Sense

SENSE - 88 Church Lane

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 inspection took place on 23 July 2015. 88 Church Lane is a care home that provides care for up to five people who have a learning disability and sensory impairment.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that people were safe. Our observations and feedback from staff and relatives who visited the home confirmed this. We reviewed the systems for the management of medicines and found that people received their medicines safely. During the inspection we saw there was always enough staff to provide care safely.

Relatives we spoke with told us that the care people received was good. They said staff were kind and caring. We saw that people were treated with dignity and respect and that people were able to have private time safely as any potential risks had been identified and minimised.

Summary of findings

Staff used differing forms of communication with people such as objects or hand under hand signs to tell them what was going to happen next in their day. We also saw that staff observed people for non-verbal communication so that they could meet their needs.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications when needed to the local authority for approval to deprive someone of their liberty. The registered manager and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards.

Staff told us they had received appropriate training and were knowledgeable about the needs of people who lived in the home. Our observations showed they anticipated people's needs as they knew them well. Staff had received training about the needs of deaf blind people and used the knowledge to communicate and support people to make choices in their day-to-day their life. There were enough staff to meet people's needs and support them to follow interests and pursuits they enjoyed.

We observed that people were offered meals of their individual choice and preference. Staff supported people sensitively during meal times and gave the support people needed to eat safely in accordance with their risk assessments and eating and drinking guidelines.

People had been supported to stay healthy and to access support and advice from healthcare professionals when this was required.

Management systems were well established to monitor and learn from incidents and concerns. The manager and provider undertook checks and had systems in place to maintain the quality of the service the home was providing.

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.

Staff and relatives were confident people living at the home were safe. Staff knew what to do to make sure people were safeguarded from abuse.

Staff were recruited appropriately and there were enough staff to meet people's individual needs.

Appropriate systems were in place for the management and administration of medicines.

Good

Is the service effective?
The service was effective.

Staff received appropriate training to be able to meet people's needs. Staff were supported through a system of appraisal and supervision.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

People were supported to attend medical appointments and to eat and drink in ways which maintained their health.

Good

Is the service caring?
The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People's privacy and dignity was respected.

People were supported to maintain relationships with their families.

Good

Is the service responsive?
The service was responsive.

People received support as and when they needed it and in line with their support plans.

Any concerns about people's health or lifestyle were acted upon quickly to maintain people's well-being.

People were supported to take part in activities they enjoyed and to access the local community.

Good

Is the service well-led?
The service was well-led.

Relatives of people and staff said the registered manager was approachable and available to speak with if they had any concerns.

There were systems in place to measure the quality of the service and to identify where improvements could be made to enhance the lives of individuals living in the home.

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.

One inspector undertook this unannounced inspection took on 23 July 2015.

Before the inspection we looked at the information we already had about this 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. These help us to plan our inspection. The provider was asked to complete 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.

During our inspection we met with all five people who were living at the home. People's needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and three care staff. We looked at the care records of three people, the medicine management processes and at records about staffing, training and the quality of the service. Following our inspection we spoke with the relatives of four people who lived at the home.

Good

Is the service safe?

Our findings

People received safe care. People's relatives told us that they had no concerns about the care people received or the way in which they were treated. One relative told us, "[Person's name] is safe there. I have no worries."

All of the staff we spoke with told us they had been trained in safeguarding and were aware of the whistle blowing procedures. Staff demonstrated that they knew about the signs of possible abuse and they knew the action which they should take should they suspect abuse. Information was displayed so that staff and visitors had the information they needed to be able to report their concerns appropriately.

The registered manager told us that whistle blowing was encouraged because it was really important to help protect people. The registered manager of the service explained and understood when concerns about the safety of people both within and outside of the home's control needed to reported to us and the local safeguarding authority (LSA). When safeguarding concerns had been raised the registered manager had reported these appropriately. Following one safeguarding incident it had been identified that some improvements to procedure were needed. We saw these had been introduced and the staff we spoke with were all aware of the new recording procedures that had been implemented.

