Sense

SENSE - 18 Water Gate

Inspection report

18 Water Gate
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Date of inspection visit: 11 June 2015
Date of publication: 11/08/2015

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

The inspection took place on 11 June 2015 and was unannounced.

Sense – 18 Water Gate is a home for people with sensory impairment and learning disabilities or autism or other physical disabilities. The home is registered to provide care for a maximum of five people. Accommodation is provided in single bedrooms each of which has an en-suite bathroom.

There was a registered manager in place at the time of our visit. 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.

There were enough staff available to care for people safely and the registered manager took into account people's needs when setting staff levels. There were appropriate recruitment and selection processes in place

Summary of findings

to ensure staff were suitable to employ. Staff received training in subjects needed to keep people safe. Staff were supported with regular supervisions and appraisals and training needs identified by staff to enhance their communication with people living at the home were supported by the registered manager.

Care plans recorded the risks to people's health and safety while living in the home and action had been taken to minimise the risks people were exposed to without restricting their activities of daily living. Accidents and incidents were monitored and where trends in incidents were identified the registered provider and staff took action to reduce the incidents. People's ability to eat and drink safely had been assessed and individual guidelines were in place to keep people safe when eating.

Systems were in place to obtain, store, administer and dispose of medicine safely. Medication administration charts had been accurately and where medicine had been prescribed as to be taken was required it was clearly recorded why it had been administered.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. People had been assessed to see if they were at risk of having their liberty deprived and appropriate applications had been submitted to the local authority. Records showed when decisions had been made in a person's best interest, family and health and social care professionals had been included in the decision making process.

There was a calm relaxed atmosphere in the home and people were comfortable approaching staff for assistance. Relatives were consistently positive about the caring attitude of the staff. Staff knew about people's individual likes and dislike and how they preferred to received their care. People were supported to maintain family relationships and to make their family feel welcome in the home.

Staff had a positive attitude about people's abilities and supported them with daily living skills, activities and holidays to reach their full potential and lead a fulfilling life. People were supported to be part of their care reviews and help to set their goals in the coming year.

The people living at the home were at the heart of the service and the provider's values supported staff to ensure people received a personalised service. The registered manager was innovative in developing the service to meet people's needs with the resources allocated to them.

There were appropriate systems in place to monitor the quality of service provided and where issues were found action was taken to resolve the issue.

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 knew how to keep people safe from harm and were clear on how to report concerns both internally and to external agencies.

Risks to people were assessed and action taken to minimise the risks to people. The registered manager reviewed incidents and accidents and where trends were identified took appropriate action to reduce the risk of the incident re occurring.

There were effective systems in place to manage medicines safely.

Good

Is the service effective?
The service was effective.

Staff received appropriate training and support from the registered manager and provider.

People's human rights were protected as the registered manager and staff understood the laws which protected people's rights to make decisions.

People were supported to eat and drink safely.

Good

Is the service caring?
The service was caring.

The service was person centred and people were supported to attend and contribute towards their annual review.

Staff promoted people's independence and supported people to express themselves by using different communication aids.

Good

Is the service responsive?
The service was responsive.

Care plans recorded people's individual needs so that staff could give person centred care.

People were supported by a range of activities both in the home and in the local community.

The provider had a complaints policy which was available for people in different formats. They had received no complaints since our last inspection.

Good

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

The provider had a clear set of values which they used to review staff performance.

The registered manager was friendly and approachable and listened to concerns and raised by staff and relative and helped to put them into practice.

Good

Summary of findings

Innovative use of resources supported people care and enabled more people to take part in more activities.

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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 11 June 2015 and was unannounced. The inspection was completed by a single inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the registered provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service.

During the inspection we spoke with two care workers and the registered manager. Following the inspection we contacted two relatives to gather their views of the service. People living at the home were unable to tell us about their care so we spent some time observing care and what it was like to live at the home.

During the inspection we looked at the care records of two people who lived at the home and other records related to their care such as daily notes and food and fluid charts. We also looked at staff training, complaints and the quality assurance records.

Good

Is the service safe?

