Sense

SENSE - 20-32 Horton Street

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

Our inspection was unannounced and took place on 16 February 2016.

The provider is registered to accommodate and deliver personal care to six people. Six people lived at the home at the time of our inspection. People lived with a profound hearing and visual impairment and also had a varied range of other needsincluding those related to a learning disability, autistic spectrum disorder, or mental health needs.

At our last inspection of August 2014 the provider was meeting all of the regulations that we assessed.

The manager was registered with us as is required by law. 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.

Some changes and more diligence was needed to enhance medicine safety to ensure people's health and wellbeing.

The heating in the home was in need of remedial work to ensure that it worked consistently to prevent any risk of ill health due to low temperatures.

Staff received induction and the day to day support they needed to equip them with the knowledge and direction to undertake their job roles. Staff had received the training they required to equip them with the skills they needed to communicate with, and support, the people in their care.

Staff knew the procedures they should follow to ensure the risk of harm and/or abuse was reduced. Recruitment processes ensured that unsuitable staff were not employed.

Staff were available to keep people safe and there were enough staff to allow care and support to be provided flexibly and to consistently meet all people's needs. People were supported by staff who were kind and caring.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). This ensured that people received care in line with their best interests and would not be unlawfully restricted.

People were encouraged to make decisions about their care. If they were unable to their relatives were involved in how their care was planned and delivered.

Staff supported people with their nutrition and dietary needs to promote their good health.

All people received assessments and/or treatment when it was needed from a range of health care and social care professionals which helped to promote their health and well-being.

Systems were in place for people and their relatives to raise their concerns or complaints.

Relatives and staff felt that the quality of service was good. The registered manager and provider undertook regular audits to determine shortfalls or to see if changes or improvements were needed.

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 was not consistently safe.

Medicine systems required more diligence to ensure safety and prevent ill health.

The heating system in the home did not provide a consistent temperature to ensure comfort.

Staff were available to keep people safe and enable care and support to be provided flexibly to consistently meet people's needs.

Recruitment systems helped to minimise the risk of unsuitable staff being employed to work at the home.

Is the service effective?

Good

The service was effective.

Relatives felt that the service was effective and met people's needs safely and in their preferred way.

Staff understood the principles of the Mental Capacity Act and the Deprivation of Liberty Safeguarding (DoLS) so that people were supported appropriately and were not unlawfully restricted.

Relatives and staff felt that staff had the knowledge they needed to meet people's needs and to keep them safe.

Is the service caring?

Good

The service was caring.

Relatives felt that the staff were kind and caring.

People's dignity, privacy and independence were promoted and maintained.

Relatives could visit when they wanted to and were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

Relatives and staff felt that the service provided met people's needs.

People's needs and preferences were assessed to ensure that their needs would be met in their preferred way.

Complaints procedures were in place for people and relatives to voice their concerns if they had a need to.

Is the service well-led?

Good

The service was well-led.

The registered manager and two deputy managers provided a leadership structure that staff understood. Staff were supported and guided by the management team.

Relatives knew who the registered manager was and felt they could approach them with any problems if they had a need.

The registered manager and provider had undertaken regular audits to ensure that the home was run in the best interests of the people who lived there.

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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.

Our inspection was unannounced and took place on 16 February 2016. The inspection was carried out by one inspector.

We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We asked the local authority their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection.

The registered manager was on leave on the day of our inspection so the deputy manager provided us with information we required and answered our questions. We saw and met all of the people who lived at the home. We spoke with three care staff, a deputy manager, and two relatives. We looked at the care files for two people, medicine records for three people, recruitment records for two staff and supervision records for two staff. We also looked at complaints, safeguarding, quality monitoring processes and provider feedback forms that had been completed by relatives and the people who lived at the home. As people were unable or had limited communication skills we observed the care provided and interaction between staff and people.

Requires Improvement

Is the service safe?

