Sense

SENSE - Hyde Close Flats

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

The inspection took place on 25 July 2017 and was unannounced. Sense Hyde close flats is a care home that provides accommodation and personal care for up to 20 people. The service is split into four flats and supports people with a range of needs including people with a learning and sensory disability and autism. At the time of our inspection there were 17 people living there.

The registration conditions of this service require for there to be a registered manager in post, and there was one at the time of 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.

At our last inspection in November 2015 we rated the service requires improvement and found improvements were needed in risk assessments and staff supervision. We found at this inspection improvements had been made and staff were now being supervised regularly and the service was no longer in breach of regulations in the area of staffing.

Risk assessments were robust and tailored for each individual and incorporated into detailed care plans about how each person could be supported safely. We saw improvements in how risk assessments captured the risks people faced and were managed. Medicines were managed safely and the premises were clean, hygienic and set up with meeting people's sensory needs in mind.

Staff had good understanding of safeguarding and how to protect people from abuse and the challenges they faced out in the wider community. Staff knew how to report any concerns and there was a clear procedure in place for staff to follow and report any issues to senior staff or the registered manager. We saw an example of where a person had sustained an injury and the service had learned from it how better to support the person and identified a training need for some staff members around recording of incidents. This showed the service had reflected on the incident and learned from it.

The service was in keeping with the principles of the Mental Capacity Act 2005 (MCA) and we saw that staff tried to gain consent throughout the day by offering choice and letting people know what was on offer. Deprivation of Liberty Safeguards had been applied for where appropriate.

Staff had attended training in courses that helped them to support people with sensory needs and said they found training helpful. Supervisions were taking place regularly in line with the provider's policy to ensure staff felt supported and were equipped to effectively do their jobs.

The food on offer was healthy and there was a range of options. People were offered drinks throughout the day.

Staff were caring and kind and had a good insight into how people liked to be cared for and consistently treated them with dignity and respect. We saw involvement from relatives in care planning and where discussions for end of life wishes had been approached.

Care plans and care provided were person centred. Preferences and likes and dislikes were clearly captured and needs were reviewed regularly. Assessments were in depth and had been contributed to by some family members and health and social care professionals. People had days that were filled with a range of activities that were meaningful to them. Activities had been assessed for each person and recorded in detail how staff were to support people.

The registered manager was visible in the service and relatives, people and staff knew who they were. Care staff said the registered manager was approachable and supportive and had seen improvements in how the home was run. Audits to check the quality of care and day to day running of the home were robust and completed by the registered manager and the provider.

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. Safeguarding procedures were followed and staff had a good understanding of what abuse was and how to report it. We saw evidence where the service had learned from incidents to try and prevent them from happening again.

Medicines were managed safely. Risk assessments were robust and staff knew what the risks were for people they were supporting.

There were enough staff to safely meet the needs of people both in the service and when out and about.

Is the service effective?

Good

The service was effective. Deprivation of Liberty Safeguards were in place and staff had good knowledge of consent and the MCA.

Staff were supported through regular supervision meetings and had robust training to ensure they had the skills and knowledge to support people effectively.

A variety of food options were on offer and there were healthy choices of food that people had indicated they liked. Each person had a detailed health passport so their needs were known when they needed medical attention.

The registered manager was looking at how the staffing rota could be more effective in supporting people based on their individual needs.

Is the service caring?

Good

The service was caring. Care staff were patient and kind and gave people time to express themselves and spend their day how they wished.

People were treated with dignity and respect and staff spoke of the people they supported with fondness.

Religion and cultural wishes were respected and we saw a variety of menu options reflecting cultural preferences and needs.

Is the service responsive?

Good

The service was responsive. Care and care plans were person centred and detailed. People's preferences were captured in care plans and staff knew these preferences.

People had days full of a range of activities they liked both inside and outside of the service.

Relatives were happy with how complaints were managed and there was a complaints procedure in place.

Is the service well-led?

Good

The service was well led. Audit systems were robust and the manager had shown where the service had learned from incidents and improved as a result.

