

Sense

# SENSE - 296-298 Warren Farm 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

### About the service

SENSE 296-298 Warren Farm Road is a residential care home providing personal care to up to five people with complex disabilities. At the time of the inspection there were four people living at the home.

SENSE 296-298 Warren Farm Road accommodates five people in one adapted building.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were unable to tell us about their experience of living at the home, however, relatives told us they were confident their family members were safe. Staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely. There were enough staff to meet people's care and support needs.

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

Decisions about people's care and treatment were made in line with law and guidance. People received enough to eat and drink to maintain their health. Staff received training relevant to their role and understood people's individual needs well.

People were supported by a caring and compassionate staff team. Staff had a good understanding of people's individual communication methods well and supported people to make their own decisions. People were supported to maintain their independence and their dignity was valued and respected.

People were supported by a staff team who understood their complex needs and their preferences. Relatives and external professionals were involved in the assessment and planning of people's care. Relatives knew how to raise a concern if they were unhappy about the service they or their family member received.

Relatives, staff and visiting professionals felt the service was well managed. People, relatives and staff were given opportunities to share their views about the service. The registered and deputy manager carried out regular auditing to ensure the quality of care provided.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 7 April 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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.

# SENSE - 296-298 Warren Farm Road

## **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

SENSE - 296-298 Warren Farm Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

This inspection was unannounced.

#### 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, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 this information to plan our inspection.

#### During the inspection

We met all of the people living at the home. We also spoke with two support workers, the deputy manager and the registered manager. We looked at three people's care records, medicines records, complaints, health and safety and quality assurance records. We also looked at one staff member's recruitment records.

#### After the inspection

As the people living at the home were unable to share their experiences, we spoke to two relatives. We also spoke with one professional who had recently visited the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they were confident their family members were safe. One relative said, "I am confident [person] is safe. They are very well looked after."
- We observed people interacting with staff and saw they were confident to approach staff and appeared relaxed around them.
- Staff had received training in how to keep people safe and knew how to escalate any concerns for people's safety or well-being. The registered manager was aware of their responsibilities in relation to safeguarding and although there had been no recent safeguarding concerns, there was a clear process for reporting concerns.

Assessing risk, safety monitoring and management

- Risks were assessed and managed and staff followed information in people's care plans to support people safely. For example, where people required the assistance of a hoist to aid their transfers, there was clear guidance available for staff to ensure the appropriate sling and hoist were used.
- The registered manager regularly reviewed information about people's risk to reduce the likelihood of people being harmed.

Staffing and recruitment

- Relatives and staff told us they were confident there were enough staff available to support people.
- We observed staffing levels and found people received timely care and support and were also supported to take part in activities outside of the home.
- Staff had been recruited safely. The provider had carried out appropriate checks on staff members to ensure they were safe to work with vulnerable people.

Using medicines safely

- People received their medicines as prescribed. Systems used for the management of medicines were safe. Medicines were administered, stored and disposed of safely.
- Where people received their medicines within food we found staff had acted in people's best interest's and held appropriate discussions with relevant healthcare professionals.

Preventing and controlling infection

- People were protected from the risk of infection. The home environment was clean. One professional that we spoke with described the home environment as "immaculate".
- Staff had access to personal protective equipment (PPE) such as gloves and aprons and used these when

supporting people with personal care.

- Audits were undertaken to ensure infection control policies and procedures were being followed. These included a review of daily cleaning schedules and mattress checks.

Learning lessons when things go wrong

- Staff understood their responsibility to report incidents and accidents involving people living at the home.
- Accidents and incidents were monitored by the registered manager. Any learning identified was put in place for individual people that require a change to their care plans. The registered manager also used video practice observations to identify where staff behaviours or practices could be improved.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Initial assessments were in place, this included all aspects of people's care and health needs. Information gathered during assessments had been used to assess risks and develop care plans which offered guidance to staff about how to meet people's needs.
- Where appropriate, relatives had been asked to contribute to the assessment of people's need. This enabled staff to understand more about a person's history and life experiences.
- Protected characteristics under the Equality Act were considered. For example, people were asked about their religious needs so these could be met.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge required to support people. We observed staff had specialist skills required to support people with sensory needs and they demonstrated a good understanding of how sensory loss could impact people's daily lives.
- Staff told us they received training relevant to their role. One staff member told us "The training is designed to meet people's needs. It's whatever is appropriate to people here." Staff also received one to one supervision which offered them support and guidance within their role.

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

- People received enough food and drink to maintain their health. We saw people were offered a choice of meals and drinks were regularly offered.
- Where people had specific dietary needs, staff were aware and supported people to eat and drink safely. For example, staff ensured food was prepared safely for people who required texture modified diets.

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

- People received support to manage their healthcare needs. The registered manager and staff worked in partnership with other agencies to ensure people received specialist support when needed.
- Care records contained information about people's health histories which offered guidance to staff about how to identify changes in people's health. Relative told us they were kept updated if people's health needs changed.
- Care records reflected people had regular visits to the optometrist, dentist and other nursing professionals as appropriate.

