Sense

SENSE - Community Services (South West)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

The inspection was announced. We gave the operations manager 48 hours notice of our visit because we needed to ensure key staff were available. SENSE – Community Services (South West) is registered to provide the regulated activity of personal care in order to deliver services to people in their own homes. The service supported both adults and children and provided two types of service. They provided a Communicator Guide Service for people with a dual sensory loss and an Intervenor Service for congenitally deafblind children, adults and their families. At the time of the inspection those people who were in receipt of a communicator guide service were not receiving a personal care service. Therefore their support does not come within the remit of the registered service. At the time of our inspection there were three children and their families being supported by the intervenor service. The staff who provide this service are called Intervenors.

The previous registered manager left their post at the end of June 2016. SENSE had already appointed a new manager who is due to commence on 1 September 2016 and will submit their application for registration. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The operations manager was available for the inspection and knew the service well.

Records of risk assessments and care plans had not been prepared for the children supported however the intervenors who supported them were fully aware of the care and support to be provided and the safe way to do this. Individual assessments and supports plans had not been completed by the service for all of the children.

The operations manager and the intervenors were aware of their responsibilities to protect the children they worked with from coming to harm. They knew how to raise and report any concerns they had about their safety and welfare. The intervenors received safeguarding adult and child protection training. There were safe recruitment procedures in place to ensure that unsuitable staff could not be employed by the service. Intervenors had minimal involvement with childrens medicines however where they did administer medicines, they had received the relevant training and were competent.

Children and their families received the level of care and support that met their specific needs and were supported by one intervenor. The intervenors were well trained and had the specific skills to enable them to establish new communication methods with the child. The intervenors worked with the families and other health and social care professionals to ensure there was a consistent approach in communication methods to enable the child to reach their full potential.

Intervenors would support children with eating and drinking were this was agreed. They did not prepare food but were aware of any preferences and dislikes of food. The intervenors would follow safe guidelines where there was a risk of choking whilst eating. The intervenors would refer to the parents when they had concerns about a childs health, would liaise with health and social care professionals and attend meetings

as necessary.

The intervenors had good relationships with the children and the families they supported. The intervenors were kind, caring and living towards the children. The families and the child were kept at the centre of all decision making about the service and encouraged to express their views and opinions. They were listened to and any decisions made were with their full agreement.

The service was well led. The registered manager had recently left their post but a new manager had been appointed and was starting with the service on 1 September 2016. The operations manager was currently providing good leadership and will continue to support the new manager when they are in post. There were robust arrangements in place to assess, monitor and improve the quality of the service using a quality framework of audits. There was a service development plan in place in order to drive forward any improvements needed. Our findings from this inspection have been added to that improvement plan.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service may not be fully safe.

Children were safe but any risks to them and the staff were not assessed adequately so management plans could be put in place to reduce or lessen the risk.

The staff team were aware of their responsibilities to protect children and to report any concerns they may have. Staff recruitment procedures were safe and ensured only suitable staff were employed.

Children and their families were not supported by the service unless there were sufficient staff available to meet their specific needs. The involvement of staff with childrens' medicines was minimal but safely managed.

Is the service effective?

Good

The service was effective.

The children were looked after by staff who had the necessary skills to meet their needs. The intervenors were well trained and supported to do their jobs.

Where the children were assessed to have support with eating and drinking, the intervenors had the necessary skills to meet their specific needs. The intervenors would liaise with health and social care services as necessary in order to maintain the good health of the child.

Is the service caring?

Good

The service was caring.

The children and their families were treated with kindness and respect. They were at ease with the intervenor staff and there were good working relationships established.

Childrens choices and preferences were taken account of and the family were actively involved in making decisions about their care.

Is the service responsive?

Requires Improvement

The service was responsive.

Individual assessments and support plans were not adequate.

Children and their families received the care and support as agreed. Their needs were kept under review and the service worked alongside other care agencies involved. Families were fully included in making decisions about the service provided.

Families were listened to and felt any comments or complaints they had would be acted upon appropriately.

Is the service well-led?

Good

The service was well-led.

Children and their families received a service that was well managed. New leadership arrangements had recently been put in place and a service improvement plan had been implemented.

Children and their families were kept at the centre of decisions made about the service and their views were valued.

