are absolutely marvellous. I can't find fault with any of them". However, there had been two safeguarding incidents relating to agency staff, and relatives and staff questioned their ability to keep people safe overnight. The area manager reassured us they had acted appropriately to minimise risks, liaising with the local authority and agency to investigate and take action to keep people safe.

Relatives and permanent staff questioned whether agency staff had enough knowledge of people's support needs to care for them safely. One relative told us, "It's always been an amazing place, but now I'm concerned about the changes in management and use of agency staff. The long term staff are fantastic. It takes a long time to get to know and understand [person's name]. Now I'm really concerned that people who don't know them are looking after them". This view was shared by some staff who told us," There is no consistency. You need reliable staff. Agency staff need to do more shadow shifts before they work independently with people". The area manager acknowledged these concerns. They told us regular agency staff were used where possible because they knew people. Any new agency staff were asked to read through care plans and required documentation before undertaking a shift, and shadowed permanent staff. They told us, "We value the staffs input and feedback and if it is felt that an agency member does not have the skill base for the role we politely request they do not return". In addition, new permanent staff had been recruited, so agency staff would not be needed to the same extent.

The provider had policies and procedures relating to safeguarding people from abuse and whistle blowing, which were on display, and shared with people and their families. Staff were required to read these policies as part of their induction and told us they felt confident to use them. People looked very comfortable and happy with care staff. Staff knew the people they supported very well, and knew how to recognise if they were feeling vulnerable or distressed. They told us about the importance of good communication and a trusting relationship. We saw from meeting minutes that staff were encouraged to think about 'professional boundaries', in order to maintain this appropriate and trusting relationship. This was important because staff worked very closely with people, and physical contact and touch was an important factor in this support. "The relationship you have with everyone who lives at Andlaw House is always a professional one, and although they may consider you as friends, assign you different relationship roles and use familiar terminology, your language and responses should always reflect your professional role".

Risks of abuse to people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Staff recruitment records showed appropriate checks had been undertaken before staff began work, and Disclosure and Barring Service checks (DBS) had been completed. The DBS checks people's criminal history and their suitability to work with vulnerable people.

The service had staff disciplinary procedures in place and had used them effectively to investigate concerns and take appropriate action to keep people safe. The process was overseen by the provider's human

resources advisor, who was external to Andlaw House and could give objective support if required.

Information in each person's care plan showed how they should be supported to manage risks, while retaining as much independence as possible. Staff told us, "We don't believe in wrapping them in cotton wool". Risk assessments were person centred, considering how the person wanted to be supported and what was working and not working for them. Assessments addressed a range of risks according to the individual needs of the person, for example participating in activities, moving and handling, or supporting people to eat safely. Guidance was clear and supported staff to recognise, reduce or remove the risk. In addition staff told us they were assessing risk all the time as people's needs and situations changed. They shared information on a daily basis, for example at staff handover meetings and recording in people's records, which kept the staff team informed and able to meet people's needs safely.

Systems were in place to ensure people received their medicines safely. All staff completed medicine administration training and were 'signed off' as competent before they were allowed to administer people's medicines. Training and competency assessments were repeated annually. Medicines, including those requiring additional security, were stored securely and at the correct temperature. We looked at the medicines administration records (MAR) and saw they had been correctly completed. Medicines were audited regularly and any action taken to follow up any discrepancies or gaps in documentation.

The provider had a range of health and safety policies and procedures to keep people and staff safe. Staff had a good understanding of the policy and procedures related to accident and incident reporting. Records were clear and showed appropriate actions had been taken. The registered manager recorded and investigated incidents where required, and took any action needed to prevent a reoccurrence. Concerns were discussed at staff handovers and monthly team meetings. The information was collated and analysed by the provider's health and safety team, allowing them to understand any causes and consider additional preventative actions that might be needed to keep people safe.

There were systems in place to make sure the premises and equipment were safe for people, and regular environmental risk assessments were carried out to ensure this was maintained. In the PIR the registered manager advised, "The environment is being updated as some equipment and furnishings are no longer fit for purpose…Brambles and overgrown plants have been cut back in the garden area and the garden cleared to ensure it is safe for our individuals to access". The service had contingency plans to support staff to respond effectively in case of emergency. . People living in the house had a personal emergency evacuation plan (PEEP) so that staff and emergency services could access information about the safest way to move people quickly and evacuate them safely. Fire drills took place every six months and fire alarms were tested weekly. Some people using the service didn't like loud noises, so staff explained what was going to happen before the alarm went off and why it was important for their safety. An 'On Call' system, staffed by managers ensured staff could access support 24/7 if required.

