Sense

SENSE - 509 Leeds and Bradford Road

Inspection report

509 Leeds and Bradford Road
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Ratings

Overall rating for this service	Requires improvement
Is the service safe?	Requires improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Requires improvement

Overall summary

We inspected the service on 20 and 24 March 2015. The visit was unannounced. Our last inspection took place on 4 November 2013 and there were no identified breaches of legal requirements.

509 Leeds and Bradford Road provide accommodation for up to five people with multiple disabilities including sensory impairment. It is located in the Bramley area of Leeds. It is close to local shops and is a short bus journey away from the centre of Leeds.

There was a manager in post; however this person was not registered. A registered manager is a person who has

Summary of findings

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.

During our visit we saw people looked well cared for. We observed staff speaking in a caring and respectful manner to people who lived in the home. Staff demonstrated that they knew people's individual characters, likes and dislikes.

Not all of the people spoken with during the inspection were able, due to complex care needs, to tell us about their experience of living at the home. Two people we spoke with told us they felt safe living at the home. They told us they trusted and liked the staff and felt they were well looked after at the home.

We found the service was meeting the legal requirements relating to Deprivation of Liberty Safeguards (DoLS). We were told that all five people using the service were subject to authorised deprivation of liberty. People's care records demonstrated that all relevant documentation was securely and clearly filed.

We found there were issues with regard to the management of medicines within the home. This was in relation to the administration and storage of medicines.

We found issues relating to the allocation of staff for people who were assessed as requiring one member of staff to support them for a set number of hours per week. We also found people were not having access to social activities which had been identified for them to attend.

We were concerned as we found there were gaps in people's daily records which meant staff had not recorded the care people were receiving at the home.

Staff we spoke with told us they were aware of their responsibilities with regard to safeguarding people who lived at the home. They were able to tell us about the symptoms of possible abuse taking place and how they would report this.

We saw the provider had a system in place for the purpose of assessing and monitoring the quality of the service. However, we identified a number of concerns relating to management of medicines, record keeping and the inconsistencies in meeting the social needs of people using the service. This meant the system was not robust.

We looked at four staff personnel files and saw the recruitment process in place ensured that staff were suitable to work with vulnerable adults.

We looked in people's bedrooms and found people had personalised their rooms with ornaments and photographs.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of the report.

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?

Requires improvement

The service was not safe.

The service did not have arrangements in place to ensure medicines were managed safely.

People were cared for in a clean environment with suitable equipment in place which reduced the likelihood of the spread of infection.

The temperature of the hot water in two of the communal bathrooms was 49 degrees centigrade. This meant people were at risk of being scalded.

Is the service effective?

Good

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005.

People's health care needs were being met in the home by visits from their local GP and chiropodist.

Staff had received the training they required to carry out their roles.

Is the service caring?

Good

The service was caring.

Throughout our inspection we observed people being treated with dignity and respect.

All of the staff we observed offering people support demonstrated having caring attitudes.

Staff knew people's preferences, abilities and skills. Staff were able to explain and gave examples of how they maintained people's dignity, privacy and independence.

Is the service responsive?

Requires improvement

The service was not always responsive.

The service was not consistently meeting the social needs of all of the people who used the service.

Care and support plans were written with a person centred approach and ensured staff had clear guidance on how to meet people's needs.

Complaints and concerns were dealt with appropriately and as per the policy in place.

Is the service well-led?

Requires improvement

The service was not well-led.

Summary of findings

There was a manager in place who was new in post, this person was not registered.

The provider had a quality assurance system in place to monitor the service provision. However, we found several issues relating to management of records, management of medicines, lack of accident/incident analysis and the lack of planned activities which the quality assurance system had failed to identify.

There had been a change in the management of the home recently and staff we spoke with told us they felt supported by the deputy manager throughout the period of change.

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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 20 and 24 March 2015 and was unannounced. As this was a small service, the inspection team consisted of one adult social care inspector.

