Sense

SENSE - 11 Station Road

Inspection report

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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

This inspection took place on 31 March 2016 and was unannounced. When we last inspected this service in December 2013 we found it compliant with all the regulations we looked at.

11 Station Road is a residential home which provides support to people who have learning disabilities and a sensory impairment. The service is registered with the Commission to provide personal care for up to nine people. Eight people lived at the home when we visited. People lived in individual flats which accommodated one or two people. People in this home were unable to tell us verbally about the care that they received so we observed how care was provided to people.

There was a registered manager at this location but they had recently taken up a temporary position of area manager. 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 and associated Regulations about how the service is run. An acting manager had been appointed to manage the home during the registered manager's absence and both were at the home when we visited.

People were kept safe from the risk of harm. Staff knew how to recognise signs of abuse and who to raise concerns with. People had assessments which identified actions staff needed to take to protect people from risks associated with their specific conditions.

People were protected from possible errors in relation to their medication because the arrangements for the storage, administration and recording of medication were good and there were robust systems for checking that medication had been administered in the correct way.

Staff were available to keep people safe and there were usually enough staff to allow care and support to be provided flexibly and to consistently meet all people's needs. Recently there had been some reliance on the use of agency staff at night times. The registered provider was taking action to recruit to vacant posts so that people would be supported by consistent staff who knew them well.

Staff were appropriately trained, skilled and supervised and they received opportunities to further develop their skills. Staff knew people's different methods of communication and understood their preferences. Relatives informed us that they thought the staff were caring and that their family member was happy living at the home. People appeared relaxed and comfortable whilst interacting with staff. People were involved in a range of leisure activities in the community, some individual to them and some in small groups.

People were supported to make choices and we saw that consent was gained from people before staff assisted them. Staff understood how to support people in line with the Mental Capacity Act (2005). Some people living at the home had authorisations in place to deprive them of their liberty. Staff supported people in line with these authorisations.

People were supported to have their mental and physical healthcare needs met and were encouraged to maintain a healthy lifestyle. The manager sought and took advice from relevant health professionals when needed. People were provided with a good choice of food in sufficient quantities and were supported to eat meals which met their nutritional needs and suited their preferences.

People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on. Relatives knew how to raise any complaints they had and were confident staff would take action if this happened.

Checks were undertaken on the quality of the care provided by the registered manager and provider and actions were taken where developments had been highlighted. The registered manager and provider made sure there was a focus on continuous development of the home.

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.

People were comfortable around staff and relatives told us they trusted the staff would keep people safe.

There were enough suitably recruited staff to meet people's needs.

Staff knew how to keep people safe and managed people's medicines safely.

Is the service effective?

Good

The service was effective.

People were involved in making decisions about their care. There were communication aides to help people express their preferences and choices.

People received care from members of staff who were well trained and supported to meet people's individual care, support and nutritional needs.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

Is the service caring?

Good

The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People were treated with respect. People's dignity was promoted by staff.

Is the service responsive?

Good

The service was responsive.

People were involved in planning their care and maintained relationships which were known to be important to them.

People used community facilities and were supported to follow and develop their personal interests.

Relatives were confident action would be taken if they raised any concerns or complaints about the care their family members received.

Is the service well-led?

Good

The service was well-led.

People had benefited from living in a home where checks were made on the quality of care by the registered manager and provider.

Action was taken to develop the home further so people benefited from living in a well-led service.

The registered provider had ensured there was continuity of effective management cover.

SENSE - 11 Station Road

Detailed findings

Background to this inspection

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

This inspection took place on 31 March 2016 and was unannounced. The inspection team consisted of one inspector.

As part of planning the inspection we asked the provider to complete 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 and we took this into account when we made the judgements in this report. We also checked if the provider had sent us any notifications. These contain details of events and incidents the provider is required to notify us about by law, including unexpected deaths and injuries occurring to people receiving care. We used this information to plan what areas we were going to focus on during our inspection visit.