Good

Is the service effective?

Our findings

Relatives told us the service was effective. Comments included, "The staff know what they're doing and how to work with them", and, "They know [person's name] like the back of their hand". Staff told us, "We do a good job with the staffing levels and facilities we've got. We are a very strong staff team."

Several members of staff had worked at the service for many years, which meant they were extremely knowledgeable about people's individual needs and preferences. We observed staff, including new staff, used a range of communication methods according to the needs of the individual, like sign language, touch, and visual information about timetables and activities given in a colourful, pictorial format. The level of care and consistency had resulted in a good quality of life and increased life expectancy for some people with very complex needs. A relative said, "If there had been somewhere like Andlaw when [person's name] was very young, I'm sure things would have been quite different for them". The area manager told us," The level of care the team offer to those with complex health needs in my opinion is admirable, and they are responsive to any small changes in health to ensure the best support and care is given".

Staff had undertaken training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS), and understood how these applied to their practice. The 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. This was the case at Andlaw. In the Provider Information Return (PIR) the registered manager stated, "Part of the delivery of the service is to ensure it is person centred and that the individual is heard and his or her wishes are acted upon". Staff communicated effectively and creatively with people to support them to make decisions. For example, one person's room was being redecorated, and their care plan directed staff; "[Person's name] to choose themes, colours, furniture etc. Cut out pictures/drawings to create a collage and express what they would like their room to look like. Make it really visual for [person's name] to be able to choose". Where a person lacked mental capacity to take particular decisions, any made on their behalf were in their best interests and as least restrictive as possible. Mental capacity assessments had been undertaken and a best interest decision making process followed.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The service had DoLS authorisations in place for all the people living at the home.

The recruitment process was person-centred, matching staff with the people they would be supporting. During the recruitment process prospective staff were asked to complete a 'one page profile' of themselves, to allow them to be matched with people according to their skills and interests.

Staff received training to support them to meet people's needs, delivered both face to face and via e learning. In the PIR the registered manager stated," Under Sense's performance management system all staff have objectives based on core competencies goals, so success can be recognised, training needs

identified and continuous professional development encouraged. The performance management process is also designed to keep all staff focused on the core Sense aims. Our performance management process involves annual appraisals and regular review of objectives set and development agreed throughout the year during supervision meetings".

New staff completed a six month probationary period during which they completed 'shadow shifts' with experienced staff, learning about people's individual support needs. An initial five day induction introduced them to the organisation and its vision and values. Key training was provided on topics such as supporting people with swallowing difficulties, safeguarding, first aid and positive support planning. In addition, the service had recently enrolled staff on the new national Skills for Care programme, a more detailed national training programme and qualification for newly recruited staff. Agency staff completed a brief induction to inform them of their role and responsibilities and familiarise them with the service and people they would be supporting.

Additional 'bespoke' training was provided to allow staff to understand and meet the specific needs of the people they would be supporting, for example epilepsy and the administration of emergency medication, diabetes and the administration of insulin , personalisation, exploring talking and listening hands, and MAPA (Management of Actual or Potential Aggression). Staff had mixed views about the effectiveness of the training. One member of staff said, "Training is always ongoing, reinforcing what you learnt last year", however other staff commented, "The training is out of touch with what we actually do. We have asked so many times for training in skin care and palliative care. People's needs have increased and changed over time". The area manager was aware of the need to support staff to care effectively for people at the end of their lives, and was looking at how this need might be met. In addition staff meeting minutes showed the registered manager was considering other ways of supporting staff to develop their skills and knowledge, for example staff doing presentations to inform other staff about the needs of people they might not normally work with, or completing practice observations which could be used for reflective discussions in supervision.

Staff had been without professional supervision for a period of time. They told us, "Luckily we have the support of a close team and we support each other". Supervision had now been reinstated by the registered manager, and was planned every six to ten weeks. This was an opportunity to discuss issues such as their role and professional development, and topics like safeguarding and health and safety. Staff had been offered additional support at the staff meeting, "If anyone feels like they need more supervision before theirs is due or more supervisions, let the manager know".