People were supported to take appropriate risks in order to be as independent as possible. People needed support from staff to complete everyday tasks and were not able, for example, to cook or make hot drinks without supervision or assistance. Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations.

Risk assessments and checks were carried out regarding the building. Examples included checks of hot water temperatures and the fire alarm systems and fire-fighting equipment. A fire drill had taken place in July and the registered manager had identified that the staff response to the drill needed improvement. In response a further drill had taken place which had been satisfactory.

There were sufficient suitable staff on duty to keep people safe and meet people's needs. Relatives of people who lived at the home told us there were enough staff. Staff told us there were always enough staff on duty to provide appropriate care for people who lived in the home. One care staff told us, "We check the diary to see what people are doing, if we need extra staff we can always ask." The registered manager told us that staffing levels varied dependant on people's planned activities. They gave us an example that usually on a Sunday there was an extra member of staff on duty so that one person could attend their chosen place of worship.

The registered manager told us that one person needed some additional staff support when out at some activities. They told us they had recently been able to secure extra funding to increase staffing to ensure this person's needs were met. Any shortfalls in staffing were usually replaced by known 'bank' staff. This was staff who had worked at this or other Sense homes before and were aware of most of the needs of people who lived in the home. This meant that people living in the home had care from staff who knew their individual needs.

Staff confirmed that they had been subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service (DBS) and the records confirmed this.

We looked at the systems in place for managing medicines in the home and found overall there were appropriate arrangements for the safe handling of medicines. Administration records had been completed to confirm that people had received their medicines as prescribed.

The labels on two items of medicines were worn making it harder to read the directions for administration. We brought this to the attention of the registered manager who stated they would approach the pharmacist for replacement labels. Medication audits had been undertaken and the registered manager told us they had arranged for the pharmacist to complete a medication audit in August.

Staff told us they had received training in medicine administration and records showed that staff's ability to administer medicines was checked regularly to ensure they remained safe to administer medicines.

Good

Is the service effective?

Our findings

Most of the staff had worked at the home for several years. Relatives we spoke with were positive about staff who worked at the home. Staff communicated well with each other on a daily basis, updating each other about the needs and behaviour of the people in the home and making decisions about who would carry out specific tasks and support individuals during a shift. Staff passed on information at the start of each shift.

We asked staff about their training and development to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff who were new to the home received a five day induction and also had the opportunity to work 'shadow shifts' alongside a more experienced member of staff. Staff told us that they had on-going training and regular supervision. Staff told us and records showed, they received training in subjects which ensured they had the skills needed to meet people's needs. Where refresher training was needed for staff this had been scheduled to take place.

Staff were able, when asked, to tell us about people's care needs. For example staff were able to describe the person's health condition, how it affected the person and what they did if the person's health condition made them unwell. One person's relative told us that before the person had moved to the home staff had received training to meet the person's specific needs.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected.

Staff spoken to understood their responsibilities in relation to the Mental Capacity Act (MCA) including Deprivation of Liberty Safeguards, (DoLS). We saw that staff had received training in the MCA. DoLS applications had been made for all the people living in the home. The manager had done this to ensure that safeguards could be put in place because people did not have the capacity to make the decision to live in the home. Records showed that where decisions had to be made that the individual person concerned was unable to make, that relatives, relevant professionals and staff were consulted. This showed decisions were being made in the best interest of the person.

We observed people were supported with their lunch time meal and were given a choice of when and where they eat their meals. Staff communicated with people that lunch was ready by giving them objects to feel that represented the meal time. Staff guided people to where food and drink was on the table and their eating implements so that people could be as independent as possible. We saw that people were happy and some were smiling whilst eating and most people ate well indicating that the food was to their liking. No one was rushed to finish the meal and people were offered more food and plenty of drinks. People were able to leave the dining area when they wanted. People were supported to have sufficient to eat and drink. One relative we spoke with told us they were happy with how staff managed the specific needs of one person with regards to their drinking preferences.