There were quality assurance procedures in place to assess and monitor the service and ensure it met the legal requirements.

SENSE - Community Services (South West)

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

This is the first inspection of the service which was registered in October 2014. The inspection team consisted of one adult social care inspector.

Prior to the inspection we looked at the information we had about the service. We had asked the provider to submit their Provider Information Record (PIR) and this had been completed in May 2016. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they planned to make. We also checked to see what statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. No notifications had been submitted since registration so we checked during the inspection whether any events had occurred which we should have been notified about.

We contacted two health care professionals prior to the inspection and asked them to share their views about the service. They did not raise any concerns about the service the young people and their families received.

During the inspection we met and spoke with two of the three families and young children who were being supported. We spent time with the SENSE Operations Manager and two of the Intervenors. We looked at the records for the three children, two staff recruitment files and their training records and other records relating to the management of the service.

Requires Improvement

Is the service safe?

Our findings

The children and families appeared at ease in the company of the intervenor staff who were supporting them. One family said they knew their child was perfectly safe with the intervenor and stated, "We wouldn't leave them alone with her if we felt otherwise". The other family said their child was, "Safe when they are with (named intervenor)" and, "We have no concerns at all".

Risks that could affect the health and welfare of the children and the intervenors were managed however, on day one of the inspection there were no written assessments of any risks or management plans in place. At the time of the inspection those children being supported had 'their own' intervenor who knew them best. They knew the safest ways to move and transfer them from one place to another. One intervenor told us they had worked closely with an occupational therapist, used the equipment provided and had a safe system of work to follow.

By day two general risk assessments had been written for the two children regarding the support they needed with personal care. The control measures needed more detail, for example one plan said the child needed to be lifted from chair to changing table. There were no details about how this lift was to be executed. One intervenor supported a child with trips out in the family vehicle, there was no risk assessment and management plan in place. Another intervenor supported a child who needed continual oxygen therapy and was involved in moving and transporting oxygen cylinders. There was no risk assessment for these tasks. The service did not undertake an environmental risk assessment of the child's home, the intervenors place of work. Copies of risk assessments and management plans must be kept in the child's care file in their home and the office.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a safeguarding children and young people policy and this was last reviewed in April 2015. The policy stated the reporting protocols to be followed should concerns be raised about a child's safety. All staff received safeguarding adults and child protection training as part of their induction training and the refresher training plan. SENSE have a safeguarding lead officer and the service was expected to report any safeguarding concerns to them in order that outcomes could be monitored. The operations manager told us any concerns would be reported to the local authority, the Police and the Care Quality Commission as expected and in line with procedures. The intervenors were provided with the contact details of the relevant local authorities in order to make direct contact if needed.

We looked at the recruitment procedures to ensure people were safeguarded from being looked after by unsuitable staff. We found the procedures in place to be safe. An application form had been completed and written references obtained for each staff member. A DBS check (Disclosure and Barring Service) was in place. The DBS allowed employers to check whether the applicant had any past convictions that would prevent them from working with vulnerable people.
The children and family were funded to receive an agreed level of support each week and at the time of the

inspection received that support from one intervenor. The service would not be offered to new children and their families until there was an intervenor available. This is an expanding service and the recruitment process for new intervenors was already underway.

The service and intervenors had very little involvement with childrens medicines, this task was retained by the parents or other care support services involved with the children. The management of medicines policy dated April 2016 was a generic policy and did not specifically relate to this community based service. The policy stated staff were only able to support a person with their medicines after they had completed safe administration of medicines training and been deemed competent. One intervenor had received specific training from a healthcare professional because they administered medicine via a percutaneous endoscopic gastrostomy tube. At the time of the inspection the intervenors received medicines training relevant to the child they supported. We recommend the provider put systems in place to ensure generic safe administration of medicines training was completed by all staff. This was because those deafblind adults who receive support from the service (communicator guide service) may develop personal care needs and need support with their medicines.

Good

Is the service effective?

Our findings

The service looked after adults who were deafblind (communicator guide service) and children who were congenitally deafblind (intervenor service). Only the three children who received the intervenor service were in receipt of personal care.