Our findings

We found that a liquid bottle of medicine had an expiry date that had past. The deputy manager told us that they were not aware of this and there was not another bottle of the medicine in the premises in case it was required. We saw that body maps were provided by the pharmacist. These should be used to highlight to staff exactly where prescribed creams should be applied. However, we saw that a number of body maps did not highlight where the creams should be applied by staff.

We observed that medicines were stored safely in locked cupboards this prevented unauthorised people accessing the medicines that could cause them ill health. However, for the storage of some medicines stricter rules apply. The inner compartment of the medicine cupboard should be suitably secured and we saw that it was not. The deputy manager told us that they would rectify this.

We could not find a policy relating to staff dealing with medicine errors. However, we found that the provider had been open and transparent about errors. We found that on one day a medicine had not been given to a person at the time it had been prescribed. This had been identified four hours later and staff had sought medical advice to make sure that the person would not experience any ill health and informed the person's social worker. The registered manager had also informed us of another medicine incident that occurred nearly one year ago, as is required by law.

Staff told us and training records and certificates that we saw confirmed that staff had received medicine training. We also saw that staff who managed medicines had been assessed as being competent to manage medicines.

A person's care plan highlighted that they liked their medicine placed in their hand with a drink. We observed staff giving the person their medicine in that way. We observed that the person took their medicine willingly. This showed that staff ensured that people took their medicine in the way that they preferred.

Some Medicine Administration Records (MAR) highlighted that people had been prescribed medicine on an 'as required' basis. We saw that there were protocols in place to instruct the staff when the medicine should be given. This should ensure that people would be given their medicine when it was needed and would not be given when it was not needed.

We found that the temperature in the home felt cool. Staff told us that there had been an intermittent problem with the heating on the ground floor. They told us and records confirmed that the fault had been looked into however; it was evident that it had not been rectified. The deputy manager reported the fault during the day and told us that an engineer would visit that day. By the time our inspection finished the engineer had not been. The deputy manager assured us that they would come. This showed that the problem with the heating needed to be resolved permanently as premises that are not warm enough can cause ill health and ill-being.

A relative told us, "No concerns there. They [their family member] are always happy to go back to the home

when they have visited me. That shows they are not worried about anything". We saw that information was available to staff called, 'Break the silence tell someone' this gave contact names and telephone numbers for staff to use if they felt that abuse was taking place. Staff we spoke with told us that at every supervision session the registered manager checked their understanding of abuse and asked if they had any concerns. Staff we spoke with also told us that they had received training in how to safeguard people from abuse, knew the signs of abuse, and knew how to report any concerns. A staff member said, "There is no abuse here. I would report to the manager, the police, or the Care Quality Commission if I felt there was". The registered manager had informed us and the local authority safeguarding team of four concerns in the last year as is required in law. These were not connected with staff physically abusing a person. We saw that action had been to prevent the incidents occurring again and minimise the risk of harm to people.

We saw that records were maintained to confirm money deposits and money spent. We checked two people's money against the records and found that it balanced correctly. However, we found that the money was not kept securely as it was stored in a drawer in a communal area that did not have a lock facility. This meant that unauthorised people could access the money.

A relative told us, "They [person's name] are safe there". Staff also told us that in their view the people who lived at the home were safe. We saw that risk assessments had been undertaken to explore any risks and reduce them these included, falls and going out into the community. We saw that there were contracts with engineers to ensure that the gas appliances and fire alarm system were safe. We found that the provider had assessed that monthly checks were required on the window restrictors and emergency lighting equipment. However, the most recent checks had been undertaken over a month ago. We raised this with the deputy manager who said that they would take action to address this.