People's individual nutritional requirements were assessed and documented to ensure they received a diet appropriate to their needs and wishes. People were supported to eat independently where possible using equipment or assistive technology if required. We observed staff supporting people to eat safely in line with their care plan, for example, "[Person's name] requires food cut up into small pieces. They do not chew food so staff need to ensure it is appropriately cut up and adequate time given between each mouthful. Also check that they have swallowed what's in their mouth before they have the next mouthful." People were encouraged to make food choices which were healthy for them, for example gluten free, or suitable for someone with diabetes. The area manager told us, "We have individuals with very specific eating and drinking guidelines. The team have looked at local eateries and have often asked places to adapt meals so they can enjoy regular meals and snacks in restaurants and café". This meant people were able to have takeaway and meals out on a regular basis.

Care files showed people were supported to access healthcare as required, for example, their GP, physiotherapist, speech and language therapist or the mobility centre. Relatives described how staff had

advocated when health professionals had not taken people's health concerns seriously. "Andlaw staff push it a lot". A member of staff had recently been appointed to liaise with external physiotherapy services and support and mentor staff to ensure people's physiotherapy needs were met. Care plans guided staff to provide information and reassurance to people when attending appointments, for example, "Before attending the doctors staff can best support me by communicating as fully as possible why I'm going to the doctors…Talk to me throughout the appointment and tell me what the doctor is going to do". Health professionals attended people's review meetings and told us staff contacted them appropriately for support, following the advice given. In the PIR the registered manager stated, " Any feedback from medical or care professionals is shared with staff and actions or recommendations are acted upon within a set timescale to ensure that any necessary changes are carried out straight away".

Good

Is the service caring?

Our findings

All of the people we met seemed relaxed and happy with the care staff, and appeared to have a trusting relationship with them. This was confirmed by relatives who commented, "I'm very fond of the staff. They have just been so devoted to [person's name] over all these years", "Staff are very polite, caring and friendly", and, "I'm really happy with [my relative] there. I would hate for them to be anywhere else".

Staff respected people's dignity and privacy and all personal care was provided in private. In the PIR the registered manager stated, "Support with personal and healthcare should in the first instance be directed by the person…Where possible all personal care is gender sensitive, all individuals also own dressing gowns to aid in ensuring their dignity after bathing/showering. Individuals have doorbells on their rooms, which when expressed by the individual are rung before staff enter the room". Care plans guided staff to work respectfully with people, talking to them while providing support, explaining what they were going to do and providing reassurance. We saw staff working in this way, communicating the information according to people's individual method of communication.

When staff spoke with us they were respectful in the way they referred to people. They were able to tell us about people's complex needs, and how they promoted their independence by supporting them to make choices. For example, a member of staff had successfully supported a person to walk to the local shop. This was a big step because they were new to the area and still developing the confidence to go out into the community. The member of staff described how they ensured the person felt in control by enabling them to choose the kind of route they took, and agreeing a signal so the person could let them know if they were scared. People's enabling plans supported staff to promote choice by providing detailed guidance, for example, "[Person's name] is able to make choices for themselves, however, these should initially be kept at no more than two things at a time… they will make choices by either pointing to an object or by using speech".

The service was proactive in ensuring people were fully informed and involved in decisions about their care. People were supported to participate in their reviews, using the persons preferred method of communication, recording their views pictorially on flip chart paper with lots of colours. Some people liked to use photographs, for example representing 'a good day out'.

People were supported to maintain ongoing relationships with their families, visiting them with staff, or being visited by them at Andlaw House. One relative told us, "Staff are very welcoming when I visit. We sit and talk. They are very sociable. They keep me well informed by email and will ring me if anything is really wrong". Where people didn't have local family contacts, the service referred people to an advocacy service, which provided impartial support if people needed it. The advocates worked with people over a period of time, so they got to know them and how they communicated, and could therefore support them effectively.

A relative told us how staff had looked after people at the end of their lives," in the most amazing, caring way. Every day counts and they have made it count". This view was shared by the area manager who told us, "The teams have supported people fantastically well". They were exploring how to support people and their

families to discuss and record people's end of life wishes, so that staff and professionals could ensure they were respected. In the PIR the registered manager stated, "We are also looking at sending staff on end of life training and looking at the support the staff will need to be able to support the individuals as best as possible during this time. Also it is to ensure that our staff are supported, so that they feel confident and able to meet the individuals' end of life wishes".