The training the intervenors received was specialist and very focused around communication. The intervenors had to complete specific children's intervenor training and developed specialist communication techniques. This training was essential in order for them to be able to fulfil their role. The intervenors also had a range of computer based training plus practical training sessions. Training records evidenced the intervenors had completed various health and safety training courses, safeguarding awareness, moving and handling, equality and diversity and emergency first aid. Some of their training was child specific for example moving and handling training, and the administration of fluids and medicine via a percutaneous endoscopic gastrostomy tube. The operations manager told us they checked the electronic training records on a quarterly basis to ensure the intervenors were up to date with the mandatory training.

The service had not recruited any new intervenors for some time but were in the process of arranging interviews in order to expand the service. The provider needs to ensure the induction training for new intervenors is in line with the new Care Certificate. The government introduced the Care Certificate in April 2015 to be completed by all 'new to care' workers.

The operations manager had already identified that formal supervision sessions with the intervenors had fallen by the wayside in recent months and had taken action to improve this. A supervision session and a review of the intervenors appraisal (called my performance plan) had already been scheduled with the new manager. It was evident the intervenors were well skilled and competent to undertake their roles autonomously but were supported in their role.

The regulated activity of personal care was currently only provided to children and their families. The Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) were therefore not relevant to the intervenor service.

Children were assisted to maintain good nutrition and hydration. The intervenors supported the families and other health and social care professionals (also providing a service to the families) as necessary, however, it was the parents who organised the preparation of food and drinks. One intervenor visited the child they were supporting over a mealtime. The intervenor was fully aware of the types of food the child could eat and the risks of choking. The dietician and speech and language therapist had provided eating and drinking guidelines in order to reduce or eliminate the risk of choking.

The families were responsible for ensuring the child was registered with the family GP however, the intervenors played a role in maintaining the childs good health. During our inspection we heard the intervenor reporting to the parents about a health episode whilst they were delivering the child's personal

care. The intervenors liaised with health and social care professionals as necessary, attended multi-disciplinary meetings and acted upon decisions made, in order to maintain the good health of the child.

Good

Is the service caring?

Our findings

Families told us, "(Named intervenor) has a real can-do attitude and is very (named child) focused", "(Named intervenor) is very attuned to (named childs) demeanour. This means she is able to judge things that may happen. She really cares about her".

Each child supported was looked after and supported by the same intervenor. We were able to meet two of the three children and their families along with the intervenors and it was evident that good, kind and caring working relationships had been established.

Observations of the interactions between intervenors and the child they were looking after evidenced there were strong bonds in place. The intervenors and the operations manager spoke about the children and their families in a kind and respectful manner. They were fully aware of the things the individual children liked to do and what made them happy. The intervenors were well respected by the families, who both said the service had made a significant difference to family life and had enabled their child to develop communication skills. The intervenors were also key in ensuring that consistent communication methods were used by the family and all other health and social care professionals.

The service looked after children who were deafblind but also had other significant and complex health care needs. The operations manager had discussed the need for end of life training with senior managers and relevant training was to be sourced for the intervenors. The children and families also used hospice and hospice at home services because of their life-limiting illnesses. Although the care and support provided on a visit-by-visit basis was adapted according to the child's condition, the service needs to consider when completing their care plans, the support that would be required on a good day and a bad day. The intervenors had done some work around bereavement, but there was no record in the children's files about dying or the families wishes.

Requires Improvement

Is the service responsive?

Our findings

The families told us they received the service that had been agreed and for which they received funding. One parent said, "It took me a long time to accept we needed help. (Named intervenor) is very good with our child and very attentive to her needs".

We looked at the records for the three children that were kept in the office. Their files contained assessments by South Gloucestershire Council children's services, details regarding other health and social care professionals involved in the child's care and other correspondence. Individual assessments and support plans had not been completed by the service for all the children. We were shown a copy of the documents that should have been completed. When completed these plans would provide a full overview of the child with a 'This is Me' section, their preferences, likes and dislikes, their weekly plan and their communication needs. From these assessments the support plans set out the child's assessed needs and how the support was to be delivered.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite the absence of some assessments and care plans, the children and their families received the service they expected and had agreed upon. There was generally a degree of flexibility about when the service was delivered to each child although one child had a fixed day because of school attendance. The family liaised with the service when temporary changes were needed. The service maintained records of the care and support provided on a monthly basis. These reports included a review of how the service had gone, what had worked well, what progress was made and satisfaction feedback from the parents. It was evident that the service the children and families received was tailored to their specific requirements.