Our findings

The registered provider had policies and procedures in place to keep people safe from harm. Staff were familiarised with the policies and received training in how to keep people safe at their induction and through regular refresher training. Staff were able to describe the different types of harm people may be exposed to and how that may affect them. Staff were clear on how to raise concerns both to their line managers and to external organisations. Phone numbers for raising concerns externally were available for staff in the office.

Records showed risk assessments were in place and had been regularly reviewed. Where risks had been identified the least restrictive method of keeping people safe had been used. For example, one person was at times trying to leave the home and so a motion sensor was put on the outside door to alert staff if they went outside. This meant the person did not have to be monitored while inside and this increased their independence and privacy.

In addition, the registered manager had also reviewed any incidents that had occurred to see if there were any recurrent events that could be reduced. We saw where they identified recurrent incidents action had been taken. For example, they identified one person was having issues repeatedly before their evening medicines. The registered manager discussed this with their GP and moved the person's medicines forward by half an hour in the evening which had considerably reduced the number of incidents.

A relative said that there was a stable staff group which meant their relative received consistent care from people they knew. They told us that staff were skilled in the role and that they were comfortable when leaving their relative as they trusted the staff. A visiting health professional told us the staffing levels supported people to lead a full and active life.

We saw that there were enough staff available to keep people safe. The registered manager explained that they took account of people's needs when setting the rota and were flexible with staffing levels to support people to take part in activities.

There were appropriate recruitment and selection processes in place to identify staff suitable to work with the people living at the home. Records showed the required pre-employment checks had been completed to make sure staff were suitable to employ.

Medicines were obtained, stored, administered and disposed of safely. Staff had received training in administering medicine. We saw that each person's Medicine Administration Record (MAR) had been completed appropriately. We observed medicines being administered to people and saw that this was done in safely in a managed way which reduced the risks of medicine errors.

Where medicine had been prescribed to be taken as required there was clear information recorded in the care plan about why and when it should be administered. The MAR showed the amount of the medicine given had been recorded and why it had been given.

Where people routinely refused their medicines the staff sought advice from their GP. There were clear guidelines in people's care plans recording when it was appropriate to give medicines in food or drink without the person knowing they were taking medicine.

Good

Is the service effective?

Our findings

Staff told us they were supported by the registered manager and the provider to have the skills needed to care for people safely. There was a planned induction in place for new staff which included observation shifts and one week of shadowing and then they worked alongside a senior colleague. New staff also completed a corporate induction which covered moving and handling, and health and safety and ensured they had the skills to communicate with deaf blind people.

The provider had a training policy which included mandatory refresher training for staff. Ongoing training was managed at the provider's head office and staff were prompted when refresher training was due. Records showed people were up to date with their training. The registered manager also support staff to develop their skills in line with training identified in their appraisal. For example, several staff had identified that they wanted to improve their sign language skills. The registered manager had set up a regular meeting once a month where staff with more advanced sign language skills supported colleagues to improve.

Staff told us and records showed that they were received regular supervision sessions and an annual appraisal with their line manager. This allowed them to discuss any concerns about their practice identify if anything could be done better. The registered manager also supported staff with video supervision. This supported staff to reflect on a time when they interacted with a service user and what they could do differently.

Staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DOLS). These are laws which protect people's rights when they are unable to make decisions for themselves. The registered manager had completed Deprivation of Liberty Safeguard assessments on each person and where necessary had sent in a DoLS Application to the local council. At the time of our inspection one person had a DoLS in Place.

Appropriately completed Mental Capacity assessments were in place and were decision specific. Where decisions had been made in a person's best interest appropriate advice had been sought from health care professionals and people close to the person had been consulted. For example where people were given medicines without them knowing they were taking it.

All the people living at the home had their ability to eat and drink safely assessed by appropriate health care professionals. Each person then had a set of eating and drinking guidelines documented so staff were aware of their nutritional needs. Guidelines included information about when people needed their food chopped up or mashed and how they should be supported to sit to reduce the risk of choking.

We saw that people's behaviours around their nutrition were noted and actions taken to help them have a healthy relationship with food. For example, a person was anxious about what sandwiches they were having in their packed lunch. We saw staff had developed chart so that the person could record each day of the week what they had eaten. This helped the person to be more relaxed about their lunch.

