

Sense

# SENSE - 428-430 Gillott Road

## 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 ●

# Summary of findings

## Overall summary

This inspection took place on 22 March 2016 and was unannounced. The service was last inspected in March 2014 and was meeting all the regulations. SENSE 428-430 Gillott Road provides accommodation for a maximum of eight adults with sensory impairments and learning disabilities. The eight people living at the home were unable to verbally tell us about the care they received but did communicate with us through other forms of non-verbal communication. We observed how care was provided to people and whether people appeared happy living at the home.

At the time of our visit the home 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.

Through observing care and by speaking with staff and relatives we found that people were safe. During our inspection we saw that there were enough staff to support people safely. Staff were able to tell us how they kept people safe and knew how to report any safeguarding concerns. We found that the systems for medicine management were safe.

We saw that people were supported to make choices in their care and consent was sought before staff helped people. Staff could explain how they supported people in line with the Mental Capacity Act (2005). Some people had authorisations to deprive them of their liberty. Not all staff were confident in who had these authorisations in place but could explain how to provide care in the least restrictive way.

Through our observations we saw that staff understood people's preferred method of communication and we saw and heard staff working in a kind and caring way. Staff showed skill when communicating and supporting people and we saw that staff knew people well. The service had a friendly atmosphere and people appeared comfortable and relaxed with the staff team. Relatives told us they were happy with the care their family member was receiving.

Each person had a plan of care that detailed their individual needs. Staff told us details about how people preferred to be supported and could describe how they found out people's likes and dislikes. We saw staff being responsive to people's requests for support. Care was reviewed at different times during the year to make sure people were happy with their care.

People had the opportunity to take part in activities that they enjoyed. We found that work was needed in this area to ensure people had access to meaningful activities in a more structured way. The registered manager was taking action to address this issue.

Staff told us they had received training to carry out their role effectively. We saw that there were systems in place to ensure that staff kept up to date with their knowledge. Staff told us they were supported through

supervisions and felt able to suggest improvements in the running of the service.

People had been encouraged to maintain their independence. We saw that equipment had been purchased to achieve this and the environment of the home had been adapted to ensure people had freedom of movement around the home.

People's nutritional and dietary needs had been assessed and people had their preferences for food incorporated into menu plans. People were encouraged to help prepare their food and drinks wherever possible. We saw that people had access to healthcare and staff had information about how to support people in different healthcare settings.

There were systems in place to monitor the quality of the service. The registered manager and provider undertook checks to make sure the service was being delivered safely. The registered manager had ideas of how to improve the service.

## 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.

Staff were aware of the signs of abuse and the correct procedure to follow should they be concerned.

People were supported by sufficient, suitably recruited staff to meet people's individual needs.

There were systems in place for managing medicines safely

### Is the service effective?

Good ●

The service was effective.

People were supported to make choices. Staff carried out support in line with the Mental Capacity Act (2005).

Staff had received training to enable them to support people effectively.

People had access to healthy meals that met their individual preferences.

### Is the service caring?

Good ●

The service was caring.

Relatives told us that staff were kind and caring in their approach. Staff showed enthusiasm for their job and we saw that staff knew people well.

People's dignity and privacy was respected.

Care was planned around people's known preferences with input from people who knew them well.

### Is the service responsive?

Good ●

The service was responsive.

People had the opportunity to take part in activities although we identified that more structure was needed to ensure meaningful activities could occur.

People were involved in reviewing their care.

Relatives knew how to raise concerns or complaints and the service monitored care to make sure people were still happy with the care they were receiving

**Is the service well-led?**

**Good** ●

The service was well-led.

Relatives and staff were happy with how the service was managed.

The registered manager was aware of their responsibilities to the Commission.

There were systems in place to monitor the quality and safety of the service.

# SENSE - 428-430 Gillott 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 unannounced inspection took place on the 22 March 2016. The inspection team consisted of one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on.

We visited the home and met the eight people who lived at the home. People living at the home were unable to communicate verbally due to their health conditions. We spent time in communal areas observing how care was delivered and 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, two deputy managers and five staff. We also spoke with a specialist member of staff who was providing support to the service. We looked at records including three care plans and medication administration records. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality

assurance records to see how the provider monitored the quality of the service.

Following the inspection visit we spoke with two relatives of people for their views of the service.