Staff felt supported through supervisions and an open door policy. The registered manager was supported by the provider and shared best practice with other services.

The culture of the service was positive and staff and the registered manager were able to reflect on how the service was run and recognised their strengths and areas for improvement.

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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 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 inspection took place on 25 July 2017 and was unannounced.

The inspection team consisted of one adult social care inspector and one 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. For this inspection the expert by experience had personal experience of caring for people with learning disabilities and people on the autistic spectrum.

We reviewed information including notifications that had been sent in by the service informing us of important events, previous inspection findings and feedback from key stakeholders.

We observed during the inspection interactions between people and care staff, and how the manager interacted with staff. 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 had feedback from seven staff members, the registered manager, and three relatives. We also had feedback from three healthcare professionals who worked with the service.

We looked at six care files and daily records that included risk assessments and care plans. We went through six staff personnel files that included supervision and recruitments documents, the staff training matrix, key policies and procedures and health and safety and safeguarding documents. We looked at medicines temperature recording and the controlled drugs book and Medicine Administration Record (MAR) charts for six people.

Good

Is the service safe?

Our findings

Relatives we spoke with told us they felt the service was safe. They said "We're really happy with the care there. It was a big change going to live there and the care they provide there is brilliant. "and "Yes [its safe]. Better than they used to be."

We looked at safeguarding processes and how people were kept safe from abuse. Staff had a good knowledge of what to do if they suspected someone was at risk and knew who to report to and what to do. We asked the registered manager how staff were supported to understand what to do if they suspected abuse. They said "all staff have attended safeguarding training." This included an e-learning course, face to face training and a refresher. Staff told us they also talked about safeguarding in supervisions and team meetings.

The registered manager had a good insight into incidents and was able to demonstrate without us asking how they had learned from incidents and the service had improved as a result. For example they explained how for a recent injury acquired by a person they had learned that the night staff and day staff sometimes recorded differently and a training need was identified. As a result spot checks were completed and staff were further supported in how to appropriately respond and record in the event of an injury or incident. We saw the documentation around this incident was in place, with a clear trail of who had been spoken to and incident documents detailing what had happened.

At the last inspection in November 2015 a recommendation was made regarding risk assessments for people who were at risk of self-injurious behaviour such as repeatedly hurting themselves as a way of expressing their feelings. We looked at risk assessments for five people living in SENSE Hyde close flats and saw that risks were comprehensively explored. We asked the manager how risks were approached and they told us they were managed positively. Risk assessments showed that self-injurious behaviour was aimed to be prevented with a series of de-escalation techniques specific to each person. We saw that for one person the advice in the risk assessment was to let them express themselves through hitting themselves. We asked the registered manager about this, they told us that this was the way this person expressed themselves and they rarely harmed themselves but had found that if staff intervened it became worse and the person was more likely to sustain an injury as they became more upset. The registered manager added a referral had been made to a specialist team so that this person could be assessed to explore this behaviour. The registered manager said that self-injurious behaviour had reduced as a whole over the home but they recognised that when change was introduced, for example if new people moved in it would increase for a short while until everyone felt settled with the change.

The registered manager told us how a risk was managed for two people who did not appear to get on and sometimes became upset if they spent long periods of time together. They explained that this risk had been managed by limiting the amount of time the two people spent together by scheduling trips out and planning mealtimes ahead and where people would eat to limit the distress caused to either person. We saw this approach had resulted in both people behaving as though they were more settled. In this way, risks were managed appropriately and matched up with the risk assessments.

Medicines were managed safely. Medicines were stored securely and controlled drugs were kept in a lockable wall mounted safe. We observed the controlled drugs being counted and there were no discrepancies with stock and the amount recorded in stock, two staff members carried out this check. We looked at Medication Administration Records for five people and found no gaps. One person required emergency medicines to be administered in the event of a prolonged epileptic seizure. This medicine was signed in and out of the controlled drugs cabinet and taken out with the person every time they left the service.

