

Sense

SENSE - 1 Ashley Road

Inspection report

1 Ashley Road
Upper Wortley Road
Wortley
Leeds
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



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 16 and 23 March 2015 and was announced. At the last inspection in August 2013 we found the provider was meeting the regulations we looked at.

SENSE- 1 Ashley Road provides care and support to adults aged 18 and over who have a sensory and hearing impairment and have an additional learning and/or physical disability. The home is situated within a residential area of Leeds. It can accommodate up to five adults. The service had 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.

People were safe. The provider had systems in place to protect people from the risk of harm. Staff understood how to keep people safe and knew the people they were supporting very well. Overall, people were protected

Summary of findings

against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Some minor medication issues were identified during the inspection; the provider agreed to introduce more regular medication audits to ensure these were picked up through their own systems.

There were enough staff to keep people safe. Staff were skilled and experienced to meet people's needs because they received appropriate training and support. The service met the requirements of the Deprivation of Liberty safeguards.

People were well cared for. People received appropriate support to make sure their nutritional and health needs

were appropriately met. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The team were introducing a new care planning format to ensure care was set out in a way that clearly described what staff needed to do.

The service was person centred, and had good management and leadership. People got opportunity to comment on the quality of service and influence service delivery. Effective systems were in place that ensured people received safe quality care.

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 not consistently safe.

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

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies.

There were enough staff to keep people safe and meet people's individual needs.

Overall, we found there were appropriate arrangements for the safe handling of medicines but there was not always information available for staff to follow to enable them to support people to take and apply medicines correctly and consistently. Regular audits to check medicines were being administered safely were not being completed.

Requires improvement



Is the service effective?

The service was effective.

Staff were supported to provide appropriate care to people because they were trained, supervised and appraised.

Staff understood how to support people who lacked capacity to make decisions.

People's nutritional needs were met.

Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

Good



Is the service caring?

The service was caring.

People looked well cared for and were comfortable in their home. People received care that was person centred and staff tried hard to help people express their views.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Good



Is the service responsive?

The service was responsive to people needs.

People's needs were assessed and care and support was planned.

People enjoyed a range of person centred activities within the home and the community.

Good



Summary of findings

Systems were in place to respond to concerns and complaints.

Is the service well-led?

The service was well led.

Staff told us the service was well managed and they were encouraged to put forward suggestions to help improve the service. They spoke positively about the registered manager and said they were happy working at the home.

The provider had systems in place to monitor the quality of the service.

Good



SENSE - 1 Ashley Road

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 over two days on Monday 16 and Monday 23 March 2015. Both days were announced. The provider was notified that we would be visiting on Friday 13 March because the location was a small care home for adults who maybe out during the day; we needed to be sure that someone would be in. One inspector visited the service.

Before this inspection we reviewed all the information we held about the service. This included any statutory

notifications that had been sent to us. We contacted health professionals, the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were five people living at the home. During our visit we spoke with six members of staff and the registered manager. We were unable to gain people's views about their experience of living at SENSE – 1 Ashley Road because of the different ways people communicated. We observed how people were being cared for. We looked at areas of the home including some people's bedrooms and communal rooms. We spent time looking at documents and records that related to people's care and the management of the home. We looked at three people's support plans. After the inspection we spoke with two relatives.

Is the service safe?

Our findings

People who lived at the home were safeguarded from abuse. Staff were confident people were safe and if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. Staff we spoke with had a good understanding of safeguarding adults, could identify the types of abuse people may experience in residential care settings and knew what to do if they witnessed any incidents.

We asked staff about incidents between people who used the service. Staff said there were occasions where people may become agitated or distressed and could be aggressive towards others but because these situations were well managed they prevented incidents from happening. Everyone was confident that if people were abused by others they lived with this would be reported and dealt with through the appropriate channels.

We looked at care records which showed other healthcare professionals were consulted and had provided guidance for supporting people with behaviours that challenge and helped identify how risks should be managed in ways that prevented harm.

The home had policies and procedures for safeguarding vulnerable adults and we saw the safeguarding policies were available and accessible to members of staff. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

Staff told us risk was well managed so people were safe and had the most freedom possible.

During our inspection staff were visible and regularly checked to make sure people were safe but they also gave people time on their own. People's care files contained a number of assessments and supporting documents that showed risk management was centred on the needs of the person. Individual risk assessments clearly identified hazards 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 with the minimum necessary restrictions.

