Sense

SENSE - 92 Black Prince Avenue

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We inspected the service on 12 December 2017. The inspection was announced. SENSE 92 Black Prince Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

SENSE 92 Black Prince Avenue is registered to provide accommodation and personal care for two people who have a learning disability and/or sensory adaptive needs. There were two people living in the service at the time of our inspection visit. Both of the people had special communication needs and expressed themselves using sign assisted language, vocal tones and gestures. The 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.

The service was run by a charitably body who was the registered provider. There was a registered manager in post. 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. In this report when we speak about both the charitable body and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 23 April 2015 the service was rated, 'Good'.

At this inspection we rated the service as, 'Requires Improvement'.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included occasions when people became distressed and needed support in order to keep themselves and others around them safe. In addition, medicines were managed safely. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service and background checks had been completed before new care staff had been appointed. Furthermore, there were robust arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Although people were supported to have maximum choice and control of their lives, the registered persons had not taken all of the steps necessary to fully support care staff to only provide lawful care that helped people in the least restrictive ways possible. However and in practice, care staff did deliver care in line with current guidance.

Although people had benefited from most parts of the accommodation being well maintained suitable

provision had not been made to ensure that all areas were comfortably warm. People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. In addition, confidential information was kept private.

People received personalised care that was responsive to their needs including their need to have information presented to them in an accessible way. In addition, people had been offered opportunities to pursue their hobbies and interests. Furthermore, the registered manager recognised the importance of appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

The registered persons had not taken all of the steps necessary to ensure that the service consistently met all regulatory requirements. Although a number of quality checks had been completed they had not always resulted in shortfalls in the service being quickly put right. However and in practice, the registered manager promoted a positive culture in the service that focused upon achieving good outcomes for people. Care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns. In addition, people and their relatives had been consulted about making improvements in the service. In addition, a number of measures were in place to promote the financial sustainability of the service. Furthermore, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment.

People were supported to avoid preventable accidents while their independence was promoted. In addition, when people became distressed care staff supported them so that everyone remained safe.

Medicines were managed safely

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs.

Background checks had been completed before new care staff were appointed.

People were protected by the prevention and control of infection.

There were arrangements to learn lessons when things had gone wrong.

Is the service effective?

Requires Improvement

The service was not consistently effective

One part of the accommodation was not adapted, designed and decorated to meet people's needs and expectations.

Suitable arrangements had not been made to obtain consent to care and treatment in line with legislation and guidance to ensure that people's legal rights were fully protected.

People received assistance that was delivered in line with current best practice guidance.

People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to

maintain a balanced diet.

There were suitable arrangements to enable people to receive coordinated care when they used different services and they had received on-going healthcare support.

Is the service caring?

Good

The service was caring.

People were treated with kindness, respect and compassion and they were given emotional support when needed.

People were supported to express their views and be actively involved in making decisions about their care as far as possible.

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

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People were offered opportunities to pursue their hobbies and interests and to take part in a range of social activities.

People's concerns and complaints were listened and responded to in order to improve the quality of care.

Suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Suitable arrangements had not been made to meet all regulatory requirements by assessing, monitoring and improving the quality and safety of the service.

There was a registered manager who was promoting an open culture in the service.

Care staff had been helped to understand their responsibilities to develop good team work and to speak out if they had any concerns.

Arrangements had been made to enable the service to maintain its financial sustainability.

The service worked in partnership with other agencies to promote the delivery of joined-up care.

SENSE - 92 Black Prince Avenue

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 registered persons continued to meet 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.

We used information the registered persons sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the commissioning bodies who contributed to purchasing some of the care provided in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 12 December 2017 and the inspection was announced. We gave the registered persons three working days' notice. This was because the people who lived in the service had complex needs for support and benefited from knowing in advance that we would be calling to their home. The inspection team consisted of a single inspector.

During the inspection we spent time with both of the people who lived in the service. We also spoke with a team leader and three care staff. In addition, we met with the registered manager and the area operations manager. We also observed care that was provided in communal areas and looked at the care records for both of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 speak with us.