There were enough staff to meet the needs of people. Staff on shift matched the rota and staffing levels described by staff and the registered manager. Where people required the support of two staff members out in the community this was adhered to. We asked relatives if they felt there were enough staff to meet the needs of their family member and they said "Yes, I think so. My observations are there's always staff", "Yes, definitely. They look after him well" and "There's three or four at least, and you need it." The registered manager said the service did need to use agency staff but they were always staff that people knew and agency would always shadow at least one shift before working in the service. We asked the registered manager why agency staff were used and they said they had struggled to recruit appropriate staff with the relevant skills but now were waiting for new staff to start after several recruitment drives.

The service was clean and tidy and there was no malodour. We saw infection control equipment such as gloves and aprons, and colour coded chopping boards being used and staff were using hand washing facilities.

Throughout the home we observed details that could benefit people with sight impairment. There were bold, contrasting colours helping to define areas and furniture. The doors had 3D objects on them for people to feel. Some walls had tactile pictures. One flat had a sensory area in the corridor with armchairs, coloured lighting and a bubble tube with photographs of people doing activities on a wall. This showed the premises had been adapted to meet the sensory needs of the people living there.

Recruitment files contained evidence of a robust interview process and identification and criminal records checks to show that staff had been checked as safe to work with vulnerable people.

Health and safety checks were completed regularly and issues followed up. We saw evidence that fire safety checks were done and each person had a personalised emergency evacuation plan. There was also a missing person's protocol for each person in case they went missing whilst out in the wider community.

Good

Is the service effective?

Our findings

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met.

The service was in keeping with the principles of the MCA. DoLS authorisations were in place where appropriate and conditions were being followed. Staff and the registered manager had a good knowledge of consent and how to offer people choice and ask for consent in day to day care. They were able to demonstrate how to gain consent from people they supported that had specific communication needs. One person was shown an item they associated with an activity and asked if they wanted to do the activity and the person said yes. Another person was asked if they wanted support to have their face cleaned and the staff member waited for a response before doing it. People were offered choice in what they had for lunch. Staff asked a person if they liked something then suggested going to the shops to buy more. When we spoke with staff they described offering choice to people throughout the day and said "we need to respect their choices" and people can "make day to day decisions about what they wear and where they want to go."

At the last inspection the service was in breach in the area of staffing and some staff had not had support from supervision for over seven months. At this inspection we saw evidence in staff personnel files that supervision was taking place with supervision notes reflecting conversations about staff performance, training, and the safety and needs of the people in the home. The registered manager said supervision took place every four to six weeks, which matched the supervision policy. Staff said "supervision is helpful because you can talk through things" and "I have supervision every month, if I need it sooner I just ask."

We looked at staff training records and asked staff how they felt about their training and if they felt equipped to do the job effectively. Staff had all completed basic training in safeguarding, moving and handling, emergency first aid and the mental capacity act. We saw evidence that more specialised training to meet the needs of people living in the home had been provided in areas of dysphagia awareness, and identity. A course entitled 'exploring, talking and listening hands' was attended by all new staff to support staff with learning about communication needs and how to meet them. Staff were satisfied they had received enough training, and said "I am confident and happy with the training I have received." One staff member said that they had asked for further training in British sign language and the registered manager had arranged this.

The food was healthy and reflected the menu. We saw breakfast of fruit, porridge and toast on offer in one

flat and staff told us how they were using images of food to explore people's choices. The registered manager told us of a taste experience session where they had given a person different foods and textures to see how they responded and recorded their responses so they could learn what the person liked and how they expressed their like or dislike of certain foods to help inform what to put on the menu. During breakfast and lunch people were supported to use appropriate eating utensils with bowls with lips and angled spoons where required. Relatives told us they had no concerns about the food and were happy their family members were getting a healthy balanced diet. Some families said they sometimes took food in for their relative so they could have home cooking that they grew up with. A staff member told us of a mealtime the day before the inspection where they tried five different foods with a person before they ate it. This showed staff understood the need to be flexible when meeting the dietary needs and preferences of people. We saw throughout the day people being offered drinks or having drinks close by, a relative said "Oh he gets enough to drink."