The provider had invested in providing specialist support for their residential services which including assessments for people who had difficulties eating or drinking. The home could call on these specialists for advice and support. Staff displayed a good level of knowledge about people's preferences and specific needs in terms of food.

People were supported to access a range of health professionals, according to their needs. Relatives we spoke with told us that the service responded quickly to any health care need. Their comments from relatives included: "With regards to health needs, they keep me informed. They keep an eye on [Person's name] so the health side of things is good." Another relative told us, [Person's name] had a health scare and the staff kept me fully informed."

Plans were in place to ensure that people had routine health checks so as to identify any change in people's health. We identified that for one person who had a specific health condition that their care plan did not guide staff as to when the support of the emergency ambulance service may be required. However all staff we spoke with were able to describe when they may need to access emergency medical input. The registered manager told us they would ensure this information was added to the person's care plan.

Good

Is the service caring?

Our findings

Relatives of people told us that the staff were kind and caring and that they were made welcome when they visited the home. People were supported to maintain relationships with people who were important to them. Staff helped people to buy and send birthday cards to their relatives and people were also supported to visit their relatives homes if they wanted. The registered manager told us she felt it was important to make people's relatives welcome and to involve them in the home.

People living in this home had limited abilities to communicate verbally but the staff demonstrated their skills in interpreting people's gestures and body language. We saw that staff communicated well with people and seemed to have good relationships with people. We observed a friendly and relaxed atmosphere in the home throughout the time of our inspection and we observed and heard staff working with people in a way that was kind and compassionate. People were unable to tell us their experiences of the care they received but during our visit we observed people smiling and appearing relaxed and calm. We brought to the attention of the registered manager two isolated incidents where we had observed care practice that needed improvement. One person was administered their eye drops at the dining table and were not offered a more discreet place to have done. Another person was assisted to have their mouth wiped after their meal but staff used a paper towel that may be abrasive to the person's skin rather than the softer serviettes that had been provided to other people. The registered manager told us they would address these issues with the care staff concerned.

When we talked to staff individually about people's care they spoke with respect about the people they were supporting. We saw that staff were caring in their approach to people. For example, one person was in the kitchen and the back door was open as it had been a sunny day. Staff observed the person looked cold and so closed the door.

Staff paid attention to people's appearance. All of the people who lived in the home required support with their personal care and people looked well cared for. For example people were wearing clothing that matched and had their personal hygiene needs, such as nail, hair and shaving needs met. Staff demonstrated an understanding of the importance of supporting people to look good to maintain their dignity. One person returned from the hairdressers during our visit. Staff made sure they complimented the person. One care staff told them, "That's nice, you are looking good."

People were supported to be as independent as possible. Care records indicated that people were supported by staff to make choices about their clothes. People undertook activities with the support of staff to include washing up and watering the plants in the home. One person went out with staff to buy pillows during our visit. On return they were assisting staff to carry the shopping and then supported to open the packaging themselves, which given their level of ability was an achievement for them. This was recognised by staff who gave the person lots of praise. Where people achieved something new or enjoyed a particular experience a comment was placed on a display board [WOW board] so that all staff could see. This information sharing helped staff to reinforce improvements and to organise appropriate enjoyable experiences for people.

People's right to privacy and dignity was respected; people were able to spend some time alone in their bedrooms and there were several areas around the home where people could chose to be alone. Suitable equipment was available to alert people that staff were intending to enter their bedrooms and this also helped to maintain people's privacy.

Good

Is the service responsive?

