

Sense

SENSE - 138 Bradford Road

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 

Overall summary

This was an unannounced inspection carried out on the 19 March 2015. At the last inspection in January 2014 we found the provider met the all regulations we looked at.

138 Bradford Road provides care to three adults with a sensory impairment and who may have other disabilities. The people who live at 138 Bradford Road are supported to use local services and facilities.

At the time of this inspection there was no registered manager in post. We were told a new manager had been appointed and was due to start shortly after the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage

the service. Like registered providers they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People and their relatives told us they or their family member felt safe at the home. There were effective systems in place to ensure people's safety and manage risks to people who used the service, whilst also

Summary of findings

encouraging and promoting their independence. Staff could describe the procedures in place to safeguard people from abuse and unnecessary harm. Recruitment practices were robust and thorough.

People received their prescribed medication when they needed it and appropriate arrangements were in place for the storage and disposal of medicines. Staff were trained in medicines management.

People were cared for by sufficient numbers of suitably trained staff. We saw staff received the training and support required to meet people's needs well. Staff spoke highly of their training and said this prepared them well for their role.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs and preferences. People had detailed, individualised support plans in place which described all aspects of their support needs and aspirations.

Staff were trained in the principles of the Mental Capacity Act (2005), and could describe how people were supported to make decisions to enhance their capacity and where people did not have the capacity decisions had to be in their best interests.

Health, care and support needs were assessed and met by regular contact with health professionals. People were supported by staff who treated them with kindness and were respectful of their privacy and dignity. Suitable arrangements were in place and people were supported and provided with a choice of suitable healthy food and drink ensuring their nutritional needs were met.

People participated in a range of activities both in the home and in the community and received the support they needed to help them stay in contact with family and friends. People were able to choose where they spent their time and what they did.

Staff had good relationships with the people living at the home. Staff were aware of how to support people to raise concerns and complaints and we saw the provider learnt from complaints and suggestions and made improvements to the service.

There were effective systems in place to monitor and improve the quality of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We saw robust safeguarding procedures were in place and staff understood how to safeguard people they supported. There were effective systems in place to manage risks to the people who used the service yet also encourage and promote their independence.

People's medicines were stored safely and they received them as prescribed.

There were sufficient staff to meet the needs of people who used the service. Recruitment practices were safe and thorough.

Good



Is the service effective?

The service was effective.

Staff told us they received good training and support which helped them carry out their role properly.

Staff could describe how they supported people to make decisions, enhance their capacity to make decisions and the circumstances when decisions were made in people's best interests in line with the requirements of the Mental Capacity Act (2005).

Steps had been taken to review the needs of people who used the service to make sure no-one had their liberty restricted unlawfully.

Health, care and support needs were assessed with people who used the service and met by regular contact with health professionals.

People's nutritional needs were met. The menus offered a good variety and choice and provided a well-balanced diet for people who used the service.

Good



Is the service caring?

The service was caring

People had detailed, individualised support plans in place which described all aspects of their support needs.

People were supported by staff who treated them with kindness and were respectful of their privacy and dignity.

Staff and people who used the service had a great rapport and had developed meaningful relationships.

Good



Is the service responsive?

The service was responsive

People's needs were fully assessed and reviewed when any changes to needs and wishes were identified.

People had good access to activities in the community and their home. They were also supported to maintain friendships and family contact.

Good



Summary of findings

There were systems in place to ensure complaints and concerns were responded to. People were given information on how to make a complaint.

Is the service well-led?

The service was well-led.

There were effective systems in place to assess and monitor the quality of the service.

People had the opportunity to say what they thought about the service and the feedback gave the provider an opportunity for learning or improvement.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified and acted upon.

People spoke positively about the approach of staff and the management team. Staff were aware of their roles and responsibilities and knew what was expected of them.

Good



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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 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 19 March 2015 and was announced. The provider was given 48 hours' notice because the service was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.'

At the time of our inspection there were two people living at the home. During our visit we spoke and spent time with

the two people, spoke with two members of staff and spoke with a relative of a person who used the service. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at two people's support plans.

As this was a small service, the inspection team consisted of one adult social care inspector.

Before our inspection, we reviewed all the information we held about the home, including previous inspection reports. We contacted the local authority and Healthwatch. We were not aware of any concerns by the local authority. Healthwatch feedback stated they had no comments or concerns. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

Is the service safe?