A relative told us, "I am not aware of any time when there have not been enough staff". Another relative told us, "They [person's name] always have the one to one support they need". Staff we spoke with told us that they felt that there was sufficient staff to meet people's needs and to keep them safe. We observed that staff was available during the day to support people. Staff told us and records confirmed that there were enough staff provided to ensure that people were able to participate in activities and go out into the community most days. The deputy manager told us that staff covered each other during holiday time and that if needed regular agency staff could be used to cover staff absence. This was confirmed by staff we spoke with. This gave people assurance that they would be always be supported by staff who were familiar to them and knew their needs.

Staff we spoke with told us that checks had been undertaken before they were allowed to start work. This was confirmed by the deputy manager. We checked two staff recruitment records and saw that some pre-employment checks had been carried out. These included a completed application form and a check with the Disclosure and Barring Service (DBS). The DBS check would show if potential new staff member had a criminal record or had been barred from working with adults. These systems minimised the risk of unsuitable staff being employed.

Good

Is the service effective?

Our findings

A relative said, "They [their family member] see the place as their home and they are happy there". Another relative said, "We are very happy with the support". Staff we spoke with felt that the service provided was effective. Most staff told us that they would rate the care and support provided to people and their quality of life as good to very good. One staff member said however, "I think it is an excellent service". We observed people during the day and found that staff provided support as was highlighted in care plans and people were smiling and relaxed.

A staff member said, "I had induction training when I first started to work here. It was good I had to look at policies and work with experienced staff so that I knew what I had to do". Staff files that we looked at held documentary evidence to demonstrate that induction processes were in place. The provider confirmed that they had introduced the new nationally recognised Care Certificate. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care. A staff member said, "I feel very supported. If I don't know something a deputy manager or the manager are available to ask". Another staff member told us, "We [the staff] are supported by the managers. The other staff in the team are also helpful and supportive". A staff member said, "We [the staff] have regular supervision. It is good because we can clarify issues and discuss any training we need". Another staff member told us, "We all have supervision sessions. If there is something we need to discuss we don't have to wait until supervision can discuss things at any time". All staff we spoke with told us that they received supervision sessions. Records that we looked at confirmed this. Supervision sessions are a tool that can be used to focus on staff members work and performance and gives the staff the opportunity to raise issues if they need to.

A relative told us that they felt that staff had the knowledge and skills needed to provide the care and support they needed. A staff member told us, "We are offered a lot of training we are lucky". A staff member said, "I feel comfortable and confident to do all of the tasks required of me". Other staff we spoke with told us that they were also happy with the training and support they received which had included meeting the complex needs of people with learning disabilities and behaviour that challenges. Staff had also completed varying levels of recognised qualifications in health and social care to a level to meet people's needs. This would ensure that staff had the information and training to support their understanding of how to meet people's needs.

A relative told us that the staff were skilled in communicating effectively with their family member. A staff member told us, "I have done a sign language course and can sign. However, some people here have their own sign language and we [the staff] know how to work with that too". Throughout the day we saw that all of the staff were skilled in communicating with people using different methods which included British Sign Language and 'hand over hand' sign language. Hand over hand sign language is when the back of the receiver's hands are placed lightly upon so that they can understand through touch and movement. We saw that people understood what staff were communicating as they responded appropriately to stand up or drink. We saw that pictures were also used to assist people to better understand what was being offered to them before meals.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the staff were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that they were. We saw that mental capacity assessments had been carried out so that staff knew people's individual decision making strengths. The deputy manager told us and records that we looked at confirmed that four DoLS approvals had been made by the local authority and another two had been submitted for consideration. We found from speaking with staff they understood the principles of the MCA they knew that people should not be unlawfully restricted in anyway. We saw that staff sought people's consent and accepted when people declined support. One staff member told us, "We have to seek people's consent; we have to make sure we have explained or communicated with them and wait for their response". We saw staff were seeking people's consent by interpreting people's gestures, expressions and actions which showed them if the person agreed to the support being offered. We observed that people made their own decisions about their care in what time they got up or went to bed, what they ate, and decisions about their personal care routines. The care records we looked at showed how people were supported to direct their own care routines. Where people did not have the mental capacity to make decisions about aspects of their care appropriate family members and health professionals had been consulted to ensure decisions were made in the person's best interest. A relative we spoke with confirmed they were always involved in any decisions which needed to be made.