During our inspection visit we met with six people who used the service. We also spoke with the registered manager, the acting manager, seven care staff and one agency staff. We observed care to help us understand the experience of people who could not talk with us. We sampled the records, including people's care plans, staffing records, complaints, medication and quality monitoring.

After the visit we spoke with the relatives of three people and with two of the night staff on the telephone. We requested further information from the registered manager. We also received information from two local authority reviewing officers.

Good

Is the service safe?

Our findings

People showed us that they felt safe living in the service. We saw that they were happy to seek the company of staff and were relaxed when staff were present. All the relatives we spoke with told us they had no concerns about their family members' safety. One relative told us, "I have the upmost trust in the staff."

Every staff member we spoke with was able to tell us what they would do if they had any concerns about people's safety. This included escalating any concerns to the registered manager, registered provider or external organisations. Staff were confident that if they raised concerns action would be taken to protect people. Staff told us and records showed that staff had completed training in how to keep people safe. One member of staff told us, "I have had information about whistle-blowing and safeguarding. SENSE are very big on that. I would not be afraid in a second to report,." Another member of staff told us, "I have full confidence in the managers. Although it's nice here there is no hesitation in reporting anything." There was information and guidance about reporting concerns around the home for staff and visitors. This information was available in various formats to help meet people's specific communication needs.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately to raise concerns about the safety of people who lived in the service. We noted that action had subsequently been taken to help prevent the same things from happening again.

People were encouraged to have as full a life as possible, whilst remaining safe. We saw that the registered manager had assessed and recorded the risks associated with people's medical conditions as well as those relating to the environment and any activities which may have posed a risk to staff or people using the service. Staff knew what people's individual risks were. One person needed their food and drinks a specific texture to ensure their well-being. We spoke with the staff supporting and them and they were aware of these needs. People's risk assessments had been regularly updated so staff knew the best way to care for people taking into account their changing safety needs.

Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes detailed. Accidents and incidents were reviewed to reduce the risk of them happening again.

Checks were undertaken by the registered manager and registered provider before new staff started working at the home. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people. A new member of staff confirmed they had not started working with people until the checks had been received by the registered provider. Some staff had worked for the provider for several years and the provider had a system in place to regularly renew the Disclosure and Barring checks for staff.

People were usually supported on a one to one basis by staff in their individual flats. Relatives told us there were enough staff to meet people's needs. One person's relative told us, "Sometimes there are temporary staff used but not very often."

We saw that there were enough staff on duty at the time of our inspection. Records showed that the number of staff on duty during the four weeks preceding our inspection matched the level of staff cover which the registered manager said was necessary. Recently there had been some reliance on the use of agency staff at night times. There had been a recent incident of only agency staff being on duty during a night time. The registered manager told us this was a one off incident due to last minute sickness of staff and that this had never happened before. We were told that this isolated incident had not had any significant impact on people. We were shown evidence that the registered provider was taking action to recruit to vacant posts so that people would be supported by staff who knew them well.

We had been informed by the registered manager that since our last inspection there had been a reduction in the number of staff at night time but that this had been kept under review and had continued to meet people's needs safely. We spoke with two of the night staff about these changes. Neither raised concerns about the staffing levels at night time. One staff told us, "It was difficult at first, we had to adjust but there has been no negative effect on people."

There were plans in place for emergency situations. People had their own plans if they needed to be evacuated in the event of a fire or if they went missing. We found that appropriate fire risk assessments were in place, fire safety equipment was serviced and staff had been involved in fire drills. The home's emergency plans provided information about emergency procedures and who to contact in the event of utilities failures.

People needed assistance from staff to take their medicines. People received their medicines safely and when they needed them. We saw evidence that the management checked medicines routinely to make sure people received their medicines in a safe way. We saw that one flat had a notice on the door stating that staff were administering medication and asking not to be disturbed. This helped staff to concentration when giving medication and reduce the risk of errors.