Our findings

People who used the service said they felt safe and well looked after. They nodded, laughed and smiled when we asked them this. One person when asked what they liked about the home they said they enjoyed going for rides out and being able to walk to the shops. They also said they got the help they needed when they required it. A relative told us; "Safe and well looked after is an understatement, we always feel [name of person] is in good hands."

We saw positive interaction throughout our visit and people who used the service appeared happy and comfortable with the staff. There was an excellent rapport between people who used the service and the staff. Staff said they treated people who used the service well and that any untoward practices would not be tolerated and reported promptly. They said they would have no hesitation in reporting any concerns and felt confident to do so if needed.

There were effective procedures in place to make sure that any concerns about the safety of people who used the service were appropriately reported. Staff were able to describe different types of abuse and were clear on how to report concerns outside of the service if they needed to. This is known as whistle blowing. Staff were familiar with the provider's safeguarding and whistle blowing procedures. Staff had received training in the safeguarding of vulnerable adults and the records confirmed this.

Staff spoke of their training in managing behaviours that could challenge the service. They said they were trained in de-escalation techniques and felt confident that these techniques prevented incidents of behaviour that could challenge others. Staff told us they received an annual update of this training and the records we looked at confirmed this.

Risks to people who used the service were appropriately assessed, managed and reviewed. We saw risk assessments had been carried out to minimise the risk of harm of to people who used the service, while also maintaining and promoting independence. For example, making hot drinks and cooking. The risk assessments were also linked to care plans and activity involved in care delivery such as bathing or showering. The assessments identified any hazards that needed to be taken into account and gave staff guidance on the actions to take to minimise risk of harm.

We saw there were systems in place to make sure the premises and equipment was maintained and serviced as required. Records we looked at showed gas and electrical safety tests were carried out at the correct intervals. Records also showed that firefighting equipment had been serviced. We looked at some window restrictors in the upstairs windows. We saw these did not meet current guidance from the Health and Safety Executive in that the restrictors were not fully tamper proof. However, we were told that no-one who lived at the home was at risk from falls from a window. The deputy manager agreed to raise this issue with the provider and to gain further advice on whether the restrictors needed to be changed.

Through our observations and discussions with people who used the service, a relative and staff members, we concluded there were enough staff with the right experience and training to meet the needs of the people living in the home. On the day of our visit there were two staff on duty providing 1-1 support for two people who lived at the service and the deputy manager was also available. The staff we spoke with said there were enough staff to meet people's needs, and they did not have concerns about staffing levels. We saw rotas were worked flexibly to meet the needs of people who used the service. The service sometimes used agency staff to cover sickness and absence. Staff said they used regular agency staff who were familiar with the needs of people who used the service. On the day of our visit, there was an agency staff member on duty. They were clearly known to the people who used the service. The agency staff member said they had received good support to enable them to work as part of the team at the home and confirmed they worked at the service on a regular basis.

People who used the service said they were enough staff available to them. A relative of a person who used the service said there was always enough staff when they visited. They also said there was sufficient staff to make sure people got out regularly.

We spoke with staff about the recruitment process. They confirmed that they had completed an application form, provided referees, attended an interview and completed a Criminal Record Bureau Record (CRB) check before they started work. The deputy manager told us that all recruitment documentation was kept at the provider's head office and copies were not kept in the staff files in the home. We saw that the relevant checks had been

Is the service safe?

undertaken by reviewing the recruitment checklists kept at the home and requesting some information from the providers head office. We saw that effective recruitment and selection processes were in place. Appropriate checks were undertaken before staff began work to make sure they were suitable and not barred from working with vulnerable people.

We looked at a sample of medicines and records for people living at the home as well as systems for the storage, ordering, administering, safekeeping, reviewing and disposing of medicines. Medicines were stored securely and there were adequate stocks of each person's medicines available with no excess stock. Staff who administered medication had been trained to do so and we saw their competency was checked regularly. Shortly after

our inspection we were provided with an up to date medication policy which covered all aspects of medicines management including the safe practice principles for administration.