At the time of our inspection there were five people living at the home. During our visit we spoke with two people who used the service, three members of staff, the deputy manager and the area manager. Following our inspection we also spoke with one person's relatives by telephone. We spent some time looking at documents and records that related to people's care and the management of the service. We looked at five people's care records. We also spent time observing care in the kitchen/dining room area to help us understand the experience of people living at the home. We looked at all areas of the home including people's bedrooms and communal bathrooms.

Before our inspections we usually ask the provider to send us 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. On this occasion the provider had not been asked to complete a PIR. We reviewed the information we held about the service including previous inspection reports.

Requires improvement

Is the service safe?

Our findings

The home was clean and tidy and free from malodours. We looked at various areas of the home including the lounge, dining room/kitchen and bathrooms. We also with people's agreement looked at some people's bedrooms which were clean, tidy and personalised. We found the home was maintained well and looked in a good state of repair.

We looked at maintenance records and saw some of the necessary checks had been carried out within timescales recommended in guidance and legislation. The provider had a 'record of weekly checks' document in place which showed that testing of the fire alarm system was to be carried out as well as tests of the hot water temperatures within the home. We saw recordings of three consecutive hot water temperature checks in November and December 2014 which showed temperatures of 49 degrees centigrade. The action recorded was 'chase up estates'. However, we saw no evidence to show the estates team had attended to resolve the issue. We also saw that the weekly checks had not been carried out since 6 February 2015.

We tested the water temperatures in two communal bathrooms on both days of our inspection and found the temperature was still 49 degrees centigrade. This meant people were at risk of being scalded. The area manager reported the issue to the estates team who confirmed they would attend the home as soon as possible. This is a breach of regulation 15 (safety and suitability of premises) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

An infection control policy was in place and staff were aware of, and followed its guidance. We observed staff following safe routines using protective equipment such as gloves, aprons and hand gel. This showed the service was taking steps to ensure people using the service were protected from the risk of infection.

We checked the systems in place regarding the management of medicines within the home. We found there were issues relating to the storage and administration of people's medication. We saw that staff were not recording the temperature of the area of the home where people's medicines were stored. If medicines are not stored at the recommended temperatures this may affect their effectiveness.

We looked at the medication administration records (MAR) of all five people who lived at the home and found there were a number of gaps on the medication administration records (MARs) even though the prescriber's instruction stated the medicine should have been administered. For example, a MAR chart for one person showed they had not received any of their medicines on 26 February 2015. A MAR chart for another person showed they had not received any of their medicines on 28 February 2015. We spoke with the staff member on duty who told us they did not know why the MAR's had not been signed. They also could not tell us if the two people concerned had received their medicines on either date. This meant it was not clear if people had received their medicines as prescribed.

We looked at medication stock and found it was not possible to account for all medicines, as staff had not always accurately recorded when medicines had been administered. We looked at the stock of one person's medicines for managing pain but the amount of medicines that had been signed for on the MARs did not correspond with the number of tablets in stock. We also checked the medication of another person and found the amount left in the bottle did not correspond with the amount signed for as administered on the MAR chart.

We saw that one person had a MAR chart in place which included 'as required pain' relieving medication. According to the MAR chart the person had not used this medication. The staff member on duty told us they did not know if the medication was still required. An amount of the medication was entered as 'received' on the person's MAR chart however; this medication was not in the medication trolley. The staff member on duty told us 'stock medication' was also stored in another area of the home, which was a 'lift shaft'. We accompanied the staff member to locate the box of medication but they were unable to find it. We saw that staff were also not recording the temperature of this area.

We concluded that appropriate arrangements were not fully in place in relation to the recording and administration of medicines. It is important this information is recorded to ensure people were given their medicines safely and consistently at all times. This is a breach of Regulation 13

Requires improvement

Is the service safe?

(Management of medicines); of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the home. We saw this included obtaining references from previous employers and a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that holds information about criminal records. We also saw a contract of employment for each staff member. This helped ensure people who lived at the home were protected from individuals who had been identified as unsuitable to work with vulnerable people.