We saw that medicines were kept in a suitably safe location. Staff we spoke with told us they were not allowed to administer medicines until they had been trained, and their skill at administering medicines was checked. We asked one member of staff how they would respond if a medication error was made. They were able to describe actions they would take to protect the person's well-being.

We sampled the Medication Administration Records (MARs) and found that they had been correctly completed which indicated medication had been given as prescribed. Where medicines were prescribed to be administered 'as required', there were instructions for staff providing information about the person's symptoms and when they should be administered.

Good

Is the service effective?

Our findings

All the relatives we spoke with told us staff had the right skills to care for their family members. One relative told us, "The calibre of the staff I cannot fault." Another relative told us, "Staff know [person's name] very well. They have one staff who has worked with them for 20 years. Throughout the inspection we saw staff using different skills that demonstrated that they understood the individual needs of the people they were supporting. This included using communication techniques that were specific for each person. A reviewing officer from the local authority which commissions a package of care for a person using the service confirmed they had found staff to be knowledgeable about the person and their needs.

New staff received a thorough introduction to the service and 'shadowed' experienced members of the staff team before they supported people on their own. A system was also in place for agency staff to complete a 'mini induction' before they worked with people. The registered manager confirmed that the registered provider 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 newer member of staff told us, "I love it here. There is always someone to ask for help if I need it."

Staff told us they received the training they needed for their role. One care staff told us, "It's good quality training." All staff received basic training such as first aid, fire safety, health and safety and food safety. Staff had undertaken some specific training so they would be able to meet the needs of people living at the home. This included training in key subjects on how to support people who have a learning disability and who have complex needs for care resulting from reduced hearing and vision.

All staff we spoke with told us that they received regular supervision sessions. One care staff told us, "I have regular supervision which includes my practice." 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. Staff had the opportunity to discuss their training needs as part of regular staff meetings and supervision meetings. Staff said they were confident additional training would be made available if they identified any they required.

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). The provider had made DoLS applications for all of the people living in the home as they did not have the capacity to decide to live in the home. These applications had been sent to the appropriate local supervisory body and staff was aware of these.

Staff knew about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. Staff told us how specific decisions sometimes had to

be made in people's best interests. We were given an example of a recent best interest decision regarding a person's medication. We were informed that the acting manager was commencing some work to assess if people at the home had the capacity to vote in forthcoming elections. They told us that until capacity had been determined they would not make an assumption that people would be unable to vote. This view was in line with the requirements of the MCA.

People were provided with enough to eat and drink. Staff kept records of how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to promote good health. Records we saw demonstrated staff worked flexibly to make sure people were able to enjoy things to eat and drink when they wanted them. One person was being encouraged to eat healthy meals to promote weight loss. Staff told us they sat and did a menu with the person and they had managed to lose weight. They had recently purchased a mini- greenhouse for the person where they were growing herbs. These were used in cooking and staff told us this had encouraged the person to eat healthier meals.

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.

Relatives and staff also told us people were supported to attend specialist health appointments so people remained in good health. Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. We saw people's care records contained guidance for staff on people's health backgrounds and detailed how to support people. Staff also monitored aspects of people's health such as their weight, and these were regularly reviewed so people would remain healthy and well.

Good

Is the service caring?

Our findings

Every relative we spoke with told us staff were caring towards their family members. One relative told us, "Staff get on well with [person's name] and she gets on well with them." A relative told us that the staff were skilled in communicating effectively with their family member.

People were supported to maintain relationships with people who were important to them. All the relatives we spoke with told us staff made them feel welcome at the home. One relative told us, "I'm on first name terms with all of the staff." Staff helped people to buy and send cards to their relatives or kept relatives updated by telephone calls.

