

Sense

SENSE - 58 Featherstone 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 unannounced inspection took place on the 20 June 2017. SENSE- 58 Featherstone Road provides accommodation and support to four people who have sensory impairments. We last inspected this service in August 2014 and found the service to be 'Good' in all areas. At this inspection we judged that the service provided remained 'Good.'

People were supported to receive safe care by staff who were aware of and minimised the risks associated with their care. Staff were aware of the signs of abuse and appropriate action they should take to safeguard the people living at the home. Robust recruitment processes were used to ensure staff were safe to support people.

People received their medicines safely. Staff had received training to provide this support safely. There were systems in place to check that medicines had been given as prescribed.

People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible. The policies and systems in the service supported this practice.

People were supported to access a range of healthcare professionals as needed to promote their health. People were supported by an established staff team who had developed the skills and knowledge to meet people's individual needs. People were assisted to have food and drinks they enjoyed.

People received support from staff who understood and knew them well. Staff enjoyed supporting the people living at the home.

Care had been planned around people's needs and wishes. Reviews of care took place to ensure people continued to be supported in the way they preferred.

People were supported to pursue activities that were of interest to them. There was an open culture where relatives felt able to raise any concerns they may have. Systems were in place for complaints and concerns to be raised.

Feedback consistently said the home was well-led. Staff felt supported both by the registered manager and their colleagues. Systems were in place to monitor the quality and safety of the service and the registered manager demonstrated a strong commitment to ensure the home continued to develop.

Further information is in the detailed findings below.

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 remained safe.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well led.

SENSE - 58 Featherstone 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 checked 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 20 June 2017 and was carried out by one inspector. 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 it 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 received feedback from the people who commissioned services from the provider and Health watch Birmingham.

We visited the home and met with all the people who lived there. None of the people living at the home were able to speak to us due to their health conditions and communication needs. 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 and five staff. We looked at records including sampling two people's care plans and medication administration records. We looked at two staff files to review the provider's recruitment process. We sampled records from staff training plans, incident and accident reports and quality assurance records to see how the provider monitored the quality and safety of the service. As part of the inspection, we sought the views of two relatives of people using the service. We also reviewed

information about the provider's recruitment checks they sent us after the inspection

Is the service safe?

Our findings

Throughout the inspection we saw people looking relaxed and calm and approaching staff with ease. Staff were able to describe how they ensured the care and support provided to people was focussed around people's needs and keeping people safe. This was demonstrated during the inspection when staff supported people at meal times and in taking part in activities. Relatives we spoke with confirmed that people received safe care.

Staff were aware of and took steps to minimise the risks associated with people's care. Where accidents had occurred immediate checks were undertaken on the persons safety and these were reviewed to reduce the risk of reoccurrence. Staff were aware of the signs of abuse and could tell us appropriate action they would take should they have concerns.

There were robust recruitment procedures systems in place to ensure people were supported by suitable staff. We received confirmation following the inspection that appropriate checks such as a Disclosure and Barring Service checks and references from previous employers had been obtained prior to staff working with people. The registered manager was looking at ways to improve the involvement of people in recruitment of staff at the home. There were adequate numbers of staff available to support people when they needed it.

People were supported to receive their medicines safely. Staff had received training in how to manage medicines safely and the registered manager carried out checks to make sure that staff remained competent to carry out medicine administration safely. Records sampled confirmed that medicines had been administered safely and as prescribed. We saw there were systems in place to audit that medicines had been given safely.

Is the service effective?

Our findings

People were supported by staff who had a good understanding of their needs. Staff were able to describe in detail how they supported people in line with their sensory and behavioural needs. Relatives confirmed that staff knew people's needs well and one relative told us, "They [the staff team] really do understand [name of person] and his complex needs."

People received support from staff who had the knowledge and skills needed for their role. Staff had been provided with an induction and specific training they required to meet people's specific needs. Staff felt the training provided was beneficial and one staff member told us, "It definitely helps. It's good because things change all the time and you need to keep on top of it." Regular training and competency checks were planned to ensure staffs knowledge was kept up to date.

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. Staff described the different opportunities people had for making choices about their day to day care and how they tailored their communication style dependent on who they were supporting. Individual communication aids were used to enhance the choice making process and we saw these aids been used consistently in practice. Staff had a good understanding of the MCA and one staff member told us, "We always offer choice and assume capacity." Where it was considered that a person may have lacked capacity to make a specific decision we saw that assessments and best interest meetings had occurred. The registered manager agreed to consider the frequency of how often best interest decisions were reviewed to ensure decisions made continued to be in the person's best interests.

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). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The registered manager had made appropriate referrals when there was a risk that care practices could restrict a person's liberty.

We saw that people regularly accessed healthcare professionals when needed to maintain their health. Staff understood how to support people with their specific healthcare needs and care plans contained detailed information for staff about the individual support people needed with their healthcare. Staff had access to guidance around how to support people in emergency healthcare conditions although we noted one guideline required further detail to ensure a consistent approach was taken.