We looked at the medication administration records (MAR) for the people who used the service and no gaps in recording were seen which showed they had been given correctly. We noted that some creams were recorded on the MAR as 'to be given' as directed'. The instructions were not specific and did not give the detail of either where the cream should be applied or in what circumstances. The care plans gave more detailed instruction for the creams and the deputy manager agreed this also needed to be on the MAR. They said they would rectify this. Staff we spoke with were fully aware of where the creams were applied and in what circumstances.

Is the service effective?

Our findings

Throughout our inspection we saw that people who used the service were able to express their views and make decisions about their care and support. People were asked for their choices and staff respected these. People were asked if they wanted to go out or how they wanted to spend their time. One person was given the option of going out to a planned activity but had changed their mind and wished to stay in. Staff were respectful of this decision. The staff member said, “We are all entitled to change our minds aren’t we?”

We saw people were asked for their consent before any support interventions took place. People were given time to consider options and staff understood the ways in which people indicated their consent. This included understanding of people’s individual sign language.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. (DoLS) which provide legal protection for vulnerable people if there are restrictions on their freedom and liberty. We were told that two people using the service were subject to authorised deprivation of liberty. Our review of people’s care records demonstrated that all relevant documentation was completed clearly to ensure it was lawful. We saw policies and procedures were in place for the Mental Capacity Act (2005) (MCA) and the DoLS. It was clear there was a good understanding of DoLS and the application process.

We spoke with staff about the Mental Capacity Act 2005 (MCA). They were able to give us an overview of its meaning and could talk about how they assisted and encouraged people to make choices and decisions to enhance their capacity such as making every day decisions and choices. Staff said they used number of ways to assist people to make their own decisions which included the use of pictures, sign language and an IPAD. Staff we spoke with confirmed they had received training on the MCA and our review of records confirmed this.

Staff showed a good understanding of protecting people’s rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions.

Care plans showed information regarding people’s capacity to make decisions. Capacity assessments had been completed and gave details of who had been involved in this process. They also showed that the principles of the MCA had been applied and decisions agreed were in people’s best interests. For example, taking a holiday abroad or having a general anaesthetic and surgical treatment.

Records showed that arrangements were in place that made sure people’s health needs were met. Each person had a Health Action Plan which included details of their medication, details of visits to or visits by professionals which demonstrated that people had regular check- ups with GPs, dentists, chiropodists and consultants. There were records of detailed functional vision and hearing assessments for people. Staff were aware of the systems in place to get re-assessments for people should their needs change. We saw people who used the service had a ‘hospital passport’ in place. This gave information on essential needs and would accompany people to any hospital admissions.

People who used the service or their relatives said staff were prompt in seeking medical assistance for them or their family member. A relative said, “If ever [name of person] is poorly they keep us well informed and make sure she sees the doctor. We have no worries at all on that score.”

People had support plans in relation to their preferred food and drink, and details of any dietary requirements were included. Information about allergies was clearly recorded and we saw speech and language therapy (SALT) assessments had been carried out where needed. We saw food and drinks were available for people throughout the day and we observed staff encouraged people to eat and drink and have snacks to maintain their hydration and nutritional needs. We saw people took their meals as they liked them. For example one person had noted in their support plan that they preferred to add their own salt to meals. A salt pot was provided to enable them to do this. They also liked to take their time with drinks and staff made sure they were warmed up if they had cooled down to make sure the person enjoyed their drink.

Staff told us that menus were put together based on the known likes and dislikes of people who used the service. They said they regularly reviewed people’s choices and preferences through monthly key worker meetings with

Is the service effective?

people. We looked at the menus and saw there were a good variety of options available for people. On the day of our visit people who used the service chose to eat their lunch in the lounge while watching television and socialising with staff. We saw they were offered a choice of what to eat and given the assistance they required.

We looked at staff training records which showed staff had completed a range of training sessions. There was a rolling programme of training available and staff told us they felt they received the training they needed to meet people's needs and fulfil their job role. One staff member said, "I am really impressed with the training and how it is organised." The training record showed most staff were up to date with their required training. If updates were needed they had been identified and booked to ensure staff's practice

remained up to date. Training included, safeguarding, medication, moving and handling, first aid, MAPA (managing actual and potential aggression), deaf/blind awareness and autism.