# Is the service safe?

## Our findings

People received safe care. We observed people being supported in ways that were safe and not unduly restrictive. We saw people were able to access all parts of the service safely because the home had been adapted to meet people's needs. Peoples relatives said their family member was safe living at the home and one relative said, "[name] is safe."

Staff told us the types of abuse people were at risk of and described the action they would take should they have any concerns. People living at the home were not able to communicate verbally. However, staff demonstrated that they knew people well and told us they would be able to recognize any change in behaviour that may suggest abuse had occurred. We saw that staff had received training in recognizing the possible signs of abuse and how to report any suspicions. Staff were confident that the registered manager would take appropriate action if concerns were raised and were aware of other agencies to contact if they felt the registered manager hadn't acted appropriately. The registered manager was able to demonstrate knowledge of her responsibilities to report any concern to the appropriate authority and shared evidence that this had been carried out on practice. This meant people were supported by staff who were able to recognize potential abuse and knew what action to take to support people appropriately.

People were protected from the risk of harm because the service had taken action to identify individual risks to people and then minimize these risks to people wherever possible. We observed that staff assisted people in line with these assessments. The service had altered the environment of the home to ensure people could move around freely and safely and had used tactile signposts for people so they knew where they were within their home. Staff understood the importance of maintaining the layout of the home so that people knew where they were within their environment. We observed that people were familiar with the layout of the home and moved safely and comfortably around the home. We saw that the garden that people accessed had some areas that may have been unsafe. We raised this with the registered manager who assured us this would be actioned in order to establish safety in the garden.

We saw evidence that when accidents had occurred immediate action was taken to check on the person's well-being. The registered manager informed us that accident records were reviewed monthly to identify any patterns and then put measures in place to reduce the chance of the accident occurring again.

During the inspection we saw that there were sufficient staff on shift to meet people's identified needs. Staff that we spoke with told us there were enough staff available to support people safely. One relative that we spoke with told us that there had been a change in staff recently and was concerned that this would affect their family member due to staff not knowing the person as well. The registered manager informed us that there had been a turnover of staff recently and that they were using known agency staff to cover staff absence at present and to maintain designated staffing levels. The registered manager told us that they were taking action to ensure this did not continue long term and were currently recruiting for permanent staff who would meet people's preference for support. This was important to ensure people received continuity in their support.



Staff described recruitment checks that were carried out to ensure they were safe to be supporting people. Recruitment checks included obtaining Disclosure and Barring Service (DBS) checks to make sure staff employed were safe to be working with people. We saw that references from previous employers were sought to aid in assessing the suitability of the person for the role.

People had been supported to receive their medicines safely. We saw that medicines were stored safely. Each person's care plan detailed what medicines they were taking and the reason for the medicine. Where people had been prescribed 'as required' medicines, we saw there was guidance for staff detailing the signs of a person needing their medicine and the maximum doses they could take. Staff also had access to detailed information about how the person liked to be supported to take their medicines. We observed staff administer medicines in a dignified way that followed the persons preferred method of support. We had been informed that four medication errors had occurred in the last twelve months. We saw that when medicine errors had occurred appropriate action had been taken to check on the person's well being and investigations had taken place to determine the cause of the error. Following these investigations we saw that the registered manager had sought out a new medication dosing system that was thought to reduce the risk of further medication errors. Medicines were administered by staff who had received training to do so and we saw that checks were carried out to monitor the staff member abilities to carry out medicine administration safely.

## Is the service effective?

### Our findings

During the inspection we observed that staff had the skills and knowledge to support people effectively. These skills were most apparent when staff interpreted and responded appropriately to people's individual communication styles. Relatives that we spoke to told us that staff seemed to know people well. Comments from relatives included, "He gets excellent support," and "The staff are very skilled at what they do."