People received sufficient amounts of food and drink that they enjoyed and that met specific dietary requirements. Staff had knowledge of how to prepare foods safely where people were at risk of choking. The

home had worked hard to meet one persons specific dietary needs including sourcing specialist training for staff. We noted some improvement was needed in ensuring one person always received fluids that were safe for them to drink, as recommended by a healthcare professional, which the registered manager assured us would be actioned.

Is the service caring?

Our findings

People benefitted from a staff team who had worked at the home for many years and who had a good understanding of people's support needs. Staff had a good understanding of the most important things in people's care and described ways that people living at the home directed staff in the way they wanted their care to be delivered. The staff team worked flexibly with the people living at the home to reflect their wishes. This included supporting people to choose who they wanted to be supported by each day. Relatives were complimentary about the staff team and provided us with many examples of how the staff had shown care and thought in their work. One relative told us, "I know they [the staff] genuinely care for him and all the people at the home." Another relative commented, "I have nothing but high praise for all of them [the staff]."

Staff we spoke with demonstrated that they were engaged in and enjoyed their role of supporting people who lived at the home. When asked about their role at the home one staff member told us, "I really enjoy it." Another staff member commented, "I love this home everything is really great and I love the guys." Staff had a strong commitment in recognising and supporting people to achieve good outcomes in their care. There was recognition and celebration of the achievements people made within their lives which enhanced people's sense of wellbeing.

Care plans had been developed with relatives and staff members who knew people well. Care plans described how each person preferred to receive their care and detailed the attributes staff needed to support the person. This ensured people received care that was individualised and in line with their preferences.

The environment of the home had been adapted to ensure people retained their independence as safely as possible. This enabled people to freely access their bedrooms and spend time in favourite areas of their home where they felt comfortable and relaxed. Staff told us how they ensured people retained their privacy and dignity. The registered manager described ways that they were acknowledging equality and diversity within the home such as holding themed nights which celebrated people's cultural heritage. This promoted and celebrated people's individuality.

Is the service responsive?

Our findings

People were involved in reviewing their care to ensure it continued to meet their needs and preferences. Yearly reviews took place with the person and those who were important to them to plan what the person may like to achieve during the year. These plans were then reviewed regularly to make sure they were achieved. Care records were reviewed to ensure that they contained accurate information about how people would like to receive their care.

A range of activities which reflected people's preferences were available to people living at the home. Relatives we spoke with were happy with the activities that took place and one relative told us, "He has a good lifestyle." We observed staff supporting people to take part in activities which they knew they enjoyed. As well as planned activities into the community, staff were led by what people wanted to do each day and could explain how people communicated these choices to staff. This supported people to have an active life that was encouraging of different experiences.

The home had ensured people retained good relationships with those who were important to them. Many people's families lived far away from the home so staff had ensured people had the opportunity for holidays close to where their families lived if they wished. Relatives were involved in people's care and one relative told us, "[name of manager] is keen to listen and take on board my point of view. I am involved in everything." In addition extra effort and thought had gone into maintaining contact by sending letters to family members to keep them up to date with what their relative had achieved. People were supported to have contact with people living in the providers other homes to enhance the opportunity for external relationships to be formed.

The home had developed systems to share important information between staff teams. This enabled people to receive continuity of care in line with their latest wishes. Whilst these systems were effective we noted that information was not handed over in a confidential manner. The registered manager assured us that this would not happen again.

There was a robust complaints process in place. Although people living at the home were unable to make official complaints due to their healthcare conditions, staff understood people's specific communication needs which enabled staff to express any complaint or concerns on behalf of the people they were supporting. The registered manager was also considering ways they could monitor people's experience of their care to determine if people were satisfied with the service they were receiving. Relatives we spoke to felt able to raise concerns should they have any. The registered manager had taken appropriate action when they had received a complaint or information of concern.

Is the service well-led?

Our findings

Relatives informed us that the service was well-led. One relative we spoke with told us, "[name of manager] and staff are dedicated in what they do." Staff felt supported by the registered manager and described the way team work had aided their sense of support. One staff member told us, "We have a strong staff team, we help each other."

There was a registered manager at the service who was present throughout our inspection. 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. The registered manager had a good knowledge of their responsibilities for reporting specific events that had occurred at the home. The registered manager valued the staff team at the home and told us, "It's not me running the service it's 'we' running the service."

The quality and safety of the service was monitored through regular checks that were undertaken around key parts of the service. These checks were sent to the provider who monitored any improvements that may be needed. Monthly themed audits were also carried out by a representative of the provider to ensure learning was shared across the organisation and to monitor that the home was meeting the providers expected standards. Additionally the home had involved others in the monitoring of the service such as relatives completion of questionnaires. The results from these questionnaires were positive and demonstrated a high level of satisfaction with the care provided.

The registered manager was committed to improving and developing the service further. Development plans had been devised which included increasing links into the local community, supporting people to further develop their communication skills and how to improve the service further to become an outstanding care home. The development plan was kept under review to monitor progress made in these areas. One relative we spoke with confirmed the efforts made to continually improve the service and told us, "They strive for perfection."