Staff said they received regular one to one supervision and annual appraisal. The deputy manager confirmed there were systems in place to ensure this. Staff said they found this useful and a good opportunity to discuss their training needs. Records we looked at showed this to be the case. Staff said they got good support to enable them to carry out their role well. Comments we received included: "Brilliant support, great manager in the past and deputy manager doing a fantastic job at the moment" and "We are kept well informed and involved in everything going on at the home." Staff were aware of the start date of the new manager for the service and spoke of the support received from the area manager while a new manager was being recruited.

Is the service caring?

Our findings

Our observations showed that people who used the service had a great rapport with staff. Staff knew people and their needs well, and treated people with respect and dignity. They were encouraging and supportive in their communication with people. On the day of our visit, the people who used the service looked well cared for; their personal appearance was well maintained, which is achieved through good standards of care. People were dressed with thought for their individuality and had their hair nicely styled.

We saw people were comfortable in the presence of staff and staff treated people kindly; having regard to their dignity and privacy. The atmosphere in the service was positive and relaxed and we saw that staff had time to attend to people's needs and spend time with them. People who used the service enjoyed the relaxed, friendly communication from staff. The staff answered people's questions and requests politely and patiently; giving explanations and information to assist people's understanding. A relative of a person who used the service told us they thought the staff were very thoughtful and patient. They said, "They deal with some difficult behaviours from our [name of person] and it is always with such kindness and immense patience."

Staff we spoke with said people received very good care. They described it as person centred, individual and caring. One staff member said they always treated people as they would like to be treated themselves. Staff gave good examples of how they protected people's privacy and dignity. They said they ensured care was provided discreetly with curtains and doors closed. They also said it was important to speak to people in a respectful and dignified manner such as using people's preferred names and to make sure people's clothing was arranged in a dignified way and people looked well presented.

Throughout our inspection, we saw staff respected people's privacy and dignity. They were thoughtful and sensitive when supporting people with any care interventions.

Staff said they found the support plans useful and that they gave them enough information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of people who used the service. It was clear they knew people and their needs well. Staff showed a good awareness and knowledge of people's individual communication skills, abilities and preferences. They used a number of different ways to communicate with people. This included using the spoken word, writing things down in the required size print, sign language, the use of objects of reference and pictures and the use of a person's IPAD pictures to enable them to make choices.

People who used the service and their relatives were involved in developing and reviewing support plans. We saw there was a monthly review of support; known as a key worker meeting. People who used the service were asked what they had enjoyed each month, what they would like to do for the coming month, any purchases they wanted to make and where there any changes needed to be made to the support they received. We saw documentary evidence of these meetings and the written contribution of one person who used the service. A relative told us they felt fully involved in all aspects of their family member's life and confirmed support plans were discussed with them and that they were always invited to review meetings. They also confirmed they received a monthly letter from their family member, telling them of how they had been and what they had been involved in. They said that even though they regularly visited their family member, they looked forward to these letters and it was a good way of keeping in touch. The relative said; "The staff are so thoughtful."

Is the service responsive?

Our findings

People had their needs assessed before they moved into the home. This ensured the home was able to meet the needs of people they were planning to admit to the home. We looked at the assessment that had been completed for someone who was currently planning to use the service. Records we looked at showed how people who used the service, their families and other professionals had been involved in the assessment. Staff said introductory visits and meetings were to be arranged to make sure all people who used the service were compatible and give opportunity for people to get to know each other.

People received care which was personalised and responsive to their needs. People were allocated a member of staff, known as a keyworker, who worked with them to help ensure their preferences and wishes were identified and their involvement in the support planning process was continuous. They also liaised with family members and other professionals when required. We looked at the support plans for the two people who currently used the service. The support plans were written in an individual way, which included a one page profile, likes and dislikes. Staff were provided with clear guidance on how to support people as they wished, for example, with personal care. Staff showed an in-depth knowledge and understanding of people's care, support needs and routines and could describe care needs provided for each person.

We saw the environment had been adapted to meet the sensory needs of people who used the service. This included enhanced, brighter lighting, colour contrasting door frames, door handles and toilet seats.

Activity was arranged to suit the needs and interests of the people who used the service. Staff said they offered and encouraged activity based on the person's known likes and dislikes. Records showed people who used the service were involved in a wide range of activities. This included; assisted cycling, bowling, going out for lunch, open mic' session at a local pub, visits to a local nature reserve and regular attendance at a community based day centre. We also saw there was a high degree of emphasis on

encouraging independence and participation in daily activity in the service. We saw photographic and IPAD records of this involvement. One person's relative said "The staff at the home have opened up our [name of person]'s life; given her a life we never dreamed was possible."

