Sense

SENSE - 38 Church Street

Inspection report

38 Church Street
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The inspection took place on 21 February 2017 and was unannounced.

Sense - 38 Church Street is a care home which provides personal care for six people who experience a range of learning disabilities, physical disabilities and sensory impairments. Upstairs there are three flats for people who are able to live more independent lives. The accommodation for another three people is on the ground floor and includes private en-suite bedrooms and shared communal areas. There were five people living at the home when we inspected.

At the last inspection, the service was rated Good.
At this inspection we found the service remained Good.

There were enough staff to care for people and they were supported to develop and maintain the skills needed to provide safe care. Staff had received training in how to recognise abuse and were confident to raise any concerns.

Risks to people were identified and action was taken to mitigate those risks and keep people safe. Medicines were safely managed and people were encouraged and supported to be independent with their medicines. People's ability to maintain a healthy weight was monitored and appropriate advice and support was sought from healthcare professionals if needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Where people were unable to make choices about their lives the registered manager, staff, healthcare professionals and family members made choices in people's best interest.

Staff were kind and caring and had the skills to communicate and develop relationships with the people living at the home. People were supported to develop their independence in all areas of their lives dependant on their skills and abilities.

Staff knew people's care needs and were supported by informative care plans developed by people living at the home, their family members and staff. People were supported to live meaningful lives with appropriate activities and work placements.

The home was well led and people living at the home and their relatives had their views of the care they received gathered. The registered manager took notice of people's views and made changes to the home and care as a result. There were effective audits in place to monitor the quality of the care provided for people and the registered manager took account of reports from external agencies

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe and remains good.	Good
Is the service effective? The service was effective and remains good.	Good
Is the service caring? The service was caring and remains good.	Good
Is the service responsive? The service was responsive and remains good.	Good
Is the service well-led? The service was well led and has improved from requires improvement to good.	Good

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Detailed findings

Background to this inspection

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

This inspection took place on 21 February 2017 and was announced. The provider was given 48 hours' notice because we had booked a sign language interpreter. However, the interpreter was not part of the inspection team as the person living at the home we wanted them to speak to was not available. The inspection team consisted of a single inspector.

Before the inspection we reviewed the information we held about the home. This included any incidents the provider was required to tell us about by law and concerns that had been raised with us by the public or health professionals who visited the service. We also reviewed information sent to us by the local authority who commission care for some people living at the home. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one person who lived at the service and we spent some time observing care. We spoke with the registered manager and two other members of staff.

We looked at two care plans and other records which recorded the care people received. In addition, we examined records relating to how the service was run including staffing, training and quality assurance.

Good

Is the service safe?

Our findings

Staff had received training on keeping people safe from abuse and knew how to raise concerns both within the organisation and with external agencies. They told us that the registered manager was supportive if they raised concerns and that if the registered manager was not available there was always an on call manager they could discuss concerns with.

Risks to people's safety were identified and care plans contained clear information on how to keep people safe. An example of this was for people with epilepsy and the actions staff needed to take if the person had a seizure. This included how to make sure the person was safe, what medicine to administer and when to call for emergency support from health care professionals. In addition, people's personal environments were planned around them so as to keep them safe. An example of this was that the carpets in one person's bedroom were thicker with good underlay to protect them as they often fell.

Where people were at risk of developing pressure ulcers their care plans recorded the care they needed to keep them safe. In addition, the registered manager and staff took action if they identified concerns with equipment which increased people's risks. An example of this was one person's wheelchair had caused them some issues. The registered manager had referred them to the appropriate people to have a new wheelchair seat made to help them maintain better posture.

Staffing levels had been set to reflect people's needs. For example, some people needed the support of two people to get them up in the morning. In addition, people had been allocated hours to access the community. Records showed that staffing levels provided met people's assessed needs and the hours for accessing the community were provided flexibly to support people with planned activities. Robust recruitment and appropriate checks ensured that staff were safe to work with people living at the home.

People's medicines were safely stored and there were systems in place to ensure that important medicines were available to people when they were in the home or in the community. An example of this was the medicines needed for people if they had an Epileptic seizure. Staff had received training in the safe administration of medicines and how to administered medicines to people having a seizure. Records relating to medicines were accurate and fully completed. Some people living at the home had expressed a desire to be more independent with their medicines and were working with staff make this a reality.

Good

Is the service effective?

Our findings

Family members commented in a survey that they were "very satisfied" with the staff and they "were fantastic." Staff new to the home received an organisational induction which covered the skills needed to care for people safely. In addition, they were supported to complete the care certificate, a nationally recognised set of standard skills for care workers. Staff also received ongoing training and support to keep their skills current and to learn about people's individual needs related to their diagnosed conditions. Staff also received ongoing support and supervision from the registered manager to discuss any concerns they had or training they felt they needed.

The registered manager and staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves where they were able to. An example of this was when they supported a person to move to different part of the country when the person told them that was what they wanted to do. Where people may not have been able to make a decision for themselves, mental capacity assessments were completed to assess their understanding of the decision. Where the assessments showed that people were unable to make decisions for themselves, health care professionals, staff and family members made decisions in their best interest.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. The registered manager had applied for a number of DoLS authorisations. This had ensured that people's rights had been protected.

People's needs around maintaining a healthy weight and drinking enough to stay well were identified along with any medical conditions which impacted on their ability to eat safely. We found that one person had been struggling to maintain a healthy weight and while they could eat safely they chose not to. Records showed that a best interest meeting had been held to discuss enteral feeding and a decision made that this was not the right treatment for the person at this time. Enteral feeding is where nutrition is delivered directly to the stomach using a tube through the abdomen. Instead, staff had worked with a dietician and the person was now having prescribed supplements instead of food. This had removed a lot of stress from the person's daily live and they had put on weight. The offer of food was still available to them and while they occasionally chose to eat a sweet treat they had shown no interest in other food.

