

Motivations Every Sensation Limited

Every Sensation

Inspection report

Birchwood Grange
Kings Mill Road West
Sutton-in-ashfield
NG17 1JS

Tel: 01623557560
Website: www.eversensation.co.uk

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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 ●

Summary of findings

Overall summary

About the service

Every Sensation is a service providing personal care to people living in their own homes. It provides long term, short term, and respite to people within the community. At the time of our inspection, the service supported six people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

The care and support people received was safe. Staff had the skills and experience they required to care for people effectively and people were supported in the least restrictive way possible and in their best interests; the policies and systems in the service supported his practice.

People had person centred care plans. People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately. People and relatives told us staff were kind and compassionate.

Care plans were comprehensive and provided guidance to staff on how to provide support to meet people's individual complex needs. People were supported by a sufficient number of safely recruited staff to meet their needs.

People, relatives and staff felt the management team were approachable, open and transparent. Relatives said they had confidence in staff to perform the health task associated with the complex needs of people and knew when to seek advice and support from other medical professionals.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were the underpinning principles of Right support, right care, right culture. People were given choice and control in a supported way. For example, people had a team of keyworkers and information was provided in a person-centred accessible format. People were fully supported and motivated to undertake activities of their choosing and social interactions were encouraged, which reduced the potential for social isolation and promoted development of social skills.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

This service was registered with us on 21 November 2019 and this is the first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Every Sensation

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We visited the office location on 21 October 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the registered manager, the deputy manager and a support worker. We reviewed a range of records. This included three people's care records and medicine records. A variety of records relating to the management of the service and staffing, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly work with the service. We phoned two relatives of people who used the service about their experience of the care provided and we spoke with two staff. This meant we spoke with five staff in total.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse.
- Relatives told us they were confident in staff abilities to keep people safe.
- Staff had good knowledge of safeguarding practices and how to apply them.
- The provider had systems and policies in place for reporting, investigating and dealing with concerns regarding wellbeing and safety.

Assessing risk, safety monitoring and management

- The provider took a proactive approach to anticipating and managing risks. Staff were well trained and understood their responsibilities.
- People were encouraged to have freedom with activities. We saw evidence of activities being risk assessed and best interest decisions taken to ensure activities could safely take place.
- Risk assessments were in place for complex health tasks. Care plans contained person-centred guidance for tasks such as peg feeding. Peg feeding is where a person's nutritional needs are met through a tube in their abdomen. This meant people's risk of harm had been reduced and staff knew the correct procedure to deal with an emergency.

Staffing and recruitment

- Staff were recruited safely and effectively. This resulted in transferable staff skills that matched people's specific needs.
- Relatives told us there were occasions where staff continuity was not in place. However, the provider ensured people still received the care needed. The manager was actively recruiting for further support workers.
- One professional who worked with the provider told us, "Staff always demonstrate a high level of knowledge and skill, and retention rates seem very high." This showed people received their care from staff who knew them and were experienced and able to adapt to people's changing needs.

Using medicines safely

- Where people required support with their medicines, this was administered and managed safely.
- Staff had completed medicine training. They completed medicine records. This showed people were supported safely.

Preventing and controlling infection

- The provider managed the control and prevention of infection well.

- We saw evidence the provider ensured weekly testing for all staff.
- Staff wore personal protective equipment when completing relevant tasks. This ensured people were protected from the risk of infection.

Learning lessons when things go wrong

- The provider was honest and transparent about safety.
- There was a robust system in place for recording and investigating any incidents and accidents that had occurred.
- Staff received feedback through team meeting minutes. This ensured improvements to safety were made for people and staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care and support was planned and delivered in line with current evidence-based guidance, standards and best practice.
- Assessments were completed in collaboration with other people such as specialised health care professionals and relatives, who supported the person being assessed.
- Information from assessments were used to develop care plans. This ensured staff knew the needs of the people they were supporting.
- We reviewed three care plans and saw evidence of the promotion of protective characteristics under the Equality Act 2010. For example, people's needs in relation to their age, gender, religion and disability were identified. This reduced the risk of people experiencing discrimination.