Our findings

People's relatives told us that they were involved in contributing to people's review meetings and care plans. One relative told us, "I'm totally included in all the care and reviews." Regular meetings were held to discuss any longer term changes in people's needs and outcomes of their experiences so that personal plans reflected people's current needs. Staff knew when and how to respond to people because the majority of them had worked with people at the home for a significant amount of time. Our observations showed that staff were alert to people's potential care needs and worked together well to support people. We saw that the majority of information in people's care plans was detailed and provided staff with sufficient information on meeting people's needs. We brought to the attention of the registered manager that information regarding a specific health condition and information about how many drinks a person needed on a daily basis needed improvement to ensure people got the care they needed. However, staff spoken with were aware of the needs of these individuals.

Staff were responsive when people's needs changed. For example, staff had identified that one person had reduced mobility. A referral had been made to an occupational therapist and the person had been provided with additional aids.

There was a wide variety of activities available for people each day based on what people had shown they liked doing. One relative told us, "They are always out, here, there and everywhere." During our visit people took part in a variety of activities. Some people went out to hydrotherapy, others went out shopping for personal items. One person went out to the hairdressers.

People were challenged to try new interests and at regular meetings about individual's care it was discussed if they had enjoyed them or not enjoyed them. People's achievements were recognised and communicated to the staff team so they could be done again in the future. This meant that people were supported to be involved in interests they liked or were important to them.

People had the opportunity to go on holiday. One person had been on holiday near to their family and two other people had holidays booked. For another person we were told that they would be having a shorter break as this would be more enjoyable for them.

Relatives we spoke with told us that they had not had to make any complaints about the care people received. They were in regular contact with the home and felt able to talk to the registered manager and knew how to complain if needed. One relative told us, "I would be quite confident in telling them of any complaints but I have none."

People who lived in the home would be unable to make a complaint due to their communication needs and level of understanding so relatives or professionals would have to make complaints on their behalf. People's care plans contained information about how individual people would show they were unhappy about something and staff knew about these signs and would act to immediately to put this right.

There was a formal complaint process where staff, relatives and other agencies could refer their complaint to the provider rather than to the manager of the home. There were no active complaints when we inspected the service. The manager told us that she had received a concern from a relative and was able to describe the actions put in place to address the concern.

Good

Is the service well-led?

Our findings

The home had a registered manager in post at the time of our inspection. A deputy manager was not in post and we were informed that recruitment to this role was underway. The registered manager told us that they received good support from the regional manager but they had not been able to visit the home as often as before as they were currently managing another service. Records showed that the regional manager had previously visited the home on a monthly basis to monitor, check and review the service and ensure that good standards of care and support were being delivered, however this had reduced to every two months whilst they were managing another service. The registered manager told us that the regional manager was always available for advice by telephone and 'popped in' at other times to ensure the smooth running of the home.

The registered manager had notified us of all events that they needed to because they were aware of the regulations governing the service the home provided. However, the registered manager was not aware of the implications of the new regulation regarding the duty of candour. This meant there was a risk that the registered manager might not act in accordance with current legislation when something went wrong.

The manager was involved and interested in the individual care of people; we saw they were present around the home and they interacted with people. One person's relative told us, "I would be confident to raise any concerns with the manager as they are quite open." A care staff told us that the registered manager made themselves available to assist with hands on care if needed.

Staff received support to maintain a quality service. They told us and records confirmed that they could express their views at regular supervision and staff meetings with the manager. One care staff told us, "At meetings we can always raise if we think we need to improve things."

Quality assurance and monitoring of the quality of the home resulted in improvements in the service. Regular visits were undertaken by the provider and information was collected from audits of the home and staff discussions to produce an action plan for the registered manager and staff to work through. We saw the existing action plan contained plans to maintain and improve the quality of the service offered.

We found that the registered manager and staff were continually looking for ways to improve. Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. A quality questionnaire had recently been developed and the registered manager told us it was intended to send this to people's relatives as a more formal way of seeking their feedback. The registered manager told us that currently feedback was obtained at people's review meetings or through relatives regular contact with the home.