Staff told us that they offered people the food and drink that they preferred. At mealtimes we heard staff asking people what they would like to eat and drink. The staff showed people different meal options so that they could decide what they wanted to eat. We saw that food stocks were plentiful that included fresh fruit and vegetables. We observed that the breakfast time was flexible to suit people's preferred rising times and needs. We saw that staff were available to give people support and assistance to eat and drink at lunch time.

There were instructions for staff to follow in the care plans to ensure that people were supported effectively and safely. We found that where staff had concerns about people's dietary needs, or that people may be at risk of choking, they had made referrals to the dietician and Speech And Language Therapist (SALT) for advice. We saw that staff prepared people's food in the way that the SALT had recommended for instance a soft consistency. We saw that soya milk and lactose free milk were available for people who required this special milk. This confirmed that staff provided people with diet and fluids that met their medical needs and prevented risks.

A relative we spoke with told us that staff called the doctor or other health care services when needed. They said, "The staff always make sure they [their family member] get the input they need". Staff we spoke with and records we looked at highlighted that staff worked closely with a wide multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, specialist health care teams and local mental health teams. We saw that health plans were in place that highlighted people's needs reflected the appointments that people had attended. This showed that people had access to the health care services that they required to maintain their health.

Good

Is the service caring?

Our findings

A relative said, "The staff are nice. They are lovely". Another relative told us, "It is really nice that when the staff fetch them [person's name] from our house. They [the staff] are always pleased to see them". A staff member told us, "We [the staff team] are all caring. People here are happy". We found that the atmosphere was warm and friendly and we saw that people were relaxed around staff. We saw that people were happy and smiling. Staff acted positively and warmly towards people and we saw they had a caring and compassionate manner. We heard staff asking people how they were and showed interest in them and their families. We saw staff sit and spend time talking with people. We heard staff reassuring people by saying, "Nearly ready" when preparing their meal and, "I am still here" [to someone who had a visual impairment].

People received care from staff who knew and understood their likes, dislikes and personal support needs. We found that people could spend their time as they chose. We saw that staff were patient and kind with people and encouraged them and praised them when they were supporting them.

People were supported to make choices and decisions about their care and how it was delivered. This included how they spend their day and what time they went to bed. We saw that staff respected people's choices. We saw that people were free to move around the home and that people chose where they wanted to sit.

A relative told us that the staff promoted their family member's dignity and independence. Records confirmed that one person enjoyed spending time alone in their room for some privacy and personal space and they did that often. Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. They gave examples of giving people personal space and ensuring doors and curtains were closed when supporting people with their personal care. Staff told us that they enabled people to be independent where possible. We heard staff encouraging people to prepare their breakfast and to do small tasks for themselves.

Both relatives told us that their family member was always well presented and wore clothing that they preferred. We saw that people looked well cared for. People were dressed in their own individual styles of clothing that reflected their age, gender, and personality. Records highlighted that one person liked to wear a cardigan and a bracelet. We saw that they were wearing these. A staff member said, "They [the person] always like to wear those". This showed that staff respected people's individuality dignity by recognising the importance of looking clean and well groomed.

A relative told us, "I can visit at any time. The staff all make me feel very welcome". Staff told us that having contact with their family and friends was important to the people who lived at the home. The deputy manager and staff told us that visiting times were open and flexible. The deputy manager told us that they had a web camera which allowed one person to have more frequent communication with their family than they would if this resource was not available. Staff told us and records confirmed that the provider had cars that enabled them to transport people to visit their family.

We saw information that gave contact details for advocacy services. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. The deputy manager told us that one person had the input of an advocate at the time of our inspection.

Good

Is the service responsive?