Adapting service, design, decoration to meet people's needs

- The home environment had been developed with consideration for the needs of people with complex disabilities or who were deafblind.
- The environment met people's needs. There was a spacious lounge, dining room and kitchen as well as a sensory room and a large, level access garden for people to enjoy. We saw some people also spent time in their bedrooms, which were personalised according to people's interests and tastes.
- The registered manager shared with us their plans to develop and improve the outside space to improve people's experiences when using the garden. Raised planting beds were already in place and funding had been secured to make further improvements.

#### 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when required.
- Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way. Where conditions had been applied to these restrictions the registered manager was aware and had plans in place to ensure conditions were met.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Relatives shared with us their view about how people were treated. One relative said, "[Person] is always so well presented, clean, well dressed. Staff care for them a great deal."
- We observed positive interactions between people and staff. People responded to staff who greeted them warmly using appropriate touch. Staff used individualised symbols, which represented them, so people knew who was supporting them.
- Staff knew people's life histories and their likes and dislikes. Staff were aware of people's diverse needs and so understood how to support them. For example, two people were being supported to attend church with their family and friends.

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

- We saw that person-centred communications systems were used to support people to make choices. Staff used communication symbols to explain what was happening next which included meal times and transport. This enabled people to decide whether they were happy to participate.
- We saw people had freedom to move around the home as they wished and were not restricted. Where people preferred to spend time alone in their rooms, this was respected.
- Where decisions were perhaps more complex, people's relatives or independent advocates had been involved in making decisions in their best interests.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a dignified and respectful way. Care plans contained details of people's preferred gender choice when being supported with personal care.
- Staff were able to share examples of how they maintained people's dignity by closing doors and curtains and promoting independence by encouraging people to do as much as possible for themselves.
- Staff respected people individual choice around holidays. Some people had been supported by staff to go on holiday and others had been on day trips.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 continued to receive care that was personalised to their individual needs.
- Staff were aware of people's life histories and used people's care plans to understand their needs and preferences.
- Care plans were reviewed regularly, and any changes were shared with staff to ensure people received care that met their current needs. Relatives told us they were consulted about changes to people's care and received regular updates about people daily lives and experiences.

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.

- Specialist communication systems were in place to support people's communication needs. Staff received bespoke training based on each individual's needs to ensure people had access to information in a way they could understand.
- People had individual communication care plans which staff told us they used to offer people information and choices.

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

- We saw that people were supported to take part in activities that interested them. On the day of the inspection some people went out to a local group they attended regularly.
- Staff recognised what was important to people and supported them to attend church, football, swimming, meals out as well as holidays and day trips.
- Staff also supported people to maintain relationships with people who were important to them. Relatives shared with us how they received regular phones from staff and received a warm welcome whenever they visited the home.

Improving care quality in response to complaints or concerns

- Relatives told us they felt confident to complain if they were dissatisfied with the support the family member received. One relative said, "[Name of registered manager] is excellent. Very responsive to any questions or concerns."
- The provider had a complaints system in place and staff were aware of how to escalate concerns made

directly to them. There were no outstanding complaints at the time of the inspection.

#### End of life care and support

- Information about the care people would like to receive at the end of their lives had been recorded. Where possible, staff involved people and their relatives in developing care and treatment plans. These reflected people's cultural, religious and spiritual needs.
- The registered manager was sensitive to the needs of relatives and had held discussions with those who were open to discussing the end of life care they would like their family member to receive.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; 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

- Relatives and professionals told us they felt the service was well-led. One relative said, "I have always found the service to be good. The manager is very good."
- The registered manager, with support from the deputy manager, promoted a positive culture which was reflected in feedback from staff who told us they felt valued and listened to.
- The registered manager had an excellent understanding of the needs of people who lived at the home and was passionate about people receiving a high standard of care.
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

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

- The registered manager understood the legal requirements to notify CQC of incidents of concern, safeguarding and deaths.
- The registered manager regularly reviewed the quality of care people received. They completed audits on care and medicines records and acted where inconsistencies were identified. A service development plan was completed regularly to drive improvement and standards at the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views and feelings were recorded by staff during day to day observations and support. Relatives had the opportunity to express their views about the quality of service provided through feedback questionnaires which had been sent out shortly before the inspection.
- Relatives also told us they were able to contact the registered manager to raise any queries or concerns.
- Staff felt able to share feedback with the registered manager and told us they found them to be approachable. One staff member said, "The registered manager is well organised and you can go to them, or the deputy manager about anything."

Continuous learning and improving care

- The registered manager was open about where improvements could be made. The registered and deputy manager worked together to make improvements identified in the service development plan.
- The registered manager also attended manager's forums organised by the provider. They told us these gave them an opportunity to discuss learning from incidents or events and also share good practice.

#### Working in partnership with others

- The registered manager and staff worked in partnership with a range of other professionals to meet the needs of people living at the home. One visiting professional we spoke with described the registered manager as "efficient and supportive."
- Staff also worked alongside people's relatives to understand people's life histories and personal experiences. Relatives spoke positively about the staff team and felt well informed about their family members care and support.