Good

Is the service responsive?

Our findings

People referred to Sense were visited initially by an 'Advice and Assessments officer' who saw them in their main environments, for example home or college, and talked to key people like family members, carers and commissioners of their care. An initial assessment was then drawn up and sent to managers whose service may meet the person's needs. Once a potential placement was identified, an initial visit could be arranged for the person who could stay overnight, or for lunch, to help them decide if they wanted to move in and would get on with the other people living there.

Each person had a comprehensive care and support plan based on their assessed needs. The care plans were completed by staff and the people they were supporting, with family input where appropriate. They included detailed information about people's health, nutrition, likes and dislikes, communication, vision and hearing, mobility, cultural needs and preferences and activities. Photographs and diagrams of individual physiotherapy and hydrotherapy programmes showed staff how to support people correctly. Sense specialists, like physiotherapists and behavioural therapists, helped staff complete risk assessments and develop strategies and skills for working with the person. Care plans contained very clear and detailed guidance to help staff understand and respond appropriately to people's needs, for example, "When they are ready for their hair to be washed they will push the door open. This is a visible and audible prompt for you."

Reviews took place monthly, involving families and professionals where necessary and including the person as far as possible. This was an opportunity for people to feedback on their service, whether it was working for them, and identify any additional risks and support needs.
We saw that one person had set the agenda for their review meeting. They did not like formal meetings, so those attending were asked not to wear ties. They wanted to tell staff what they needed to know to support them, and did so using photographs. Staff completed daily diaries and attended staff handover meetings so that people's individual risks and needs could be reviewed and monitored on a daily basis. In addition people had a keyworker who could raise concerns or advocate on their behalf within the service. They told us they were proactive in monitoring people's well-being. "[Person's name] would get angry if they weren't happy. I know them well. I can read them".

The area manager advised the care planning process was being reviewed, to make it more person centred and responsive to people's needs. In the PIR the registered manager stated, "We are updating the current support plans to ensure that they are effective working documents that are specific to the individual's needs and preferences. We are supporting this through liaising with funders for re-assessment of hours where needed, looking at assistive technology to keep people safe and ensure their home effectively meets their needs, working on skills to increase safety, understanding and independence".

People were able to take part in a range of daily activities according to their interests, and were coming and going throughout the inspection. A relative told us their family member was, "…going out and doing things with them. They have much more of a life than they ever would have".
Activities included using the hot tub in the garden, hydrotherapy, aromatherapy massage, computers,

swimming, wheelchair dancing, meeting friends for lunch, making music and football. Some people had just come back from a Sense camping holiday. Relatives and staff expressed regret that there were currently not enough staff who could drive the minibus, which meant opportunities to go out were restricted for some people. This issue was being looked into by the provider.

It was important to people that they knew their routine, and what would be happening next. Staff provided clear reassurance and a visual timetable or prompts like colourful drawings of the next day's activities pinned up by the person's bedroom door. In the PIR the registered manager stated, "Individuals are encouraged and supported to participate in a range of lifestyle options and individuals are encouraged to socialise with their peers seeking guidance from them when required and are supported to form new relationships. Individuals are encouraged and supported in identifying opportunities to contribute to, and be a valued member of their wider community if they choose to do so. Individuals are informed of the benefit of activities and pursuits along with any significant / positive risks identified."

The provider had an appropriate policy and procedure for managing complaints which was visible in the reception area of the home. Any complaints were overseen by the organisations quality assurance team, to ensure appropriate action had been taken. People using the service were supported to express any concerns on a day to day basis, and at their monthly review meetings.
We had mixed views from relatives about how effective the process was however. Some said they felt confident to raise any concerns, and that they would be dealt with appropriately. However, another relative, who had raised a complaint about the use of agency staff who did not know their family member, felt the situation had not been resolved. "They have listened to me. They say, "Yes, yes", but nothing changes ". The area manager acknowledged the concerns of relatives and staff about the use of agency staff, and provided reassurance that steps were being taken to address these concerns and reduce any risks.

Good

Is the service well-led?