Although we saw good evidence that risk was well managed, we also saw that some aspects were not being

managed as well as others. One person was at risk of malnutrition and other professionals had been consulted to make sure the person was receiving appropriate support. However, we saw a recent record that indicated they had lost an unusual amount of weight but this was not followed up or checked again to make sure the record was accurate. The registered manager agreed to introduce a protocol to ensure action was taken following unusual patterns of weight loss.

People lived in a clean and safe environment. Generic assessments for managing risk were available and covered key areas such as infection control. Equipment was checked to make sure it was in safe working order. We looked at records that showed fire equipment was tested weekly and regular fire drills 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.

Through our observations and discussions with members of staff we concluded there were enough staff with the right experience to meet the needs of the people living at the home. We observed staff had sufficient time to carry out their duties and did not have to rush. Staff spent dedicated time with people who used the service. The staffing levels we observed were usual. At times, agency staff worked at the home to cover any shortfalls. Staff told us this worked well because the same agency staff were used so there was continuity of care. The staff we spoke with also told us there were enough staff to meet people's needs.

The provider's recruitment and selection policy outlined the principles that underpinned the process. A member of staff who had recently been recruited said they had gone through a robust recruitment process which followed the provider's recruitment and selection policy. They had attended an assessment day and then an individual interview. They told us they had filled in an application form and relevant checks had been completed before they had started working at the home. The registered manager also discussed the recruitment process which she described as thorough and said new starters could not start until checks such as proof of identity, references and Disclosure and Barring Service (DBS) checks were completed. The DBS is a national agency that holds information about criminal records. We were unable to corroborate this because recruitment records were not available. These were held at the provider's head office.

Is the service safe?

There was no documentation confirming checks were completed. After the inspection the registered manager sent us a copy of a 'human resources file checklist' that demonstrated all the necessary checks were carried out and reassured us robust recruitment processes were in place. The registered manager said they would liaise with their line manager regarding improving accessibility of confirmation that checks were completed.

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. Staff had completed medication awareness training and medication competency assessments.

People's care records provided some good information about how to support people with their medicines. For example, one person's care plan stated that staff should gently touch their cheek and then the person opened their mouth to accept their medication; staff confirmed they followed this guidance. One person had topical cream applied every day and there was guidance so staff understood why the cream was used and how to apply. People also had protocols for receiving 'when required' pain relief; staff could only administer this once they had approval from a member of the management team and we saw this procedure was followed.

We did, however, find, there was not always information available for staff to follow to enable them to support people to take and apply medicines correctly and

consistently. One person was prescribed an eye ointment and the instruction stated 'use as needed' but there was no additional guidance to ensure staff understood when the ointment should be applied. Some people were prescribed laxatives that needed to be given with regard to the individual needs and preferences of the person but there was not enough information to guide staff as to how to give people their medicines. The deputy manager and staff said new care documentation was being introduced to ensure people's needs were being identified through the care planning process and were confident these areas would have been picked up when it was introduced. The registered manager agreed to ensure the gaps picked up during the inspection would be addressed promptly.

We saw a local pharmacist audited the medicines twice a year and the area manager had also carried out an audit, however, regular audits to check medicines were being administered safely were not being done. We noted some minor issues that would have been picked up through an auditing process. For example, one cream was being used six weeks after opening but should have been discarded after four. A medicine liquid bottle did not have an opening date so it was unclear how long this had been in use. The record of stock in a liquid bottle did not correspond with the amount of that should be remaining according to the medication administration records. The registered manager agreed to ensure regular medicines audits were introduced.

Is the service effective?

Our findings

People's needs were met by staff who had the right skills, competencies and knowledge. The provider had effective systems in place to make sure staff received appropriate training. We looked at training records which showed staff had completed a range of training courses including exploring, talking and listening hands, emergency first aid, food safety, nutrition, moving and handling, MAPA (management of actual or potential aggression), positive interactions, living life, health and safety, fire, and data protection. Some staff had also received training in 'Intensive Interaction' to help them work more effectively with individuals. A health professional told us, "The staff who I have supported have generally endeavoured to improve their effective and meaningful use of both functional and non-functional communication means."

On the first day of the inspection we accessed a matrix that identified the percentage of staff that had completed training but there was no matrix to show when individual staff had received training and when they needed to attend refresher training. When we returned to complete the inspection the registered manager had accessed a matrix which detailed individual staff and showed their training was up to date. Any refresher training due was highlighted.