After the inspection visit we spoke by telephone with a relative.

Good

Is the service safe?

Our findings

People showed us by their relaxed manner that they felt safe living in the service. One of them made a point of holding hands with a member of care staff and smiling when we used sign assisted language to ask them about their experience of living in the service. In addition, the relative told us that they were 'completely sure' that their family member was safe.

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, we noted that the registered persons had established robust and transparent systems to assist the people to manage their personal spending money. This included care staff keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. An example of this was hot water being temperature controlled and radiators being cool-touch to reduce the risk of scalds and burns.

We also noted that there was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was care staff supporting people to contribute to preparing food in the kitchen without being at risk from misusing items such as sharp knives.

Care staff were able to promote positive outcomes for people when they became distressed. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not clearly recall what social activity they were due to attend later on in the day. The person was becoming anxious, loud in their manner and physically assertive. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person that they were going to attend a small social gathering at another local SENSE service where they could enjoy a snack and a selection of mulled wines. We noted that this information reassured the person who was pleased to go to their bedroom to get ready for the event.

We found that suitable arrangements were in place to safely order, store, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training. In addition, we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times.

In their Provider Information Return the registered persons told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum headline figure set by the registered persons. We also noted that during our inspection visit there were enough care staff on duty. This was because people promptly received all of the care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

Suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that all parts of the accommodation had a fresh atmosphere. We also noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that care staff recognised the importance of preventing cross infection. They were wearing clean clothes and regularly washed their hands using anti-bacterial soap.

We found that the registered persons had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. Records showed that the registered manager and the area operations manager had carefully analysed accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence.

Requires Improvement

Is the service effective?

Our findings

People were confident that the care staff knew what they were doing and had their best interests at heart. One of them showed us with a 'thumbs-up' sign and a smile that they appreciated the way care staff supported them at home. The relative was also confident about this matter saying, "The care staff are excellent and the place is like a big family."

However, we found that suitable arrangements had not been made to ensure that people were fully protected by all of the safeguards contained in the Mental Capacity Act 2005 (MCA). The 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 law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. 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.

Although appropriate arrangements had been made to obtain consent from the two people's representatives about the care delivered in the service, we found that suitable provision was not in place to ensure that people only received lawful care. The registered manager told us that DoLS authorisations had been obtained for both of the people who lived in the service but these were not available for us to examine. Therefore, we could not establish what restrictions care staff were allowed to use when caring for the people concerned. In addition, neither the registered manager nor the care staff were sure about what permissions they had received to enable them to keep the people safe when providing their care. These oversights had increased the risk that unlawful restrictions would be applied that did not fully respect the people's rights. We raised our concerns with the registered manager. They assured us that copies of the documents would be sought but only one of these was in place four days after we completed our inspection visit. Nevertheless, we noted that in practice the effect of the continuing shortfall was limited as the people concerned were being supported in the least restrictive manner possible.

Although most of the accommodation was suitably designed, adapted and decorated, we noted that the storage radiator in the kitchen/dining room was broken and had not worked for several months. As a result this room was uncomfortably cool and we saw both of the people who lived in the service rubbing their hands indicating that they were feeling cold. We raised our concerns with the area operations manager who assured us that an engineer was due to complete the necessary repairs in the near future. The registered manager also told us that a free standing heater would be placed in the room so that it could be heated to a comfortable level.

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered persons had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected the gender of care staff from whom they wished to receive personal care.

Records showed that new care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who experienced reduced mobility or who needed help to promote their continence.

People showed us that they enjoyed their meals. One of them rubbed their mid-rift and made a positive vocal tone when we used sign assisted language to ask them if they enjoyed their meals.

We found that people were being supported to eat and drink enough to maintain a balanced diet. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, the registered manager had arranged for one person who was at risk of choking to have their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. These included care staff preparing a 'hospital passport' for each person that contained key information likely to be useful to hospital staff when providing medical treatment. Another example of this was care staff accompanying people to hospital appointments so that they could personally pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

Good

Is the service caring?