Our findings

The service was managed by a person who was newly registered with the Care Quality Commission as the registered manager for the service. They were on annual leave during the week of our inspection, so we met with the area manager, who knew the service well. The majority of relatives we spoke to told us it was a well led service, "Yes, I think it's a well led service. Andlaw House is certainly well led". However one relative expressed concern about changes in management.

There had been a high turnover of managers at the service which meant there had been little consistency in the way the service was managed. The area manager told us there had been a restructure in the organisation, and policies and procedures had been revised. There had been a stable staff team for a long time; however some staff told us they were now feeling frustrated and concerned by changes to the rota system and the need to support inexperienced new and agency staff. They said, "There have been lots of changes. Staff morale is on the floor. We aren't being listened to. A lot of us are finding it really frustrating. Our common bond is wanting the best for people, but we aren't being listened to". The area manager acknowledged and understood how staff were feeling. They told us, "We understand the anxieties and fears that change can bring, but are focusing more on the positives and outcomes that will be achieved for all. We have a service development plan in place that we feel would work for all and are working hard to engage people in being part of the changes. It's also important to explain change and the reason for this. We do understand that it can be a time of uncertainly and communicating the changes is important".

Despite the challenges we found staff were motivated and determined to ensure people received the agreed level of support and were enabled to be as independent as they wished to be. The area manager was committed to making sure staff felt valued and appreciated. They operated an 'open door' policy, so that staff could discuss concerns at any time. Regular staff supervision sessions were in place, and a team day and team meetings were held to inform and update staff, and provide an opportunity to discuss the way forward. The registered manager was leading the service through all of the changes, with the support of the area manager and Sense's quality assurance team. A three day audit had just been completed at the registered manager's request, looking at every aspect of the service. They were now awaiting an action plan to help them understand how the situation could be improved and how this could be achieved.
The area manager told us the ethos of the service was to ensure people were supported to have the opportunity to participate and be active members of the community. They wanted to support people to make choices, build confidence and self-esteem, to be healthy and happy and enjoy life. This ethos was underpinned by a set of 'I' statements which described Sense's values and the expectations of everybody involved with Sense, in any capacity. In summary, "People are listened to, understood and respected. We are honest and open and we encourage everyone to participate and contribute. We also ask people to consider the benefits of taking informed risks and to celebrate success when it comes. Our final 'I' statement is, 'No decision about me without me', as we always seek to involve people in decisions that affect them".
As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The provider had a comprehensive quality assurance system to ensure people's needs continued to be met effectively. The registered manager completed an annual health and safety audit, and a monthly audit looking at a specific area of the service, such as nutrition, choice and decision making and keeping people safe. This process was overseen by the quality assurance team, who also reviewed all accident and incident reports, complaints, safeguarding concerns, medication errors, training and HR processes. This ensured any trends were identified, appropriate action taken and information shared across the organisation as required. These audits had contributed to the service development plan, which aimed to create a more responsive and person centred service, for example looking at how care and support plans could be developed to ensure people were getting the care and support that they wanted, and introducing different technology to support communication and give people more of a voice.

In the PIR the registered manager stated, "Sense has created a culture in which individuals views, ideas and suggestions are valued, heard and responded to in a meaningful way. All individuals had the opportunity to influence the continuous development of services through a variety of feedback methods". The organisation's quality assurance team sought people's feedback routinely, for example when reviewing the effectiveness of the 'I' statements, to ensure the service was responsive to their needs and wishes. People were supported to express their views at their monthly review meetings, and were represented at the service users reference group (SURG). This forum enabled them to share their experiences and ideas about ways in which the service could improve. Annual satisfaction surveys were sent to families and staff by the provider's quality assurance team. The results were collated and distributed, and changes made as required. Staff were invited to give feedback about how people's individual needs were being met. For example, they had been asked to complete a questionnaire asking how well one person's new powered chair was working for them.

The provider organised and participated in various forums for exchanging information and ideas and fostering best practice. Managers attended service related conferences. They were kept informed and up to date via staff publications, briefings and Sense's intranet site, where there was an area dedicated to practice sharing and recognising best practice. This information was also accessible to staff and people who used the service. Regular managers meetings were an opportunity for managers to get advice and support from colleagues, share information and discuss practice issues. Any new ideas or learning could then be shared with their team. Exceptional staff performance was celebrated nationally at the 'Sense' Awards, which had been won by a staff team at Andlaw House following a nomination by a relative.