Menus were reviewed on an ongoing basis and the registered manager had requested that food was cooked from scratch with people living at the home involved in the cooking. We spoke with one member of staff who liked to cook. They told us that they were trying out different meals and then documenting the recipes so that colleagues could also cook the meals. They told us that the day before our inspection they had cooked stuffed marrow for the first time and that everyone had enjoyed it and cleared their plates.

People had health care plans in place and had access to other health professionals. Records showed staff raised concerns with health care professionals appropriately and were proactive in managing people's health.

Good

Is the service caring?

Our findings

We received only positive feedback from the relatives we spoke with about how the service cared for their relative as an individual. One relative we spoke with told us, "I have nothing bad to say, it's a fantastic place. The care is fantastic and the registered manager and key worker are great." A social care professional told us, "It's a very caring household."

There were kind caring relationships between staff and people living at the home. Staff we spoke with knew about the people they cared for and had in-depth knowledge about what was important to them. For example, as people in the service were getting older their parents were also getting older and found it harder to visit. Therefore, staff ensured people maintained their family relationships by taking them to visit their parents regularly and for special occasions. One person was taken to see their family, who did not live locally on Christmas day. People were also supported to maintain contact with their families by sending birthday and Christmas cards and presents for close relatives.

The registered manager and staff also showed an awareness of people's cognitive abilities. For example, one person was always involved in what they were doing at the time so had no meaning to them if asked what they wanted to do next week as they did not understand that concept.

The home also encouraged stronger family relationships by supporting people to be involved in common interests shared by their family. The home had registered one person with a premiere league club their relatives supported and had arranged for them to accompany their relative to a match. This supported the person with positive family time.

Staff had a positive attitude about what people could achieve and were supported by the registered manager who listened to staff ideas and helped put them into practice. For example, a member of staff had suggested that people could go camping.

People attended their annual reviews and were supported to input into what goals they wanted for the next year. For example, one person had shown that it was important for him to be given time to understand things, to be able to make choices and to be able to express how he was feeling. A member of staff suggested a communication aid to help the person express how they were feeling. The member of staff then in their own time searched for and identified a suitable piece of equipment and it was being used successfully.

We saw that other communication aids were also in place. For example, one person had an activities board to help them express their choice around what they wanted to do. Communication aids were also in place to allow people more privacy. For example, people had different doorbells so they knew when someone was at their bedroom door. These were personalised for people's individual communication needs.

When people had visitors to the home they were supported to be a host and offer people drinks and snacks as people normally would when welcoming visitors.

Staff promoted people's independence. For example, two people in the home could read Braille and so staff requested to take lessons and the registered manager had purchased a braille machine. Staff then labelled the tins of food so that the person could find what they wanted to eat at mealtimes. Staff also labelled people's photographs so they knew who they were.

Good

Is the service responsive?

Our findings

We looked at two people's care plans and could see that they had been written to support people as individuals. For example, care plans recorded if people had the capacity to be involved in making decisions about their care and family members who should be consulted. Staff respected the rights of family members to be involved with a person's care and worked in partnership with families to ensure care met people's needs. Staff at the home also supported people's parent to understand people's needs. This meant people received consistent safe care when they spent time with their families.

At people's reviews the registered manager and staff had looked at people's care needs and identified how they could be supported to become more independent. For example, the staff had worked with one person to improve their continence. Advice had been sought from health care professionals and this person no longer used continence products. A visiting social care professional spoke highly of the service and spoke positively of the changes they had seen in a person they supported since they had lived at the home.

People's preferred daily routines were clearly defined in their care plans for staff to follow. For instance one care plan indicated that staff should tap the person's bed to indicate it was time for them to get up. Care plans also recorded activities which people liked to take part in.

Where people displayed behaviour which challenged there were clear plans in place on how to support the person. We observed one person displayed some behaviour which was challenging and staff responded calmly and confidently in line with the person's care plan. Staff told us that having a consistent approach to the behaviour had been positive and they were seeing fewer episodes. This showed the person was feeling more settled and secure.

