

Sense

SENSE - Supported Living Services (West Midlands)

Inspection report

Flat 16
5 Shalnecote Grove
Birmingham
West Midlands
B14 6NH

Tel: 01214411640

Date of inspection visit:
19 December 2016

Date of publication:
17 February 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 19 December 2016 and was announced. This was the services first inspection since the service had moved to a new office location. SENSE- Supported Living Services provides services for people with hearing and sight impairments and who require support with personal care. Three people were using the service when we inspected.

There was a registered manager at the service. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe. Staff had a good knowledge of current safeguarding practice and how to apply this knowledge to their role of supporting people in the service. Risks to people had been identified and minimised wherever possible. We saw that there were sufficient staff available to meet people's requests for support. Most people did not need support with their medicines. Where support was needed we saw that medicines were managed safely.

People were supported to make choices and where it was determined that they may lack the capacity to make specific decisions appropriate support was given. Staff were working in line with the Mental Capacity Act (2005).

People told us they felt cared for. Care was planned with each person and people were able to state what activities or support they wanted. Care was reviewed with the person to ensure the care provided was still meeting people's needs.

Staff had a good knowledge of the people they were supporting and told us they enjoyed supporting people. People had been involved in the recruiting of staff who had similar interests to them.

The service had supported people to be as independent as possible in all aspects of their lives. People had retained their independence in meal planning and preparation and in participating in activities of their choice. People and their relatives were aware of how to raise concerns or make complaints.

Staff felt valued and supported in their role and had opportunity to feedback or make suggestions for the running of the service. Staff told us they had sufficient training to carry out their role effectively and we saw that training on key areas of care occurred regularly.

People and their relatives were happy with how the service was managed. There were systems in place to monitor the quality of the service which included seeking feedback from the people who used the service. The registered manager had plans of how they wanted to improve the service to make it more effective for the people accessing support and for the staff team.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who were aware of the signs of abuse and the action to take should they be concerned.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

Staff understood and carried out support in line with the Mental Capacity Act (2005).

Staff had training about people's specific healthcare needs which enabled them to support people effectively.

People were supported to remain as independent as possible when choosing and preparing healthy meals.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us that the staff were caring and staff we spoke with enjoyed supporting people.

People were involved in planning their care and were able to state how they wanted their care to be delivered.

Is the service responsive?

Good ●

The service was responsive.

People were able to state when they wanted support and were involved in planning activities they wished to partake in.

People were involved in reviewing their care and knew how to

raise complaints should they need to.

Is the service well-led?

Good ●

The service was well-led.

People and their relatives were pleased with how the service was managed and staff felt supported in their roles.

The registered manager monitored the quality and safety of the service to ensure the service was delivered safely.

SENSE - Supported Living Services (West Midlands)

Detailed findings

Background to this inspection

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

This inspection took place on the 19 December 2016 and was announced. The provider was given 48 hours' notice because the location provides a supported living care service and we needed to ensure the registered manager, staff and people who used the service would be available for us to talk to. The inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us to plan the areas we were going to focus on during our inspection. We also contacted the local authority who commission services from the provider for their views of the service.

During our inspection we spoke with the registered manager, deputy manager, two support staff, one relative and two people who used the service. We looked at records including two people's care plans and medication records to see if people were receiving care which kept them safe. We looked at two staff files including a review of the provider's recruitment process. We sampled training plans and quality assurance records to see how the provider assessed and monitored the quality and safety of the service.

Is the service safe?

Our findings

People who used the service confirmed they felt safe with the staff who supported them. A relative we spoke with felt that their family member was safe and well cared for.

People were supported by staff who knew the different types of abuse people were at risk from and knew the provider's safeguarding procedure. Staff that we spoke with told us the action they would take if they had any concerns and had knowledge of agencies to contact if they thought the registered manager hadn't taken appropriate action. One member of staff told us, "I would report any issues to the manager. I am sure they would update me and reassure me." Records confirmed that staff had received safeguarding training to ensure they were knowledgeable about current safeguarding practice. We saw that where a safeguarding concern had been raised the registered manager had taken appropriate action.