Staff support: induction, training, skills and experience

- Staff had the relevant skills and training to meet people's needs.
- One staff member told us, "I have been trained to use all the equipment within people's homes such as hoists."
- New staff received a comprehensive induction that included training to meet specific health care needs. This ensured person-centred care was delivered effectively and in line with current best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- Most people requiring support with nutritional needs did so through specialised health tasks such as peg feeding. Peg feeding is where a person's nutritional needs are met through a tube in their abdomen. These tasks were completed safely and competently.
- Staff had the training and skills to support people with specialist requirements and we saw evidence of regular competency checks. This ensured nutritional needs were effectively met.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Clear systems and processes were in place referring people to external services.
- One professional told us, "Staff are very proactive in their requests for advice and support and very knowledgeable about the people in their care, which is vital for people with such complex needs."
- People's care records evidenced appropriate partnership working with health professionals and showed recommendations and updates had been implemented and communicated to staff effectively.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, the service did not support anyone who was deprived of their liberty.
- Staff had a good knowledge of the principles and requirements of the MCA and supported people accordingly.
- People's consent to care was sought and people's chosen communication methods were used to ensure understanding. For example, the registered manager described people had used eye gaze technology to communicate their choices. Eye-gaze technology is people using movements of their eyes to operate a laptop, computer or speech-generating device.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with dignity, kindness and respect.
- One relative told us, "I have full confidence with staff, when [relative] hears their voices their face lights up and they smile, I know they enjoy having them here."
- Relatives told us staff took time to communicate with people in their preferred method and understand their needs and specific preferences. This ensured a good standard of person-centred care was being delivered.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views.
- Each person's care plan stated the level of support they required communicating their views and wishes. Staff told us they had enough time to spend with people to understand their needs and wishes. They understood when additional support was needed from family to make decisions about care and support.
- Care plans were detailed and described how people liked their care to be delivered and details of activities they liked to take part in. This showed person-centred care was being delivered consistent with people's wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were promoted and respected.
- One relative told us, "They [provider] is excellent. I would recommend them to anyone. They have the right mix of staff that have skills, but they also care."
- The provider promoted care delivery that allowed people to be as independent as possible. Care plans contained guidance on how staff could support and encourage people to maintain and use their skills. This helped to ensure people were respected in their own homes and treated with dignity.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care according to their individual needs.
- One relative told us, "Staff have to deliver a lot of personal care, but they listen and understand how we like things done".
- We saw evidence of person-centred care plans that included people's life histories, needs and preferences. This supported staff to provide people's preferred care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People and relatives received information in accessible formats, which they could understand.
- Care plans included information and guidance on people's non-verbal communication styles. This ensured staff knew how to engage and convey information to people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships and take part in activities important to them.
- We saw people being supported to a day care facility which they attended daily. This supported people to maintain and build friendships.
- One relative told us, "They take [relative] to day care every day in [relative's] car, if they didn't [relative] wouldn't go anywhere and I wouldn't get a break."

Improving care quality in response to complaints or concerns

- People and relatives knew how to give feedback and address concerns with the provider.
- Relatives told us that the management team were approachable. One relative said, "Management aren't afraid to have the difficult conversations, this is what gets issues sorted."
- There was a complaints policy in place, and we saw evidence that management actively requested feedback from people through meetings and emails to relatives. This ensured the quality of care was always monitored and suggestions and improvements acted upon.

End of life care and support

- Although end of life care was not provided, the provider had relevant policies in place in case the situation did arise.
- Staff had knowledge and understood why people had ReSPECT forms in place and knew where these were located. This ensured people received care how they wished at the point of an emergency. ReSPECT is a national patient held document, completed following an Advance Care Planning conversation between people and a healthcare professional.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider promoted a positive person-centred culture.
- A relative told us, "Their [relative] confidence has grown. Having interaction with different people every day really has helped and staff care so much".
- Staff told us they felt management were approachable and addressed their concerns and suggestions quickly which ensured good outcomes for people.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their responsibilities regarding the duty of candour.
- We saw evidence of staff being able to raise concerns within team meetings. The manager added action points and timescales for resolution and feedback. For example, the registered manager reduced the annual leave capacity for staff during a period of high sickness levels to reduce the impact on continuity of care.
- The provider had a robust complaint process and records showed they were honest about failings and strived to improve the service in a supportive manner.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff had a clear understanding of their roles and responsibilities.
- The registered manager had a thorough understanding of regulatory requirements. They ensured relevant agencies were notified immediately of any incidents. This minimised potential risk to people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider involved people and relatives in planning by collecting their feedback by various methods including meetings and online platforms.
- The service worked collaboratively with other professionals to ensure the care people received consistently met people's needs.
- A professional who worked with the service told us, "They [provider] are always professional and demonstrates a lot of care and compassion towards people that they care for."
- People from diverse backgrounds, with specialised and complex care needs, were encouraged and

supported to live their life to the full. This ensured people received person-centred care and achieved their personal goals.