People's preferences for support and likes and dislikes had been reflected in their care plan. Care plans detailed what was important to the person and described in detail how a person liked to be supported and the routines that were important to them. This information had been gathered from family and people who were important to the people at the service and from staff who had worked
with people over a number of years. Staff gave us examples of how some people preferred to be supported by staff of the same gender and that this preference was respected.

Staff told us they enjoyed working at the home and were able to tell us how they communicated with the individual people who lived in the home. One care staff told us, "I really enjoy getting to know the people here." There was a staff matching process in place to help make sure people were supported by staff who they would get on with. This included taking into account the person's likes, dislikes and interests and matching them to a suitable potential new staff.

We observed staff were kind and patient with people and offered reassurance when necessary. People's right to privacy and dignity was respected. Suitable equipment was available to alert people that staff were intending to enter their flats and this also helped to maintain people's privacy. A reviewing officer told us that the home had invested in assistive technology to help people with sensory impairment. For example a fan would automatically turn on and blow cool air in the home of a person who had a hearing impairment so they would know someone was ringing their doorbell.

When we talked to staff individually about people's care they spoke with respect about the people they were supporting. Staff gave us examples of how they ensured people's privacy and dignity were maintained. We saw that staff did not enter people's flats until they had gained permission to do so.

We saw that staff used the methods of communication described in each individual's care plan to good effect. We saw staff gave people time to make their own decisions, with support where necessary and people's decisions were acted upon. This included decisions about what they wanted to eat and choices about what they wanted to do so they would enjoy their day.

People were supported to be as independent as much as it was safe to do so. We saw that to enable one person to use their music system independently this had been adapted to specifically meet their needs. Staff

gave examples of how they encouraged people to be as independent such as getting involved in making drinks and meals, running their own bath and dressing themselves. In one flat we saw the person had control of the remote control for the television in their lounge. They frequently changed channels and the staff supporting them respected their choices of what they chose to watch. Care Plans detailed the tasks that people could complete independently and what areas they needed support in.

Care records indicated that people were supported by staff to make everyday choices where they were able to. Where people achieved something new or enjoyed a particular experience a comment or photograph was placed on a display board [WOW board] so that everybody could celebrate and join in positive events in people's lives. This information sharing helped staff to reinforce improvements and to organise appropriate enjoyable experiences for people.

Good

Is the service responsive?

Our findings

All of the people at 11Station Road had lived there for a number of years, there had been no new admissions. People were encouraged by staff to make decisions about the type of care they wanted. Some people needed help from staff to do this, such as support to understand the choices available and to make decisions about how they wanted their care delivered. All the relatives we spoke with told us staff encouraged them to be involved in planning their family members' care. One relative told us, "I'm invited to all the review meeting and kept informed."

We looked at three people's care records. Care plans contained guidance for staff about people's routines, interests, likes and dislikes, communication and personal care needs. Care plans were kept up to date and reflected people's current needs and how they wanted to be supported. Monthly reviews were undertaken to make sure any changes to the person's needs were identified and acted on. We saw that for one review a person had developed a particular behaviour at night that impacted on the privacy of other people. We noted that the next review meeting minutes made no mention of this behaviour and if the issue had been resolved or not. We discussed this with the registered manager who was able to tell us about the actions that had been taken to resolve the issue.

The well-being of each person was documented in a daily diary. These recorded the person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing and how staff supported people's expressed preferences. This supported our observations that staff were responsive to people's needs.

We looked at the arrangements for supporting people to participate in the interests and hobbies they liked. One person's relative told us, "The activities are very good, staff are always prepared to try new things with people." One care staff told us, "We introduce new activities, for example cycling is a new activity and [Person's name] enjoys rambling. We go all over the place." We saw that people had some individual interests that staff supported and also that they attended larger organised activities arranged with Sense. Most people went out on activities at some point during our visit. This included shopping, a café and swimming.

We were told that the registered provider had recently created a role of 'Sports Co-ordinator' for their services. The registered manager told us this had helped promote a healthy lifestyle for people and supported people to take part in activities they liked such as Yoga and a day at a local football academy.