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding vulnerable adults, could identify types of abuse and knew what to do if they witnessed any incidents. All the staff we spoke with told us they had received safeguarding training. Staff said the training had provided them with enough information to understand the safeguarding processes that were relevant to them. Staff records confirmed staff had received safeguarding training. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

We were able to speak with two people using the service who told us they liked living at the home. They told us they were happy there and they felt safe. They said they thought the staff were good to them and they enjoyed going out with staff. We spoke with the relatives of another person using the service who told us they were not sure their relative was being looked after as well as they could be. They said they were concerned that their relative did not always seem happy when they spent time with them. They told us they had reported this to the previous manager of the home but had not been assured that their concerns were acted on.

We observed interactions between people using the service during our inspection. We saw that one person became agitated and shouted in the presence of other people using the service and staff. We saw that staff intervened and were able to distract the person however; this appeared to upset other people using the service. We looked at records of incidents from January 2015 and saw incidents of this kind had occurred at the home involving the same person. We spoke with the area manager and asked if they were monitoring incidents and also looking at them with respect to the impact it may be having on other people using the service. They said this was not being done. They told us that incidents involving this person were recorded and sent to an external healthcare professional involved in the person's care. They would complete an analysis of the incidents and send this back to the home with recommendations on how best to support the person. This meant the service was not monitoring incidents to ensure any trends were identified and acted upon.

Systems were in place to manage risk so people felt safe and also had the most freedom possible. Risk assessments had been carried out to cover activities and health and safety issues. The risk assessments we saw included going out, bathing and sitting in the garden. These identified hazards that people might face and provided guidance about what action staff needed to take in order to reduce or eliminate the risk of harm. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

Records showed a fire risk assessment was in place. Fire safety equipment was tested and fire evacuation procedures were practiced. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

When we arrived at the home we found there were not enough staff on duty to meet people's needs. There had been a member of agency staff on duty however, they had to leave due to a family bereavement. This left two staff to look after five people, with two people requiring two staff to support them with all of their needs. When staff were assisting these people with their lunch time meal other people using the service did not receive support. Another person was waiting to go out but there was some uncertainty about whether this would happen. After lunch, an additional staff member came on duty and arrangements were made to take two people out. The whole process around this felt rushed and we observed it was not communicated to people very well and led to anxiety and agitation.

We spoke with the area manager about our observation and they told us there had been occasions recently when the home had not had the required number of staff on duty. We asked what contingencies were in place for

Requires improvement

Is the service safe?

dealing with this and were told the home used agency staff in most cases but always offered their own staff the extra shifts first. This showed the service had contingency plans in place to enable it to respond to unexpected changes in staff availability and meant the service to people using it could always be maintained.

Good

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. Staff we spoke with told us they received good support from the deputy manager and colleagues. Everyone said they had training opportunities and had received appropriate training to help them understand how to do their job well.

We looked at staff training records which showed staff had completed a range of training sessions. These included moving and handling, medication, mental health awareness, MAPA (managing actual and potential aggression) and de-escalation techniques. We saw staff also completed specific training which helped support people living at the home which included epilepsy awareness. This meant people using the service could be assured that staff caring for them had up to date skills they required for their role.

We looked at staff files and were able to see information relating to the completion of induction. We saw one person's new starter induction booklet had a range of questions that the new member of staff needed to complete. These included fire procedures, accidents and incidents, policies and procedures, risk assessments, medication and menus. The area manager told us they discussed the answers with the member of staff to assess the level of knowledge, understanding and if further training was required. One member of staff told us they had completed their induction and this had included training and meetings with the deputy manager.

When we looked in staff files we were able to see evidence that each member of staff had received supervision, however, this was not on a regular basis. One member of staff's file showed they had received supervision in January 2015 and March 2015. Another member of staff's file showed they had not had supervision since September 2014. The area manager told us supervisions were supposed to take place every six weeks. They knew that this had not been carried out as required and stated changes to the management of the home had led to some staff being missed. They said they would ensure all staff who were out of date would have supervision booked for completion in the next two weeks. We saw all staff were up to date with their annual appraisals.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We were told that all five people using the service were subject to authorised deprivation of liberty. People's care records demonstrated that all relevant documentation was securely and clearly filed.

