Sense

SENSE - 21a and 21b Johnson Avenue

Inspection report

21a and 21b Johnson Avenue
Spalding
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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

We inspected this service on 20 October 2018. The inspection was un-announced.

SENSE - 21a and 21b Johnson Avenue provides accommodation and personal care for up to six people with learning disabilities, autism, and sensory impairments. On the day of our inspection six people were using the service.

SENSE - 21a and 21b Johnson Avenue 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 care service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection in March 2016 this service was rated good. At this inspection we found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was not a registered manager was in post. There was a manager in post who was going through the process of registering with the CQC. This manager was not available on the day of 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.

People were safe. Risk assessments were in place to cover any risks present. We saw that staff had been appropriately recruited in to the service and security checks had taken place. There were enough staff to provide care and support to people to meet their needs. People received their prescribed medicines safely.

The care that people received continued to be effective. Staff had access to the support, supervision, training and ongoing professional development that they required to work effectively in their roles. People were supported to maintain good health and nutrition.

People's relationships with staff were positive and caring. We saw that staff treated people with respect, kindness and courtesy. People had detailed personalised plans of care in place to enable staff to provide

consistent care and support in line with people's personal preferences.

The provider had implemented effective systems to manage any complaints that they may receive.

The service had a positive ethos and an open and honest culture. People and their family members were able to feedback about the service and any concerns identified were acted upon.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 20 November 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return [PIR]. 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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

The people using the service were not able to communicate verbally with us, but we were able to speak with relatives of one person using the service via phone, to gather their feedback. We also spoke with a support worker, the area manager and the deputy manager. We reviewed two people's care records to ensure they were reflective of their needs and other documents relating to the management of the service such as quality audits, staff files, training records and complaints systems.

Good

Is the service safe?

Our findings

People were protected from the risk of harm because there were processes in place to minimise the risk of abuse and incidents. Relatives of people we spoke with all felt that people were safely supported. Staff told us their training had been kept updated and that they knew how to escalate any issues they had regarding people's safety, or allegations of abuse. There had been no recent incidents at the service that had required a safeguarding alert. Risk assessments were in place to address risks that were present in people's lives. This included assessments for safe community access, general activities such as cooking, medication, and any behaviours that may challenge.

There were enough staff on shift to meet people's needs. One staff member told us, "The staffing levels have always been very good. We don't use any agency staff. A lot of the staff have worked here for a long time and there aren't often vacancies." We looked at staffing rotas and saw that staffing levels were consistent. A relative of a person using the service also told us they had never had any concerns about the amount of staff on shift to support people. The staff were aware of people's complex needs and confident in meeting them. The provider had safe staff recruitment procedures in place. Checks were carried out to ensure as far as possible that only staff suited to work at the service were employed.

Medicines were administered safely. Medicines were stored securely and records we checked showed they were being administered accurately. Medicines were transported safely with people out in to the community when required, so they were able to take their medicines at any day service or outing they were on. Staff were trained in medicine administration and confident in doing so, and regular checks took place to ensure any mistakes were highlighted and actions set when required.

People were protected by the prevention and control of infection. The service was clean and tidy. Staff were trained in infection control, and had the appropriate equipment available to carry out their roles safely.

Lessons were learnt from any incidents or things that had gone wrong. We saw that information was communicated effectively throughout the staff team to ensure that improvements could be made when any concerns had been raised. For example, team meeting minutes documented that a change in the way a person was supported around their eating habits was required, as the current arrangements in place were no longer meeting their needs.

Good

Is the service effective?

Our findings

People's needs were fully assessed before moving in to the service to ensure the placement was right for them and for others living there. The area manager said that if there was ever a new person moving in to the service, then a full assessment of their needs would take place before a tailor-made transition period, to ensure it was right for everyone involved. There had been no new people move in to the service, and the people living there had been there for many years.

People received effective care from staff who were supported to obtain the knowledge and skills they needed to provide good care. An induction training package was provided to all new staff which ensured that all basic training was undertaken before any care was delivered. This included a five day training course which covered subjects such as safeguarding adults, infection control, and health and safety. New staff had the opportunity to shadow more experienced staff to get to know the needs of the people using the service, and did not lone work with anyone until their training was complete. New staff also took part in the care certificate qualification. The care certificate covers the basic skills required to care for vulnerable people. Ongoing training was provided to staff to ensure their knowledge was kept up to date and relevant to the people using the service, and a mentor system was in place so that new staff had regular ongoing support. The staff we spoke with confirmed the training gave them the confidence and skills to deliver effective care.

People were supported to maintain a healthy diet. People were supported to choose what they wanted to eat, and were involved in preparing and cooking. We saw that one person was being supported to prepare food for their housemate's dinner that evening. Staff monitored what people ate to ensure they were having enough nutrition and hydration, and ensured that any dietary requirements were adhered to. For example, one person required a lactose free diet, and another person had diabetes. This information was documented within their care file, and staff were knowledgeable of the correct foods to provide them with.