Our findings

The deputy manager told us and records that we looked at confirmed that prior to people living at the home an assessment of need was carried out. This involved the person and/or their relative to identify their individual needs, personal preferences and any risks. Relatives we spoke with told us that they were involved in meetings and reviews to make sure that their family member was supported in the way that they preferred. A relative told us, "I am involved and my views are listened to".

A relative told us, "They [person's name] are looked after well". Another relative said, "The staff do know them very well and look after them well". A staff member said, "I think all staff know the people well and we look after them in the way they need". The care plans that we looked highlighted people's preferences to ensure that they were looked after in the way that they wanted to be. All staff we spoke with had a good understanding and knowledge about people's needs and what they should to do to meet their needs. The deputy manager told us that they were updating care plans and records to make them more concise. They said, "We have found that some of the records are duplicated and need updating".

People could be supported to attend religious services if they wanted to. Records that we looked at confirmed that people's preferred faith had been determined and if they wanted to they would be supported to follow this.

A relative told us, "They [person's name] do a lot of activities". Another relative said, "The staff support them to go out often". People were supported to attend a specialist community resource on a regular basis for people who had limited or no hearing. A staff member told us, "A number of people enjoy going there". We observed staff taking people for a walk out into the community and they enjoyed that. Staff told us and records confirmed that people were supported to engage in other external activities that they enjoyed this included horse riding, sailing and swimming. Staff told us and records also confirmed that people went on day trips often and holidays away from the home. The deputy manager told us that garden events were planned in the summer months barbeques and parties that relatives were invited to as well.

Relatives told us that staff asked them their views on the service provided. A relative said, "We are asked our views and I am happy with everything". Another relative said, "I am regularly asked if I have any concerns or want to give my view on the service".

A relative told us that they were aware of the complaints procedure but had no issues. Another relative told us that they felt that they could report any concerns to the registered manager. A staff member told us, "The staff know people well enough to realise if they were not happy. We would report this to the manager and involve family or social services if we needed to". We saw that a complaints procedure was available. It had been produced in words and pictures to make it easier for people to understand. The deputy manager told us that they had not received any complaints and we had not been made aware of any complaints or issues.

Good

Is the service well-led?

Our findings

A relative told us, "It is a good service". Another relative said, "It is a very good service. It is well organised and well run". Staff we spoke with were positive about the service and told us that they felt it was good.

The provider had a leadership structure that staff understood. There was a registered manager in post who was supported by two deputy managers. The relatives we spoke with knew the registered manager and felt they could approach them with any problems they had. Staff told us that the registered manager was, "Very good". One staff member said, "If there are any problems they sort things out quickly".

Our conversations with relatives confirmed that the staff were well-led and worked to a good standard. A staff member said, "I feel supported". All staff we spoke with told us that they felt supported and directed by the registered manager. A staff member said, "We have meetings regularly where we are given information and can raise any issues". Records that we looked at confirmed that staff meetings were held regularly.

Incidents and accidents that took place within the home were recorded appropriately following the providers procedures. Staff told us and records that we saw confirmed that the registered manager monitored these for trends so appropriate action could be taken to reduce any risks to people. The staff we spoke with were able to explain the action they took to prevent accidents and incidents and risks to the people who lived there.

A staff member told us, "Audits are undertaken on everything. Medicine audits are undertaken regularly". We saw documentary evidence to show that regular audits and checks had been undertaken by the registered manager and/or provider. The deputy manager told us that the provider had undertaken audits to determine if the service was being run in the best interests of the people who lived at the home.

All staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. A staff member said, "If I was concerned about anything at all I would report it to the manager straight away. If I was not happy with what was done I would go to head office or to social services". We saw that a whistle blowing procedure was in place for staff to follow. Staff we spoke with told us that they had read and understood the procedure. We also saw that contact details for 'Public Concern at Work' were displayed in the office. Public Concern at Work is an independent organisation that can advice employees on whistle blowing dilemmas at work.