The Mental Capacity Act 2005 covers people who can't make some or all decisions for themselves. The ability to understand and make a decision when it needs to be made is called 'mental capacity'. We spoke with three staff members about their understanding of the Mental Capacity Act 2005 and they were all able to talk confidently about how the act impacted on the way they provided care for people. 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. This showed that staff were aware of their responsibilities under this legislation.

We spoke with two people who told us the quality of food and menus were good. They said they always had plenty to eat and drink. One person said, "The food is nice. I enjoy helping." Another person said, "The staff are good at cooking and we help." Staff told us people had balanced and varied diets. A member of staff told us everyone living at the home had a meeting at the weekend to talk about what food supplies they needed for the week ahead. They said people sometimes helped with the food shopping. Another member of staff told us everyone's food preferences were taken into account when menus were planned. This showed people were supported to be able to eat and drink sufficient amounts to meet their needs.

We saw people attended regular health care appointments such as GPs, chiropodists, psychologists, dentists and opticians. One person we spoke with said, "I sometimes go to the dentist." People had hospital passports which contained 'must know' information about the person in the event of a hospital admission. One member of staff told us people's healthcare needs were carefully monitored so they could make appropriate referrals when people's needs changed. This showed people using the service received additional support when required for meeting their care and treatment needs.

Good

Is the service caring?

Our findings

We spoke with two people who used the service and they told us they were happy with the care they received. One person said, “I like it here. Everyone is happy here.” Another person said, “We have very nice staff. It’s alright living here.” People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

All the staff we spoke with were confident people received good care. A member of staff said, “It’s a really nice place. It’s homely and people like living here.” Another member of staff told us, “Care is good and we do our best for people.”

Staff knew people’s preferences, abilities, skills and showed respect. Staff described how they supported people to make sure their individual needs were met. Staff talked about spending time with people and how they enabled people to be as independent as they could be. Staff were able to explain and gave examples of how they maintained people’s dignity, privacy and independence. One member of staff said, “When I am helping with personal care I close the bedroom door and leave the bathroom for a few minutes when required.”

The deputy manager told us advocacy services were available for people using the service. We saw evidence of this displayed in the home. We also saw there was information to help keep people informed which was displayed in the home; this included easy read leaflets and booklets.

We looked at the care records of all five people and found evidence to show the involvement of people’s relatives. There was evidence to show relatives were involved in the planning and review of their relatives care. We also saw there were documents in place which were completed on a monthly basis by staff and sent out to people’s relatives. These provided feedback about any activities the person had taken part in, or any outings the person had been on. This meant that people, or where appropriate their relatives, had been involved in their care.

Requires improvement

Is the service responsive?

Our findings

We looked at the care records of all five people using the service and found people's care and support needs were assessed and plans identified how care should be delivered. Each person had a range of assessments and support plans including a social needs assessment, a communication plan, and preferred morning and evening routines. The assessments and plans covered important areas such as personal care, social and emotional care, links with friend, family and the community and finances. Support plans were generally comprehensive. For example, one person's communication section stated that they were able to communicate their needs to support staff and voice any concerns or issues. We observed the person clearly communicating their needs to staff. Staff demonstrated good knowledge and understanding of people's care and could describe care needs provided for each person they supported.

People attended care reviews where they decided and agreed what they would like to learn, what they do well now and what help they would like from staff. They invited others to attend which included family members. At one person's recent review they had stated they were happy and settled living at the home.

We looked at the arrangements the service had in place for ensuring people had their social needs met and found these were not taking place on a consistent basis. We saw that where activity plans were in place for people, records showed these had not been facilitated. For example, in one person's 'activity records' we saw there were no activities recorded for 9 February 2015, 10 February 2015, 20 February 2015, 27 February 2015 and 10 March 2015. We saw this person had a 'weekly schedule' in place which showed they should have attended activities such as shopping for fruit, cinema or bowling, lunch out, swimming, baking and beauty. We spoke with the area manager who told us due to recent staffing issues it had not been possible to ensure people were taken on outings or had been able to take part in activities. This meant the service was not meeting the social needs of all of the people using the service.