People had access to the healthcare services they required. The service supported people who had sensory impairments. We saw that detailed assessments of these needs were regularly undertaken, and support to attend appointments with medical professionals was given to ensure people got the healthcare and support they required for any sensory impairments they had. Staff were knowledgeable about people's healthcare needs. We saw that people had input from a variety of health professionals. All health-related information was documented within people's files.

The premises and environment met the needs of people who used the service and were accessible. This included people's rooms and communal areas such as the kitchen, living room, and garden area. Consideration was given to ensure people with sensory impairments could safely use the environment. For example, the door frames were painted a contrasting colour to the doors, to maximise their visibility for people with sight impairments.

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.

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. We found that consent was sought before care and support was provided. People's capacity to make decisions was assessed and best interest decisions were made with the involvement of appropriate people such as relatives and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and correctly recorded.

Good

Is the service caring?

Our findings

People were well cared for. A relative we spoke with confirmed that the staff always appeared friendly and respectful of their family member, and had developed a positive relationship. We saw written feedback from a relative which said, 'It's so rewarding to see [name] confident and at ease. It means so much to our family to know that [name] is safe and happy.' Our observation during inspection was of staff who clearly understood the needs of the person they were supporting, and were respectful and kind in their approach. A staff member said, "We work in people's home, they don't live in our (staff) workplace. Everyone is respectful of that."

People and their relatives were involved in their own care as much as they could be. We saw that regular reviews of care took place that were done in a format that allowed each person to be involved. Relatives we spoke with told us they felt involved and able to contribute to the care that their family members received. People were able to use advocacy services when required, so that they had independent support with allowing their voice to be heard and to make decisions about their care.

People had equality, diversity and inclusion plans in place, which promoted people's wishes in accordance with the protected characteristics of the Equality Act. Staff understood about people's personal backgrounds and religious beliefs when required, and provided care that suited people's lifestyles.

People's privacy and dignity was respected by staff. We saw that staff knocked on doors before entering, and care planning we looked at considered people's privacy and dignity. Relatives confirmed that people were well cared for and had their dignity respected at all times.

The staff understood the importance of keeping people's personal information confidential. People's support and care records were stored securely. Staff told us they were clear about the importance of not disclosing people's personal information.

Good

Is the service responsive?

Our findings

The staff provided care that was personalised and responsive to people's individual needs. The deputy manager told us, "This service focuses on enablement, and being person centred." People's preferences about how they wanted to receive care and support were recorded in detail. This included a 'What's important to me' section and a 'What people like about me' section within their care plans. This enabled staff to understand people's preferences and support them appropriately.

Technology was used to maximise people's independence and provide personalised support. For example, a hearing loop (sometimes called an audio induction loop) was being used in the service. This is a special type of sound system for use by people with hearing aids. We saw this enabled a person to have the audio from the television transmitted in to their hearing aid, so they could enjoy television programmes. One person with limited hearing had an alarm within their room, that flashed a light whenever it went off. This meant that when the staff pressed a bell, or when the person's bedroom door had been opened, they could see that someone was entering. All the people in the service were supported with the use of tablet computers and the internet. This enabled them to document their activities with photographs, and send regular emails to family members.

People were supported to follow their interests and hobbies, and were supported with long term aims and goals. We saw that regular activities and trips out were taking place for those who wished to take part, including day service centres, shopping trips and a recent boating trip.

People received information in accessible formats and the registered manager was meeting the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss. We saw the types of information people could best understand, had been assessed, and then information was provided to them in this format. For example, consideration of font size, paper colour, and the use of braille.

A complaints policy and procedure was in place which ensured any complaints would be recorded and responded to appropriately. Relatives we spoke with said they were aware of how to complain but had not had to do so. No complaints had been made at the time of inspection.

No end of life care was being provided, but we saw that people had the option of recording decisions about future care and preferences for any end of life arrangements.

Good

Is the service well-led?

Our findings

There was not a registered manager in post. There was a manager in post who was going through the process of registering with the CQC. This manager was not available on the day of 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.

Staff gave positive feedback about the support they received from management. A staff member said, "The service is really well managed. We get so much support from the managers, it's a lovely place to work." The service had a positive ethos and an open culture and the staff team worked together and understood their roles and responsibilities.

Relatives we spoke with said they felt the service was well managed, and they were regularly consulted about their relatives' care and any changes that were taking place. One relative said, "[Name] is not able to feedback directly themselves, but we know they really enjoy living at the service because of their actions. [Name] visits us, but is always happy to return to the home. I am contacted by phone about anything important, and I am able to feedback to the manager and the staff."

A range of audits and quality checks were in place to ensure the quality of care and support provided to people was good. The area manager told us they did a themed monthly audit, where each month a different area of the service was looked at in detail and checked for quality. Any areas of improvement were then given to the manager to act upon. We saw where issues had been identified, these had been addressed promptly.

The latest CQC inspection report rating was on display at the service. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

The service worked positively with outside agencies. This included facilities that people used, such as day services, advocacy services, and social work teams, if and when required, attended reviews and discussed people's care packages. The deputy manager told us that the service had a positive relationship with all outside agencies and professionals. During our inspection, we found that staff and the deputy manager had been open and honest in their approach to the inspection and reacted positively to any feedback we gave.