We spoke with staff about training. They told us the training they received provided them with the skills and confidence to carry out their roles and responsibilities. One member of staff said, "We get good training and this helps us to work well with the people that are here. We had to try and understand what deaf and blind people experience it was really good." Another member of staff said, "We get to do lots of training. I recently did a three day intensive interaction course." One member of staff who had recently started working at the home talked to us about their induction programme which they were still completing. They said they had been provided with good support, which had included training, an induction workbook and formal supervision. We looked at the initial induction that had been completed with the registered manager.

Staff we spoke with said they were well supported by the management team who were accessible. They told us they received regular supervision where they had opportunities to discuss their work. We looked at staff records which showed staff had received an annual performance review

and a formal supervision session although this was not always on a regular basis. The registered manager told us they were worked closely with the team and spent time working alongside individual members of staff.

Staff were confident any decisions made on behalf of the people who used the service were in their best interest. We spoke with members of staff about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA covers people who can't make some or all decisions for themselves and DoLS is where a person can be lawfully deprived of their liberties where it is deemed to be in their best interest or for their safety. Staff told us they had received training and were able to discuss the key requirements of the MCA. We also saw in staff files they had completed a knowledge test about MCA and DoLS.

People's care records contained information about promoting choice and supporting people to make decisions. Where people did not have the capacity to make decisions about different aspects of their care and support this was assessed and recorded in their individual care plan. Records showed decisions were made in people's best interest. We looked at records which showed the requirements of the Deprivation of Liberty Safeguards (DoLS) were being met. At the time of the inspection two Deprivation of Liberty Safeguards authorisations were in place and they were waiting for the outcome of others. DoLS protect the rights of people by ensuring that if there are restrictions in place they are appropriate and the least restrictive.

We observed the lunch in the dining room and saw people were given appropriate support and time to eat their meal. Staff sat with people who needed assistance. The atmosphere was calm and relaxed, and staff worked as a team to help make sure everyone had a good experience.

People ate different meals and staff explained these were based on each person's needs and preferences.

Staff we spoke with said meal times were consistently good and they were confident people ate healthily and had balanced diets. The home had a four week rolling menu which was varied and offered choice to people at meal times.

We looked at records which showed the provider had monitored nutrition. The area manager had completed an

Is the service effective?

audit a few months earlier where they checked nutrition and dysphagia (swallowing problems), which covered the variety of food and a balanced diet. The service had scored 97% and been rated as excellent.

We also saw people's individual care records contained good information about how their health needs were being met. Records confirmed that people had health checks

with their local GP and support from health care professionals to meet any specialist health care requirements. When people attended healthcare appointments clear records were made; dates for any follow up appointments were documented. Staff told us good systems were in place to monitor people's health and their healthcare needs were well met.

Is the service caring?

Our findings

People who used the service were unable to tell us about their experience of living at SENSE- 1 Ashley Road. We spoke with two relatives who had regular contact with the service. They both told us the staff were caring and knew how to care for the people who used the service. One relative said, “They are fantastic. All are very nice. [Name of person] has come on leaps and bounds. They always involve me.” Another relative said, “We’re quite happy and so is [name of person].” A health professional said, “I believe that the Ashley Road team have, through their actions, shown themselves to be generally caring.”

Throughout the day there was a friendly atmosphere. We observed care in the dining room and lounge area and saw people received good support and were relaxed in the company of staff. People received person centred care and engaged in different activities. There was a good balance between giving people their own space and making sure they were comfortable and happy.

Staff provided consistent care. We observed staff communicating with people using signs. Different staff used the same signs in different situations which

demonstrated they were using the same approach. We also observed staff supporting a person to make a drink. The approach used enabled the person to be involved in the making of the drink. Guidance on the approach was clearly recorded in the person’s care records and done in consultation with a health professional.

People looked well cared for. They were tidy and clean in their appearance which is achieved through good standards of care.

Staff demonstrated they knew people well and had a good understanding of their support requirements. Staff we spoke with were able to tell us about people’s needs, likes and dislikes, history and future goals which helped them understand the person and how to respond when offering support.

All the staff we spoke with were confident people received good care. A member of staff said, “I’ve worked in different care settings. When I came here I was so impressed with the care, it really is very good.” Another member of staff said, “It’s a small staff team and we all understand everyone’s needs. It’s good care, very good care.” Staff gave examples of how they maintained people’s dignity, privacy and independence.