Our findings

People showed us that they were positive about the care they received. We saw one of them make a point of hugging a member of care staff when we used sign assisted language to ask them about their relationship with care staff. The relative with whom we spoke was also confident that their family member was treated with compassion and kindness.

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in the lounge and chatting with them about the Christmas presents they had been supported to buy for their relatives.

Care staff were considerate and recognised that both of the people benefited from being supported to personalise their home. An example of this was a person who had been supported to decorate their bedroom with pictures of campervans that interested them. In addition, we noted that care staff had painted the garden shed so that it looked like a campervan including such details as the manufacturer's badge and a personalised number plate that read, 'BPA1'.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Both people had family and friends who could support them to express their preferences. Records showed and the relative with whom we spoke confirmed that the registered manager and senior members of care staff had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. In addition, both people had their own bedroom and we saw care staff knocking and waiting for permission before going into rooms that were in use.

People could spend time with relatives and with health and social care professionals in private if this was their wish. In addition, we noted that care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People showed us that care staff provided them with all of the assistance they needed. One of them led us by the hand so that we could see the snack box care staff had helped them to fill with their favourite treats such as crisps. The relative was also positive about the amount of help their family member received. They said, "My family member gets all of the help they need to have a full life."

We found that people received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Key parts of the care plans presented information using pictures and colours so that they were more accessible to the people concerned. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, promoting their continence and undertaking household tasks such as doing their personal laundry.

People showed us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. Both of them attended a local day opportunities service where they could take part in various activities related to learning life skills. In addition, both people were supported to enjoy being out and about in community to go shopping, to dine in restaurants and to visit places of interest.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This often involved them having a special cake. It also included them being supported to enjoy Christmas by shopping for presents to give to family and friends.

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore, the registered manager recognised the importance of appropriately supporting people who choose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. Documents showed that the registered persons had established suitable arrangements to ensure that any complaints would be thoroughly investigated and resolved so that lessons could be learned.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. The

registered manager told us that arrangements could be made for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable. In addition, records showed that the registered manager had established how each person wanted to be supported at the end of their life. This included clarifying their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Requires Improvement

Is the service well-led?

Our findings

People showed us that they considered the service to be well run. One of them used sign assisted language to answer 'yes' when we asked them if they looked forward to returning home after attending their day opportunities service. The relative was also complimentary about the management of the service and remarked, "SENSE makes sure it's very well run."

In their Provider Information Return the registered persons assured us that they regularly completed quality checks to make sure that people were receiving all of the care and facilities they needed. Records showed that these checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order. However, we noted that the quality checks had not identified the shortfalls we found in the arrangements that had been made to ensure people only received lawful care. In addition, they had not quickly resolved the problem we found with the defective storage radiator. We raised our concerns about the completion of quality checks with the registered manager who showed us evidence that they were about to introduce new audits to address both of the issues we had raised.

Furthermore, we noted that the registered persons had taken a number of other steps to develop the service's ability to comply with regulatory requirements. There was a registered manager in post. They told us that they were committed to promoting a positive culture in the service that was focused upon achieving good outcomes for people. In addition, records showed that the registered persons had correctly told us about significant events that had occurred in the service. Records also showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

We found that a number of systems were in place to help care staff to be clear about their responsibilities. This included there being a senior member of care staff who was in charge of each shift. In addition, arrangements had been made for the registered manager or area operations manager to be on call during out of office hours to give advice and assistance to care staff should it be needed. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that people who lived in the service and their relatives had been engaged and involved in making improvements. Records showed that people and their relatives had been regularly invited to meet with the registered manager and care staff to suggest how their experience of using the service could be improved.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. Another example was the registered persons had subscribed to a number of professional journals and websites that focused on developing new ways of promoting people's independence.

We noted that the registered persons adopted a prudent approach to ensuring the financial sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when a vacancy might occur so that they could make the necessary arrangements for new person to quickly be offered the opportunity to receive care in the service. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons preparing regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons maintaining an accurate record of the vacancies that were present in each of their services in Lincolnshire. This helped to ensure that commissioners could quickly arrange for people to move between services if this was in their best interests.