The service promoted a healthy lifestyle and we saw people being supported to go swimming and for daily walks for regular exercise. We saw evidence that the service worked closely with health care professionals such as dieticians, speech and language therapists and physiotherapists to meet the health needs of people and that where an issue was identified referrals were made promptly. The health section in each person's care file was detailed with assessments from specialist sight, hearing and speech professionals and included how people's needs in these areas affected their day to day living. Each person had a detailed hospital passport so that if they needed to go into hospital their needs would be known.

Good

Is the service caring?

Our findings

Relatives said "They are very thoughtful of our sons needs and are genuine in the care they provide" and a strength of the service was "Friendly and caring staff. There are staff members who are very considerate and treat [person's name] as their own family member." Health and social care professionals said the service was caring and staff knew people well.

Throughout the day of inspection we observed kind and caring interactions from care staff towards people. Care staff were patient and gentle when talking with people. We saw appropriate use of touch when some people needed reassuring or when staff were communicating with them and their care plans said they responded positively to touch. People responded by smiling or with noises or signs to show they were happy with care staff and we saw several instances where care staff were able to predict what a person wanted because they knew their needs so well. One relative told us "staff understand him [their relative] really well."

The service had a calm atmosphere with pictures up around the home and different textures and textiles around for comfort and sensory stimulation. A health and social care professional we spoke with said there was a more homely feel to the service and had noticed a recent improvement in this area. We saw a notice board with information on it for staff so they could be reminded of the objects of reference that people used to communicate and other information about their needs. We fed back to the registered manager this might be better placed in a staff area rather than a communal living space for privacy reasons. They said they would look into having it moved.

We saw people being supported to be more independent and working towards personal goals. One person was supported to make their own warm drink and then wipe down the kitchen sides and table afterwards. Staff told us of examples of where people were supported to be more independent. One staff member told us of one person who moved to the home and needed a wheelchair for when they were outside in case they became tired or distressed. The staff explained that over two years staff had worked with the person using encouragement and going at the person's pace to build up their strength and confidence. Now the person goes out without a wheelchair with one member of staff rather than two and walks to the shops and the local park with ease. Another staff member told us about a person they support that used to have assistance dressing every day. The staff member explained that after lots of encouragement and praise the person had over time begun to choose what they would wear for the day and now could dress themselves independently.

Care staff treated people with respect and spoke with knowledge of how to ensure people's dignity was being maintained. One staff member said "It is very important to respect someone's dignity and privacy when working with them in their home. When numerous people live together it is even more important. It is important to communicate with people in a way that is suitable for them and all staff need to remind ourselves it is their home not just our workplace". Other staff told us about assisting people to bathe and wash and making sure they were appropriately dressed and covering them up during personal care. This showed that staff had an awareness of preserving people's dignity.

One family member said they called up the service at least once a day and were involved in their relative's. Other family members we spoke with said they were kept updated with any changes in health or behaviour and were happy with the communication from the home. We saw from care files that some families had input into care plans where appropriate and helped staff to paint a picture of people's needs so they could get to know them. We asked the registered manager about family involvement and they said "we need to be better at talking to families and involving them in care planning." The registered manager acknowledged that some people did not have families and others had families who lived far away, they said they endeavoured to arrange holidays where families lived so people could see their relatives whilst on holiday.

Where appropriate, family members and professionals had been approached with discussions about end of life care, we saw records of end of life wishes being discussed thoughtfully.

Good

Is the service responsive?

Our findings

People were supported in a person centred way. Staff talked with confidence about person centred care. They said "Last year we did a lot of training/workshops around person centred care and encouraging people to do things for themselves, especially the small things that we often do for people without thinking." The registered manager said care staff had been supported over the last year to develop their working style to be more person centred and had seen a difference in how they supported people as a result. We saw that people were treated as individuals with unique needs and preferences and likes and dislikes. Staff were able to describe people's needs, preferences and ways of expressing themselves and this matched with what was detailed in care plans and how people were expressing themselves throughout the day.