People had the opportunity to go on holiday if they wanted to. One person had recently been on holiday and another person was going on holiday soon. With the help of the staff supporting them, they told us they were looking forward to going swimming and having ice-creams on their holiday.
Staff supported people to maintain relationships with people that mattered to them. Some people had regular contact with family members; others were being supported to maintain contact though other methods such as social media. A newsletter had also started to be produced to keep relatives in touch with events in the home.

Some people living in the home were unable to make complaints about the care they received... As a way of trying to ensure people were happy with their care there were review meetings with staff and each person living in the home where all aspects of the individual's care was discussed. People's care plans detailed ways in which a person would demonstrate that they were unhappy at these meetings and staff were able to tell us what they would do to resolve any concerns.

Relatives told us they had not needed to raise any complaints about the care their family members received. All of the relatives and staff we spoke with said they were confident if they did raise any concerns or complaints these would be dealt with appropriately. One relative told us, "I would have no hesitation in telling the manager of any concerns." Another relative told us, "Any concerns I have raised they listen to and take action."

The registered provider had a formal procedure for receiving and handling complaints and concerns. A copy of the complaints procedure was displayed in the home, this was also available in alternative formats to help meet people's specific communication needs. Both the registered manager and the acting manager told us there had been no complaints received in the last 12 months.

Good

Is the service well-led?

Our findings

People who used the service were unable to tell us what they thought about the management of the home. All of the relatives we spoke with were positive about the way the home was managed and the care their family members received. One relative told us, "The manager is very approachable."

The registered provider had a leadership structure that staff understood. There was a registered manager in post but they had recently took on the role of being the area manager on a temporary basis. An acting manager had been appointed who had previously worked at the home and so they knew people's needs. The registered manager and the acting manager were at the home when we visited. Both managers were aware about requirements to inform the Care Quality Commission of specific events that had occurred in the home and demonstrated knowledge about what recent changes in regulations meant for the service. Details of new regulations and their implications had been shared with staff.

Staff meetings took place regularly and staff told us they were able to suggest items for discussion. Every staff member we spoke with told us they enjoyed working at the home. There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns. One care staff told us, "The manager is good at listening. I suggest loads of things and within reason the manager is open to trying anything." A second care staff told us about a concern they had raised, they told us, "I was listened to and the manager resolved it."

Relatives commented that the service always kept them up to date and involved them in decisions about their family members care. The acting manager informed us that they were due to carry out monitoring questionnaires about the service in the next couple of months. These would be sent to family members and staff to seek their views on the quality of the service. This meant the service involved others to help identify how the service could be developed.

The registered provider had a system to monitor the quality and safety of the service and to identify any areas for improvement. Accidents and incidents were recorded and reported to the provider and a system was in place to help identify any themes or patterns.

A wide range of audits were carried out which included evaluating how well staff supported people with making choices, eating well, communicating, involvement in directing their care plans and keeping people safe. Some audits were conducted by a registered manager from one of the provider's other services so they could share their own experience and knowledge with the staff. One care staff told us, "The outcome of audits is shared with us. We get feedback at staff meetings." We saw that as part of these audits a score was given in line with our rating system, however we found that the rating of 'outstanding' was widely used and it was not always apparent how this had been achieved. For example, one question asked if medication keys were kept safe and a rating of outstanding was awarded because this was complied with. Further thought was needed to ensure the ratings awarded were fully reflective of what was in place.

A person from the provider's 'Service User Reference' had undertaken a visit to the home in August 2015. This was an initiative which enables people who receive similar services and their families the opportunity to review and comment on the care being provided at the home. This enabled the registered provider to identify and share good ways of working, new ideas and resources across services. Whilst the report of the visit was limited in content and recorded the difficulties encountered in getting people's feedback the report was positive and did not make any recommendations for improvement.