Is the service responsive?

Our findings

People's care and support needs were assessed and plans identified how care should be delivered. The care plans we reviewed contained information that was specific to the person and contained detail about how to provide care and support. There was information that covered areas such as what is important to me, what people like and admire about me and how best to support me. People's care files contained life story information to help staff understand and know their history.

The team were introducing a new care plan format because they had identified that the way the care and support plans had been set out were not clear and information was difficult to access. We looked at a new style format and saw this was person centred and provided good guidance for staff to help them support people with their daily routines. Some people's care plans still needed updating and staff were working on these. One person's care plan was not available when we visited on the first day of the inspection so there was no information about how the person should be supported, for example with personal care. The registered manager and staff explained this was because the new care plan was being typed up; when we returned to complete the inspection this was available in the new format. We noted that some people had sensors to alert staff during the night if people left their room. This was not recorded in people's care plans; staff said they would ensure this information was added.

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. Meetings were held to ensure any changes in care needs and health issues were picked up. We looked at some of the keyworker meeting records which showed they had reviewed where the person had been, who they had seen, how their health had been and what they would like to do next month.

Although we found the new style care plans were person centred some information was included that was not

specific to the person. The care plans made reference to generic health and safety assessments such as infection control and thermostatically controlled water temperatures to prevent scalding. The registered manager said this information was added to everyone's care plan but agreed to review this aspect of the planning and assessment process to ensure they focused on the person.

People had individual activity schedules and enjoyed a range of person centred activities within the home and the community. On both of the days we visited people were engaging in pre-planned activities within the community. One relative said, "They do great activities, bowling and bike riding. I have no concerns."

People had person centred review meetings to help identify what was important to the person in the future. We saw relatives had been included in the review meetings and following the meetings were asked if they were happy with the process and had opportunity to contribute. They were asked if they had ideas about how the process could improve. We spoke with one relative who confirmed the review meetings always covered what was working well and what they could focus on in the future to make sure the person's needs and preferences were being met.

A health professional told us, "On the whole my experience has been that the staff team endeavour to be responsive to both the functional and social/stimulatory needs of their service users. The staff's use of the Intensive Interaction rationale and strategies has enabled them to facilitate 'meaningful, two-way communication' and to do so in a generally effective manner, providing appropriate sensory and socially stimulating experiences for their service users."

Both relatives we spoke with said they had no concerns about the service. The registered manager had recently attended a training session on complaints; they had no open complaints at the time of the inspection. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We saw that staff had discussed the complaints procedure to ensure everyone was familiar with the process.

Is the service well-led?

Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They dealt with day to day issues within the home and worked alongside staff overseeing the care given and providing support and guidance where needed. We received positive feedback about the registered manager. One relative said, "The manager is great." A health professional said, "I think that there has been a significant improvement in the management of Ashley Road." A member of staff said, "Any problems at all, we just talk to [name of manager]. She's very good; she listens and will always come and help."

Quality assurance arrangements ensured people received care and support that was safe and met their individual needs. People who used the service were unable to say if they were happy with the service provided, however, staff and managers tried to ensure they took into account people's experience to help measure the quality of the service. At keyworker meetings they looked at the previous month and tried to establish what made the person happy and what made the person sad. They involved family members.

Staff told us they were happy working at the home and said the team worked well together. They said they were encouraged to put forward ideas to help improve the

service and suggestions were always well received. They knew what was expected of them and understood their role in ensuring people received the care and support they required. Staff were aware of the whistle blowing procedures should they wish to raise any concerns about the organisation.

Staff meetings were held on a regular basis which gave opportunities for staff to contribute to the running of the home. We saw recent staff meeting minutes where discussions were held around quality and safety topics. The team had also talked about any learning opportunities to help develop and improve the service. The registered manager said a staff survey was due in April/May 2015.

There was a system of audits completed by staff and the home's management team. Records showed the audits and checks were carried out on a regular basis and covered key areas such as cleanliness of the home. Staff told us good systems were in place to make sure everything was done properly. Two members of staff said they felt the service was currently running very smoothly and there was a real positive culture. The registered manager also said this.

Representatives of the provider also carried out audits when they visited the service. Reports were completed and areas for development were identified. Senior managers had looked at areas which included health and safety, care records, finances and nutrition.