We looked at the way the service managed risks to people. Before the service agreed to support a person they carried out an initial assessment to ensure the person's needs could be met safely by staff. We saw that risks to people had been identified and measures were put in place to reduce the risk for the person. These were reviewed regularly with input from staff working with the person.

Where it had been identified that a person, due to their sensory impairment may have been vulnerable when answering their front door staff had assisted the person to check visitors identities using alternative methods. When we visited the person in their home they checked who we were before letting us in. Staff stood in the background but ensured the decision to let us enter was made by the person. This helped the person be independent but also helped to reduce risk to the person. Some people who were not supported continuously by staff had telephone alert systems within their homes that they could use in emergency situations. These alert systems had arrangements to call either the registered manager or the manager on call to inform them of an emergency situation. This allowed people to have independence whilst still ensuring their safety.

The registered manager told us that since the service had moved to their new location there had not been any accidents or incidents. They were able to demonstrate that should these occur they had a system in place to record these, take action and put in place any preventative measures to reduce the risk of re-occurrence.

The registered manager told us that previously the service had some difficulties in providing regular staff for some people and that agency staff had been used. All people were now being supported by staff who were employed by the provider, this was either permanent staff or bank staff. Some additional staff recruitment was underway and people were involved in this.

People and staff told us there were sufficient staff to meet people's needs safely. One person told us, "I get all my staff hours okay." One person's relative told us that the staffing was very flexible to meet the person's needs. One member of staff told us, "[Person's name] gets staff that she knows. It would be very rare she gets someone she does not know."

Discussion with the registered manager, staff and sampling of records showed that safe recruitment practices such as obtaining appropriate references and conducting Disclosure and Barring Checks (DBS) were undertaken prior to staff working with people.

Most people did not need support to take their medicines. Where support was needed we saw that medicines were managed safely. Care records contained information about the support the person needed with medication administration. Staff had received medication training and only staff who had received training were able to support people with their medicines. Staff that we spoke with confirmed that training around medication administration had occurred and that this training had helped their understanding of safe working procedures for medication administration. Systems were also in place to assess staff to make sure they were competent to support people with this task.

Is the service effective?

Our findings

People told us they were supported by staff who understood their needs. One person told us that they were involved in recruiting their staff. The registered manager told us that where possible, people using the service were involved in staff recruitment. For example for one person who was due to move into a new flat and start receiving support from the service had taken part in making a video that was used in the recruitment process. For another person we were told the person had met with the staff to ensure they got on with them.

People were supported by staff who understood their communication needs. Communication aids were used when needed. One person had a photo board in their home so that they knew which member of staff was due to be working with them. Staff working with one person needed to have effective signing skills. A member of staff told us, "If you can't sign then you don't get to work with [person's name]."

Staff we spoke with felt supported to gain the knowledge and skills needed to effectively meet people's needs. One staff member that we spoke with said, "I get what I need. If I need anything else I can always raise that I need it."

We saw that new staff had to complete an induction which included training and working with a more experienced member of staff in order to get to know the person they would be supporting. The registered manager explained that new staff had to complete the care certificate which is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. There were systems in place to schedule training for staff to ensure they were kept up to date with the knowledge they needed to do their job.

Staff we spoke with felt supported in their role and informed us that they had regular formal opportunities for supervisions to update their knowledge about how to support people's latest care needs. Staff also informed us of informal support they received from the registered manager whenever they had concerns. One member of staff told us, "I get good support from both the manager and the deputy, they are problem fixers."