People were supported to access the care and support of healthcare professionals. For example, the tissue viability nurse had supported one person living at the home who was a risk of pressure ulcers. In addition, people had access to their choice of GP and were supported to attend their hospital appointments.

Good

Is the service caring?

Our findings

Staff were kind and caring with the people living at the home and had developed a trusted relationship with them. One person living at the home told us, "All the staff are nice, I chose my key worker." Family members were also complementary about the relationship between people living at the home and staff. One family member commented in a survey, "Very pleased with staff's approach to [Name] as they get the best out of her." As this is a home for deafblind people all the staff received training on how to communicate with people living at the home.

People's independence was supported and encouraged. One person who lived at the home at our last inspection had identified a wish to live in a different area of the country. They were helped to make their wish a reality and a place in a supported living service was found for them. They were supported through a planned transition into their new home and found a work placement in an area they were interested in. In addition, staff supported another person who was living at the home on a short term arrangement to find a work placement to help integrate them into the community. This placement continued for the person after they moved out of the home.

People's privacy and dignity were respected. For example, people told us that staff always asked before entering their flat. People were also encouraged to make decision about their life. An example of this was one person who had expressed a desire to have a birthday party this year. They were being supported to arrange the party by staff and had invited friends and family. Care plans also included information on situations people may find challenging and how staff should reassure the person to encourage them to remain calm.

One person living at the home had expressed a desire to spend more time with people from their own culture. The staff were supporting the person to investigate how they could do this and what groups were available in the local area which may support them to achieve this outcome. In the meantime the registered manager was looking into holding a party themed around the culture for the person and their friends to attend.

Where possible people's independence was supported and encouraged. This meant different things for people depending on their abilities. For example, one person was becoming more independent when in the community. For other people living at the home it was about being able to spend time alone in their room or being able to go to the toilet independently. One family member commented in the recent survey that their relative, "Is encouraged to be involved appropriately and given choices to promote independence."

Good

Is the service responsive?

Our findings

People and their families had been involved in planning their care. One family member had completed a survey and commented, "Fully supported and if I have questions or issues I am assured of a positive, friendly response." People's care needs were regularly reviewed and people living at the home and their families had the opportunity to make suggestions about different care which may be a positive experience for people. An example of this was a relative who suggested looking at developing alternative ways of communication. The registered manager had developed an action plan on how this communication could be introduced to the person.

People's care plans fully reflected their needs and contained detailed information both about people's diagnosed conditions and how care could be provided in a person centred fashion. Staff were knowledgeable about the needs of the people that they supported and how to provide that care safely and appropriately. Staff also had access to the provider's specialist staff who could provider support and guidance on how care could be tailored to meet people's individual needs.

People were supported with a variety of activities in line with their skills and abilities. Two people living at the home had work placements which supported them to integrate with the community. One person living at the home was able to tell us about all they activities they did. This included going to the circus, going swimming and going out for meals. Care plans included information on the activities people enjoyed and activities were included in regular reviews so that people were given the opportunities to develop new skills.

There were posters in the home telling people how to make a complaint. In addition, concerns and complaints were also discussed with people living at the home and their family members in person centred reviews. Staff told us how they spent time to build relationships with family members so that they could feel comfortable approaching the staff with concerns and questions. The registered manager told us that there had been no complaints since our last inspection.

Good

Is the service well-led?

Our findings

There was a registered manager for the service. 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.

The provider has a set of organisational values and at our last inspection we saw how these had been used during supervisions and appraisals to measure how staff were performing. The provider had expanded the use of values into the recruitment of staff. The registered manager told us how it was important to get staff with the right values as you could them provide training around the skills needed to provider safe care.

The registered manager told us how this had improved the quality and commitment of staff they employed. They said, "People coming in with the idea of providing person centred care are more focused on caring as a career." They explained how the values helped them to put the person at the centre of the care they received by involving people in everyday tasks even if they could only do a small part of the whole task.

The registered manager had gathered the views of people living at the home and their relatives. The feedback from people and their families had been positive. One family member commented, "We have peace of mind that our [relative] is being cared for within the home. Staff consistently try their best. [Our relative] is so much better physically and generally is calmer and appears happy. There was also a national user group for the provider and one person living at the home had attended the national meetings and was able to input into the national development of the service.

Staff told us they were supported with a system of supervisions and monthly staff meetings. They told us that they could use these opportunities to raise any concerns that had or any ideas about how the care they provided could be improved. Staff told us that the registered manager was supportive and available for them when needed. They felt this was important due to the complex needs of some of the people living at the home.

The registered manager monitored accidents and incidents which occurred and took appropriate action to keep people safe from similar incidents in the future. In addition, the registered manager reviewed accidents and incidents for trends to see if any change to the environment or staffing levels were needed.

The registered manager had a set of audits to monitor the quality of care provided and the safety of the environment. We saw that these audits had been effective in identifying concerns and that the registered manager had taken action to improve the quality of the care people received. For example, we saw that the registered manager had identified that some areas of the home required redecoration and had requested the funding for this to be done.

At the last inspection we saw that the provider had not taken account of improvements identified as needed in reports from other agencies. At this inspection we saw that all improvements from external agency reports

had been identified and action taken.

The registered manager also attended regular quality team meetings. This gave them the opportunity to review and discuss changes in legislation and best practice with other registered managers who worked for the provider. It also enabled them to share best practice between the homes.