One child had a communication passport. This had been put together by the family in conjunction with the intervenor, the school and other health care professionals involved in the child's care. This meant there was a consistent approach to the way everyone responded to the child. Another child had a communication board and the intervenor had played a key part in making communication cards and symbols.

One family told us there were regular 'round the table' meetings and the intervenor attended these along with all other health and social care professionals involved in the child's care. This meant that the service was able to work in conjunction with the other care services who were providing care and support to the family.

The intervenors completed a record each time they worked with the child and their family. They were expected to report any changes in the child's care, support and health needs to the office and also to the appropriate health or social care professional. These measures ensured the child received the service that was responsive to their needs.

The service was in the process if introducing video practice supervisions. This will enable the intervenors

and their manager to review their work practice and identify where things could be done in a different way to greater benefit for the child.

The service had a complaints policy statement. This stated any complaint would be acknowledged within three working days and responded to within 20 days. The complaints procedure was shared with the families who received the service. The service had not logged any formal complaints in the previous 12 months and CQC have not received any complaints. Those families we met with both said they would raise any concerns they had and felt they would be listened too.

Good

Is the service well-led?

Our findings

The registered manager had left the service at the end of June 2016 but a new manager had already been appointed and was due to start on 1 September. In the interim the operations manager was overseeing the running of the service. The new manager had been promoted from within the service and had already started the application process to be the registered manager. This was their first management position, they will have a two week induction programme to complete and will also access the provider's leadership training programme. The new manager will be paired with a SENSE registered care manager from a sister service providing intervenors to children and their families. The new manager will be closely supported by the operations manager who will be based in the same office.

The parents of the children supported were asked to provide feedback about the service they were provided with during reviews. One parent told us they had never been let down by the service, would recommend the service to other families who were in a similar position and felt, "Everything ran very well". This parent also said that of all the other health and social services involved in their childs care, "(Named intervenor) put (named child) first". The other parents we spoke with would also recommend the service. Because of the smallness of the service at the time of the inspection, there were no formal processes in place to capture the views of the families.

The staff team were expected to follow the SENSE I-statements. The eight statements underpinned the values of the service and were used as a basis for conducting quality assurance audits. The values included listening, understanding and responding, respect, honesty and openness, taking informed risks and no decision being made without the involvement of the 'person' being supported. These values ensured the children and their families were at the centre of the service, were involved in decisions and their choices and aspirations were met.

The provider already had a service development plan in place and had put this together following the departure of the previous manager. The plan included improvements in staff supervision and the 'my performance plan' arrangements, improvements with the care documentation and service promotion to generate more referrals and to develop the service. This evidences that the service was striving to make improvements and to support more deafblind children and their families.

There was a programme of audits and 'self-assessments' to be completed in line with their quality framework. The framework enabled the service to target areas of improvement and plan action to address any quality issues or concerns. In May 2016 the operations manager had completed a 'supporting staff' assessment and the service had scored an overall rating of good. Some actions and recommendations had been identified and these were added to the service development plan.

The operations manager had monthly meetings with their managers and the new manager will attend these. On a monthly basis the new manager has to report on a number of key areas. For example incidents, complaints received, safeguarding issues, staff and 'child' issues. This ensured the provider was kept informed of how the service was performing and could support the staff team where necessary. The

provider had an on-line reporting system for any accidents and incidents and the health and safety team looked at all data to identify any organisational trends. An analysis of these events enabled the service to make changes to reduce or eliminate a reoccurrence.

The operations manager was aware when notifications had to be sent to CQC. A notification is information about important events which had happened in the service and providers were required to send us by law. CQC used the notification process to monitor the service and to check how any events had been handled. Since registration no notifications were required to have been submitted.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered provider must ensure that each child receives the appropriate person-centred care and treatment that is based on an assessment of their needs and preferences. Individual support plans were not in place. Regulation 9 (3) (a) and (b).

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered provider must ensure that the risks to the health and safety of service users and staff is assessed in order to keep them safe and mitigate those risks. Regulation 12(1) and (2) (a) and (b).