People who used the service were encouraged and supported to keep in contact with family and friends. We saw one person had their own computer and was supported to make and receive regular skype calls with their family. The relative we spoke with said they felt welcome to visit their family member at any time and were warmly received whenever they visited. They said they brought their dogs who had become friends with the people who used the service and this was never a problem or a nuisance. They said; "They accommodate us all very well." They also spoke of how their family member had recently been supported to visit their mother on Mother's Day and how much this was appreciated.

We saw the complaints policy was available in the home and were told this was given to people who used the service and their relatives when they first began to use the service. Staff said people were given support if they needed to raise any concerns. We saw the monthly key worker meetings covered the question 'Do you have any worries at the moment?.'

Staff knew how to respond to complaints and understood the complaints procedure. They said they would always try to resolve matters verbally with people who raised concerns. However, they were aware of people's rights to make formal complaints and the importance of recording this and responding in an appropriate and timely manner.

There was a complaints file in the service with all information and documents available should any complaints be made. The deputy manager said there had never been a formal complaint made to the service. A relative we spoke with said they had no concerns or complaints but would feel comfortable and confident to speak with any of the staff and raise concerns if they needed to. They said they had been given a copy of the complaints procedure.

Is the service well-led?

Our findings

At the time of this inspection there was no registered manager in post. They had very recently left the service. We were told a new manager had been appointed and was due to start shortly after the inspection. The deputy manager, who had worked at the home a number of years, was currently overseeing the service with the support of the area manager who knew the service well. Staff we spoke with were very positive about the support they received and the current management arrangements in the home. One said, “She is the loveliest person, so approachable, here for us and the ladies, can’t praise her enough during this time.” Another said the home had been well managed and organised in this period of transition. They said, “[Name of deputy manager] seems very organised.”

A relative of a person who used the service said they found the home to be well managed and said all the staff seemed to be well organised. They said they had been kept informed of the changes to the management arrangements at the home and were looking forward to meeting the new manager. They said; “I feel for sure they will be in touch with us when they start.” They were very keen to highlight that there had been no change in the service their family member received during this time of change. They said, “The good care has continued indeed.”

Our observations during our inspection showed the service was person centred, inclusive and there was a positive approach to people’s support and care. Staff described the culture in the home as happy, open and all about the people who lived at the service.

Staff said they felt well supported in their role. They said the management team worked alongside them to ensure good standards were maintained and the management team aware of issues that affected the service. Staff said they felt listened to and could contribute ideas or raise concerns if they had any. They said they were encouraged to put forward their opinions and felt they were valued team members. We saw staff meetings were held on a

regular basis which gave opportunities for staff to contribute to the running of the home. Staff said there was a great emphasis on team work and they felt they had a ‘great team’.

People who used the service and their relatives were asked for their views about the care and support the service offered. The care provider sent out annual questionnaires for people who used the service and their relatives. In 2014 only one questionnaire was returned. We looked at this and noted positive comments about the service had been made. These included; “Excellent quality of service”, “[Name of person] enjoys a varied lifestyle, she is always attending various activities or groups” and “[Name of person]’s living arrangements are excellent and meet her needs.” The deputy manager told us that the provider was currently reviewing the use of questionnaires and considering other ways of gaining this type of feedback on the service.

The deputy manager told us there was a system of a continuous audit in place. This included audits on support plans, medication, health and safety, mattresses and the premises. We saw documentary evidence that these took place at regular intervals and any actions identified were addressed. We also saw that these audits were discussed and reviewed at staff meetings to make sure any learning was shared and actions taken.

We were told that the area manager visited the home regularly to check standards and the quality of care being provided. The deputy manager and staff said they spoke with people who used the service, staff and the manager during these visits.

Any accidents and incidents were monitored by the management team to ensure any trends were identified and acted upon. The deputy manager confirmed there were no identifiable trends or patterns in the last 12 months. They also said that a record of any incident or accident was kept in people’s support plan and any actions taken to prevent re-occurrence were documented and communicated to staff.