We spoke with staff about the training they had received and staff told us they had received sufficient training to carry out their role effectively. We saw that training had been delivered around people's individual support needs including specialist communication techniques. The registered manager told us that training was planned and courses to refresh staffs knowledge were provided regularly. The registered manager was also able to cite examples of when she had provided additional training where it had been identified that staff's knowledge needed to be improved in a specific area. Staff who had recently started working at the service were being supported to complete the care certificate. This is a nationally recognised course for new staff and provides care staff with knowledge of good care practice. Staff informed us that they felt supported in their role and told us they had opportunity for formal and informal supervisions. This meant people were supported by staff who had been trained to meet their individual needs effectively.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We found that people were being supported in a way that reflected the principles of the MCA. We saw that people were given information in a way they understood to enable them to make a choice. We observed choice been offered in all aspects of the person's care. Staff described the different ways that they offered choice and sought consent from people depending on the persons preferred communication needs and we saw staff seeking consent before supporting people. Staff we spoke with told us they had received training in the MCA and described how they supported people following the principles of this legislation. We saw that training in MCA had occurred some time ago but the registered manager informed us of plans to provide staff with further training on this. Records that we looked at in the most part followed the principles of the MCA and best interest decisions had been made for medical treatment which followed the principles of the MCA. We found that consideration of consent and best interests had not been followed in one instance whereby medicine had to be hidden before administration.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Applications for DoLS had been made for some people living at the home as it was determined that they did not have the capacity to decide to live in the home and would not be safe if they left the home on their own. These applications had been sent to the appropriate authority to gain authorisation to support people in this way. Staff informed us that they had received training in DoLS but not all staff were confident in their knowledge of this legislation. Staff were not aware that DoLS

applications had been authorised for some people living at the home. Despite staff not being completely confident in their knowledge of DoLS we observed practice that promoted people's freedom of movement and although some restrictions were in place, people were able to freely move around all areas of the home. We also observed people being encouraged to take part in activities outside of the home on a near daily basis to minimise the effect of restrictions on their care.

People were supported to have their dietary and hydration needs met. We saw that specialist guidance was available for staff on how to support people safely with their meals. Where concerns had been raised assessments had been carried out by appropriate professionals and their guidance was available and followed by staff in practice. People had been encouraged to participate in meal preparation and specialist equipment was available to encourage independence whilst eating. We saw that people had access to the kitchen at all times and we observed some people making drinks when they required one. Staff informed us that meals were planned based on people's preferences for food and we saw that there was variety in meals offered.

We looked at how people had been supported to maintain their health. One relative told us, "They keep a very careful watch on the health side and his diet." However, one relative we spoke with had raised concerns about how the service responded to their family member's health needs. These concerns were being investigated into by the service. The service had access to specialist staff provided by the provider who advised on some aspects of people's healthcare needs. We spoke to one of the specialist staff who was visiting the service at the time of inspection and they informed us that the service was quick to alert them if they had any concerns and acted on any advice given. Each person had a health action plan which described the type of support the person needed in different healthcare settings. We saw that people attended healthcare appointments to maintain their health. The registered manager was able to cite examples of when they had been pro-active in involving other professionals when concerns had been raised about people's health.

## Is the service caring?

### Our findings

We observed staff supporting people in a kind, patient manner. People appeared calm and happy in the company of staff. Relatives of people living at the home told us that their family member seemed happy living at the home. One relative told us, "The staff go to great lengths to work out what he wants." Another relative said, "The care is absolutely brilliant."

All the staff we spoke with were very passionate and knowledgeable about the people they were supporting. One staff member said, "I love it here" and another member of staff told us, "It's good, I like it here." All the staff were able to tell us the ways people liked to be supported and knew what was important to the person although one member of staff was unaware of the importance of a person's possessions. We spoke with the registered manager about this who said they would ensure this was resolved.

Most of the people had lived at the service for many years. Despite people not being able to communicate verbally it was evident that people's likes and dislikes were known and recorded in their care plans. Care plans described what was important to the person and there was detailed guidance on how to support the person in the way they wished. The care plans were developed by family and staff who had worked with people for a number of years.

People had limited abilities to communicate verbally but we observed staff interpret each person's communication style and respond appropriately. Staff we spoke with were able to describe how to communicate with each person and we saw that staff communicated well with people. The service had developed and adapted individual communication aids for people to use to assist the person in communicating their needs.

People were supported to retain relationships with family and friends who were important to them. One relative told us "They have always made me very welcome when I visited." We were informed of visits that people made to see their relatives and staff told us that relatives were welcome at any time. Where people did not have any family involved in their care the service had ensured that advocacy services were available. The registered manager informed us of plans to introduce technology to give people the opportunity to keep in touch with relatives more frequently.

People's right to privacy and dignity was respected. We observed people had free access to their bedrooms during the day for private time. The service had acted on the person's right to privacy. For example, some people who had sight impairments had systems to alert them when a staff member was entering their bedroom. We saw that staff knew how to support someone whose behaviour may have compromised their dignity. We observed one instance where information about people living at the home was not handed over confidentially. We raised this with the registered manager who advised they would put systems in place to ensure this did not occur again.