Care plans detailed for each individual their family history, what food they liked and how they preferred to be supported. Each person's needs were described clearly so care staff could understand how their disability affected them and their day to day living. For each need there was a plan in place so that care staff could support people to have their needs met. Care plans emphasised how peoples sensory and communication needs could be met. For example there were descriptions of objects of reference and for one person who enjoyed the sensory experience of a warm bath they had a plan around bathing at least once every day. Care notes reflected they were being supported to have a warm bath at least once a day.

Care plans were in the process of being reviewed and rewritten with the input of specialists within the organisation, family members and key members of staff who supported people. Risk assessments and care plans had been recently reviewed and contained up to date needs of people and any changes in their health needs and how to support positive behaviour. We saw evidence where care staff tried different ways of working with people and different activities over a period of time to try and work out what the person wanted to do with their time. We were told by staff of one person who used to go horse riding but had indicated they did not want to go so staff responded and by supporting the person to find something else to do.

On the day of inspection we saw most people went out to swim, to the shops, to the park or to the day centre run by the provider across the road. Care staff were proactive and organised in supporting people to fulfil their days with activities that had been identified as meaningful to them. For example staff told us one person enjoyed the routine of sorting through the service's recycling waste and taking it to be recycled. We saw the person doing this during the day and it was reflected also in their care documents. Relatives fed back to us they thought people were busy doing activities they enjoyed. One relative said "Yes, they're always taking him out and doing extra activities." As well as activities outside of the service there were things to do in the communal areas. We saw people were listening to music, engaging with the sensory equipment in the home, doing puzzles or relaxing. Each flat had an attractive outside balcony space with pots of plants so people could spend time in the fresh air if they wanted to. One flat also had a computer station for a person who enjoyed using it. For each activity there was a detailed assessment of the person's needs and what they could do, and exactly how staff could support them to spend time doing particular things. For example, baking a cake or having a manicure or a massage.

The service had a complaints procedure and it was displayed in the main entrance. Relatives said they found the manager responsive if they had any concerns. One relative said "I have no need to complain." Another relative said when they had complained their concerns had been taken seriously. We asked the registered manager how they listen to people's and their families' views. They said they talk to family members regularly and families were invited to festivals and events. One relative said "They are going to interview new staff, and management asked my opinion and if I wanted to get involved. That was nice of her."

Good

Is the service well-led?

Our findings

Sense Hyde Close had a registered manager in place that was previously the deputy manager and knew the people and staff in the service well. This was in keeping with the registration requirements of the service to have a registered manager in post. The registered manager had an understanding of how to make notifications to us in line with legal requirements and was able to discuss their role and how they had developed the service and plans to further develop it.

Every staff member we spoke with spoke positively about the management support in the service and found the registered manager to be open, approachable and supportive. Staff said "[The registered manager] is very approachable as a manager and always has her door open. She is regularly in and out of all the flats mixing with both staff and service users" and "There's a lot of management support these days."

There were thorough and robust audit processes in place to check the quality of care provided in the service. We asked the registered manager how they ensured they monitored the care and quality of the service. They explained the service did a self-audit every two months of all aspects of care and the operations manager completed a compliance audit regularly. Care files were checked by managers and signed to say they had been checked and approved. Audits were also completed of medicines to check stock levels and controlled drugs records.

The registered manager said the provider was supportive and that they could approach their manager any time and they visited regularly. They also told us the provider's quality team gave support to the service to help improve care. The service worked with managers from other sites run by the provider and best practice was shared and peer reviews were done by managers from other sites.

The service had an ethos of wanting to improve and the registered manager was open about where developments had been made and where further improvements could be made. The registered manager said "the culture is more positive than it has been for a long time" and spoke of how the team was working together well and they were learning more about the intricacies of how people communicated and how to read people's feelings.

We saw evidence of the service working in partnership with other services to improve the lives of the people they were supporting. Referrals were made to a specialist disability in distress service so the service could learn more about how a person expressed themselves when they were upset. We also saw good information sharing and partnership working with psychological and physical health services and services offered within the organisation such as day centres and behavioural support services.