We saw the same person had been assessed as requiring one to one support for a number of hours per week. The area manager was unable to provide evidence which showed how the person was receiving this level of support. We found when we looked at the records in place for recording people's care, which included activities they had participated in, that there were days when no record of the person's care. For example, in their daily records we saw there were no records of the care the person had received had for 2 January 2015, 3 January 2015, 6 February 2015, 9 February 2015 13 March 2015 and 17 March 2015. This showed that accurate and up to date records relating to people's care were not maintained.

People told us they would tell the staff or the deputy manager if they had any concerns. One person said, "You can tell them about anything and they will listen." We saw the complaints policy was displayed in the home and this was in a pictorial format. The deputy manager told us people were given support to make a comment or complaint where they needed assistance. They said people's complaints were fully investigated and resolved where possible to their satisfaction. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. The deputy manager told us there were no on going complaints.

Requires improvement

Is the service well-led?

Our findings

At the time of the inspection the manager was going through the process of becoming registered. They were new in post and in the process of completing their induction. We spoke with staff about the management of the home. Staff said they felt supported by the new manager and deputy manager. They also told us there had been some difficult periods when the home had an acting manager in post and the area manager was providing cover. They said this had impacted on morale but felt this was now much better. 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.

Staff told us there was regular staff meetings held at the home which gave them the opportunity to give their opinions and feedback on the service. We saw minutes which showed monthly meetings had been held with staff working at the home which included night staff and the full staff team. This showed staff were appropriately supported in relation to their caring responsibilities and were regularly updated about any changes in the service.

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. However, we saw this was done for the whole organisation and was not specific to the service. This meant it was not possible to see what the responses of people using the service and their relatives were. The deputy manager told us that the provider was currently reviewing the use of questionnaires and considering other ways of gaining feedback on the service.

We saw in one person's care records they had been assessed as requiring a number of hours 'one to one' per week. We asked the area manager how this was arranged and they told us it was marked on the rotas. We looked at the weekly rotas from 1 December 2014 to 13 April 2015 which showed that on only one of the weekly rotas had there been any staff member identified to provide the one to one support for the person concerned. This meant the service had failed to monitor the quality of care provided to the person.

We found no evidence to show analysis of accidents or incidents including safeguarding incidents which occurred at the home had been carried out since our last inspection in November 2013. Trend analysis of incidents that may result in harm to people allows changes to their care and treatment to be made where needed.

Throughout the inspection we identified a number of concerns in relation to the service not meeting the requirements of the management of medicines, monitoring of incidents which did not ensure actions taken prevented reoccurrence, lack of consistency regarding the provision of activities, issues relating to the checking of hot water temperatures which led to people using the service being at risk of being scalded and failure to maintain accurate records relating to peoples care. We saw that some of these issues had been discussed at a staff meeting on 16 March 2015 however; these failings had not been formally identified and action planned for through the provider's quality assurance system. This is a breach of regulation 10 (Assessing and monitoring the quality of service provision) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds with regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment 12.—(1) Care and treatment must be provided in a safe way for service users. (2) Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include— (f)where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs; (g)the proper and safe management of medicines;

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment 15.—(1) All premises and equipment used by the service provider must be— (e) properly maintained

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA (RA) Regulations 2014 Good governance 17.—(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. (2) Without limiting paragraph (1), such systems or processes must enable the registered person, in particular, to—

This section is primarily information for the provider

Action we have told the provider to take

(a)assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services);

(b)assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity;

(c)maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;

(d)maintain securely such other records as are necessary to be kept in relation to—

(i)persons employed in the carrying on of the regulated activity, and

(ii)the management of the regulated activity;

(e)seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services;