Staff understood and could explain how they maintained the environment to promote independence. This included understanding the importance of ensuring certain furniture was not moved as people used this as a signpost for where they were in the building.

We observed that people were supported to be as independent as possible. Care plans detailed the tasks that people could carry out independently and what areas the person needed support in. We saw that specialist equipment was available to support people's independence. The environment of the home promoted independence and included painting doorways a more prominent colour so that people with sight impairments could differentiate between the wall and a doorway. This aided people to move independently around the home without the need to rely on staff for support.

## Is the service responsive?

### Our findings

Most of the people living at the service had lived there for many years. People's life histories had been recorded and there were details of family and friends who were important to the person.

Some of the relatives we spoke with were happy with the activities people had offered to them. One relative told us, "They try to give them new life experiences." However other relatives felt there was more structure needed to ensure activities took place. People had access to a variety of activities outside of the home on a near daily basis. Many of these activities had been organised because staff knew the activities people liked to do and staff were able to describe the reasons why a person liked a certain activity. When people were relaxing in the home environment we observed that whilst some people engaged in activities they enjoyed other people did not have access to meaningful activities. We spoke with the registered manager about this and they informed us that they were aware of this and were in the process of producing a more structured timetable of activities for people where this had been deemed as important for the person. We saw that people had been supported by staff to go on holiday where this had been recognized as important for the person.

During our inspection visit we observed staff acting responsively to a person's behaviour. This person was given reassurance from staff and we saw staff administer pain relief medication. This showed that staff knew people well and knew signs to be aware of that the person needed support.

We saw evidence that people had their care reviewed on an annual basis. These person centred reviews were attended by the person and involved people who were important to them wherever possible. Reviews detailed what had worked well for the person and described plans for what the person wanted to achieve in the next twelve months. We saw that people's care was also reviewed monthly in order to monitor any changes in support needs and action was taken to address any issues that needed following up. Action plans were devised following either review to ensure any action identified was followed through.

People living at the home were unable to make official complaints due to their sensory impairments. Staff were able to describe how they would know if someone was unhappy and told us action they would take to resolve the situation. People's care plans detailed ways in which a person would show they were unhappy about something.

There was a formal complaints procedure available for relatives, staff or visitors. Most of the relatives told us that they were aware of the procedure but commented that they had never had to make a complaint.

We were informed that the service had received one complaint in the last twelve months. The registered manager described action the provider had taken to investigate the complaint and was awaiting confirmation that the complainant was happy with the outcome.

## Is the service well-led?

### Our findings

Many of the relatives we spoke with were happy with how the home was run. One relative told us, "I wouldn't have him moved anywhere else" and another relative said, "The care is absolutely brilliant."

The home had a clear leadership structure in place. The home had a registered manager in post at the time of our inspection. The registered manager was supported by two deputy managers which ensured continuous leadership for staff. The registered manager explained that they also receive support from their area manager.

The registered manager was aware about her responsibility to inform the Care Quality Commission of specific events that had occurred in the home. The registered manager had knowledge about what changes in regulations meant for the service and was planning a training session with staff to disseminate information to staff members.

Staff told us they felt supported by the management team. When asked about the support given by the registered manager one staff member told us, "[name] is always available to chat to." One staff member told us about the alterations the service had made to their work pattern to support them to work more effectively. We saw that staff meetings occurred that provided opportunity for staff to share good practice and to agree on future methods of working practice. This included suggestions for improvements in communication with people living at the home which had been implemented and had been successful in aiding a person with their communication. One staff member told us, "The manager is good. We can make suggestions for improvement."

Relatives told us that the service informed them of what their family member had been doing and involved them in their family members care. One relative told us, "They are good at communication." The registered manager informed us that they would be sending out questionnaires to family members to seek their views on the quality of the service. This meant the service was being active in involving others in monitoring the quality of the service.

We looked at the systems in place to monitor the quality and safety of the service. We saw that the provider carried out regular audits of different areas of the service throughout the year. Action plans were drawn up with defined time scales for completion. This meant the provider could be assured that the quality of the service was monitored and meeting their expectations.

The registered manager had introduced new systems of working and whilst we found that some of these had been effective others needed embedding in practice to ensure they were effective. The registered manager had ideas of how to further develop the service. This included developing more structured activity plans, using technology to aid communication with family and friends and providing people with further opportunities to develop social relationships with people outside of the home.