We saw and records showed people were supported to take part in activities and were supported to access the local community. On the day we visited the resource centre where people spent time in the week it was closed for the holidays. As it was a nice day the staff had taken everyone to the seaside for the day. In the evening people were also offered the choice of if they wanted to go swimming or not. We saw one person chose to go while others chose to relax at home.

Staff had taken people camping and people had holidays booked for holiday park and for going on a narrow boat. People were supported to be involved in setting up new activities. For example, when they started to go camping, people living at the home visited a camping exhibition to choose the tent they wanted. A relative told us that activities provided were appropriate to their relatives needs and would stimulate their senses which were important for people with limited sight and hearing.

People were also supported to take part in activities within the home. For example, people took it in turns to help prepare the evening meal and people were supported to help keep their rooms clean and tidy.

There was a complaints policy in place and staff had produced a copy in Braille so that it was accessible to the people in the home who could read braille. However, there had been no complaints since our last inspection.

Professionals who visit the service and family members told us they knew to raise concerns with the registered manager and were happy to do so as the registered manager was approachable and open to hearing their concerns and resolving any problems.

Good

Is the service well-led?

Our findings

The registered manager was clear with staff about the culture of the home and that it was not being run for the people living there but in partnership with them. For example, staff were aware that if they needed to go shopping for something for the home, they should always offer people the opportunity to accompany them.

Staff were also aware that visitors to the home should be treated as guests of the people living there. One relative said that they always felt welcome when they visited the home and offered a drink. They said it felt like it was their relative's home and not a care home. They also told us how the registered manager and staff were open and honest with them and kept them updated about their relative's medical issues and social activities. People and their relatives were encouraged to input into the development of the home on an ongoing basis. They were also invited to attend house meetings on a regular basis where they could be update on any changes in the home.

The provider had a clear set of values for the home which staff were aware of. The values were about how the organisation should be open and honest with people and continually strive to improve the services. The values also included recognition of people's abilities and how they contributed to the community around them. The values were used in people's appraisals to monitor how well staff were putting the values into practice.

Staff told us the registered manager was very approachable and would resolve any issues they took to him and listen to their ideas. For example, it was a member of staff who had suggested that people could go camping. The registered manager told us they were always trying to improve the service people received and continually looked at what activities people could do and how people could be supported to be independent. A relative we spoke with told us, "I have never known a manager care for people and staff the way the [registered] manager does."

There was an on-going maintenance programme in the home and we could see that since our last visit some bedrooms had been decorated and new furniture had been purchased for the living room. Some larger scale work was needed on the home and the registered manager had arranged for all the people living at the home to be on holiday when the work was completed. This meant people would not be upset or inconvenienced by the work.

The registered manager worked with the families and local charities to identify funding to improve the service. For example, they had received monies to put furniture in the garden so people could spend time sitting outside. They had ensured that the garden area was accessible to all by making sure the paths were wide enough for wheel chairs and people's walking aids.

The registered manager was innovative in their approach to staffing levels. For example, as people were normally in bed by 9pm they had set the evening shift to finish at 9pm with the understanding that if people wanted to stay up later staff would also stay late. When people went on home visits the staffing levels were reduced according. While these were small changes that did not impact on people's care they allowed the registered manager to save staff hours and then use them at times when people wanted to do activities away from the home. For example, this flexibility had meant that people could go camping more often.

The registered manager had also been innovative in allocating key workers and had assigned a key worker with diabetes to a person living at the home with diabetes. The registered manager and staff told us the key worker had been able to advise them on small changes to make to the person's diet which had considerably improved their control of their diabetes.

The registered manager had also used innovative methods for staffing issues when it became hard to get staff to cover the short morning shifts. They had advertised within the village for local staff and had successfully recruited a number new staff who were happy to work a short shift as they did not have far to travel. Having local staff also embedded the home and people living their more firmly into the local community and had the benefit that staff were close if extra staff were needed in an emergency.

Records showed there was a schedule of audits completed through the year. Audits had recently been completed on the Mental Capacity Act, supporting staff, and health and safety. We saw that where issues were identified an action

Good

Is the service well-led?

plan had been developed with dates for when issues would be resolved. Records showed the registered manager followed up the action plans to ensure all issues had been addressed.