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

Staff we spoke with were able to tell us how they supported people in line with legislation. We saw that care plans detailed people's capacity to make decisions and where it had been determined that a person lacked the capacity to make a specific decision, meetings had been held to determine what was in the person's

best interests. When necessary people had been supported to access advocacy services in order to help them make important decisions. One person had recently moved home to be closer to the service's office so that they could continue to receive support. The registered manager told us that the person's social worker had assessed their capacity and involved an advocate to ensure the move had been in the person's best interest as they had been unable to make this important decision themselves. A member of staff told us, "Since she moved flats it has been much better for her. There was a transition meeting to make sure it was in her best interests. We had a plan of visits to the new flat and places like the local shops. It was done bit by bit and she was fully involved in choosing the décor and furnishings. She was so happy."

Most staff had received training in the MCA and DoLS and we saw that regular discussions of the implications of this legislation took place at staff meetings. We brought to the attention of the registered manager that some staff had not completed training in the Mental Capacity Act and he informed us this would be arranged.

People told us they were given choices in all aspects of their care. Staff we spoke to were able to explain how they supported people when making choices which included using communication aids where needed. During our inspection we visited and met with all people using the service. Before we did this, the registered manager sought permission from people to ensure they were happy to meet with us.

People who needed support from staff were supported to eat and drink sufficient amounts to maintain a healthy diet. One person needed their meals to be a specific texture due to a health condition. Staff who worked with the person were aware of this requirement and the information they gave us about the person's needs matched the information in the person's care plan. This meant people could be confident they would receive safe consistent support from staff.

People told us that staff assisted them with their weekly food shopping. Staff explained how people chose their meals, for example by being involved in their own food shopping or by looking at photo choice cards with staff to help decide what meal they would like.

We saw that people had their health care needs assessed and an action plan had been put in place to determine how these needs would be met. Due to their communication needs some people may not be able to tell staff that they are unwell. We saw that care plans recorded signs that the person may be unwell so that staff knew what to look out for. Staff we spoke with had good knowledge of people's health needs. Staff had access to information about the level of support the person needed when accessing healthcare appointments. One member of staff told us that they supported a person to attend health care appointments as the person needed support so that the health professional would understand what they were signing. Records were kept of people's attendance at healthcare appointments and these showed that people were supported as needed to maintain good health.

Is the service caring?

Our findings

People that we spoke with told us that they received support from consistent staff who they had got to know well. One person told us, "All my staff are kind." A relative confirmed that staff were kind, caring and aware of their family members' needs.

Staff spoke with enthusiasm when talking about the people they supported and demonstrated good knowledge of the people they were supporting and could describe in detail things that were important to the person.

People were involved in developing their plan of care which included people's likes, dislikes and how they wanted to receive their care. Care plans detailed people's cultural needs, how the person communicated and specific information that staff needed to know to support effective communication with the person. Staff were able to tell us how they used this information to support people in the way they wished. There was information available about people's life histories which detailed the people that were important to the person receiving support. People were supported to maintain relationships with people that were important to them. For example, staff had supported a person to have a holiday close to where their family lived.

People had been supported to be as independent as possible. One person's relative told us that since being supported by the service their family member had opportunities to progress and use their skills. We saw that people's flats had been adapted to enable independence and equipment had been supplied to ensure independence was retained. For example one person had visual system fitted that alerted them that someone had rung their doorbell.

People's privacy and dignity was respected. One person told us, "Staff always ring my doorbell and wait for me to answer. They respect my privacy." Care plans detailed the person's right to privacy and dignity. Staff we spoke with understood how to promote this.

Is the service responsive?

Our findings

People told us that staff acted responsively to their requests and one person said, "I have 35 hours of support a week and I decide what times I need the staff." One person that we spoke with explained how they informed the staff weekly of when they wanted to receive support depending on their current needs and the social events they wanted to attend. Staff that we spoke with understood the need to be flexible in their approach when supporting people, including changes to support times.

People told us they were involved in reviewing their care. The service reviewed people's care regularly and updated care plans accordingly. One person's care plan was due for review and we saw evidence that this was in progress. One person attended their personal planning meeting on the day of our visit. When necessary people were helped to express their views about who they wanted to be involved in their review. For example if they wanted their family members to attend or not.

One person told us that, at their request, that they had been supported to volunteer as an office receptionist one day a week. Another person told us that they had been supported to attend a tiling course at a local college. The staff member told us that they really enjoyed supporting the person on this course. One member of staff told us, "Every Saturday I sit with the person and we plan the week ahead, for example what activities they want to go to and what shopping they need to do."

Other people using the service had activity schedules based on what they had chosen to do. These activity schedules were discussed and completed with each person on a daily basis. Staff gave examples of how they had suggested activities based on their knowledge of people's interests to enable them to have new life experiences.

People were encouraged to achieve their personal objectives and goals. For example one person had an interest in architecture and had been supported to attend work experience in an architect's office. They were also involved in the development of the provider's new resource centre which was being built in the local area.

People were supported to participate in cultural celebrations or religious events that were important to them. For example, our inspection took place close to Christmas and we saw that people had been supported to put up decorations and attend events such as carol concerts.

People told us that they knew how to raise concerns or complaints. One person said, "In the past I have made a complaint and everything was sorted. A relative confirmed they felt confident to raise any concerns and that if there were any issues the service worked with the person to resolve them. The registered manager told us that no complaints had been received in relation to the service but gave an example of how a complaint that did not relate to the supported living service had been responded to and resolved.

Is the service well-led?

Our findings

All the people we spoke with were pleased with how the service was managed and knew who the registered manager was. One person told us that they were happy with their support and there was nothing that needed improvement. The registered manager told us that people frequently contacted him if they had any queries or concerns.

All the staff we spoke with felt valued and supported in their role. One staff member said, "Everything is running smoothly. I would feel confident to raise any issues as the managers [registered manager and deputy manager] are approachable." Another staff member told us, "I raised some niggles and was supported." There were systems in place for staff to seek advice and guidance if they had any concerns. Staff told us they had contact numbers of a manager they could call at any time of day and said a manager had always been available when called.

Staff told us and records confirmed that staff meetings occurred regularly to discuss ways of improving the service. The registered manager told us that they had recently secured access to an external meeting room to help improve the facilitation of these meetings.

The registered manager was aware of their responsibilities to inform the Care Quality Commission of specific events that occurred at the service. The registered manager was clear about recent changes in regulations and what this meant for the running of the service. The registered manager told us they received good support from their area manager who regularly visited the service. In addition, support was available through regular meetings with other managers to discuss relevant issues and share good practice.

People had opportunities to feedback about the quality of the care they received at their review meetings. One person was also a representative on the SENSE forum group which discussed issues relating to the provider's services. The registered manager had also recently introduced group meetings to seek people's feedback. This was a group meeting held with people who used the service and also included people who lived in the care home that was also managed by the registered manager. An initial meeting had taken place and a video of the meeting made so that people could remember what had been discussed. This showed people were fully involved and had helped decide the name of the group and what should be discussed at the meetings. The registered manager had sent surveys out in November 2016 to people's relatives or informal advocates to seek their views of the service. At the time of our inspection one had been returned and indicated satisfaction with the service provided.

There were systems in place to monitor the quality of the service. Evidence was available that some spot checks of the service people were receiving had been completed by a manager of another service. Records showed these had not been completed in recent months. The registered manager informed us that they and the deputy manager carried out monitoring checks of staff when they were at a person's home although these were not currently recorded. The registered manager told us that they used these monitoring checks to speak with the person and to ensure records had been completed accurately. A person using the service and staff confirmed that the registered manager visited people in their flats. Work was underway to

introduce formal recording of these checks, to include auditing of medication administration. Quality audits were carried out around key aspects of the service and we saw evidence that action plans were put in place to remedy any concerns raised. The registered manager had a system in place to track when people's support plans were due for review and this helped to make sure people's needs were met by the service. This meant that the provider could be assured that the quality of the service was meeting their expectations.

The registered manager had a clear vision for the development of the service and told us about some of the changes they had already implemented. They told us they intended to complete a written development plan in January so that the outcomes from people's review meetings could be incorporated into the plan.