

Sense

SENSE - 138 Bradford Road

Inspection report

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01 June 2017

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

The inspection visit took place on 01 June 2017, and was announced. We gave the service 48 hours' notice of the inspection because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in. SENSE-138 Bradford Road provides care to three adults with a sensory impairment and who may have other disabilities. The people who lived at SENSE-138 Bradford Road were supported to use local services and facilities.

At the last inspection in March 2015 the service was rated as 'Good'. At this inspection we found the service remained Good.

The registered manager had systems in place to record safeguarding concerns, accidents and incidents and take appropriate action when required. Recruitment checks were carried out to ensure suitable people were employed to work at the home. Our observations and discussions with staff and relatives of people who lived at the home confirmed sufficient staff were on duty.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

Risk assessments had been developed to minimise the potential risk of harm to people who lived at the home. These had been kept under review and were relevant to the care and support people required. Care plans were in place detailing how people wished to be supported. People who received support, or where appropriate their relatives, were involved in decisions and consented to their care. People's independence was promoted.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. We observed regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. Comments from relatives of people who lived at the home were all positive about the quality of meals provided. We found people had access to healthcare professionals and their healthcare needs were met.

People who lived at the home were encouraged to participate in activities of their choice and a range of activities that had been organised. People were supported to access local community day services.

People's relatives knew how to raise a concern or to make a complaint. The complaints procedure was available and people's relatives said they were encouraged to raise concerns. The registered manager used a variety of methods to assess and monitor the quality of care and services provided at SENSE-138 Bradford Road. These included external audits, regular internal audits of the service, relative's surveys and staff meetings to seek the views of people about the quality of care being provided.

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 remains good

Is the service effective?

Good ●

This service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remained good

Is the service well-led?

Good ●

The service remains good.

SENSE - 138 Bradford 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 visit took place on 01 June 2017 and was announced. We gave the service 48 hours' notice of the inspection because the service was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of one adult social care inspector.

Before our inspection visit we reviewed the information we held on SENSE-138 Bradford Road. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also reviewed the Provider Information Record (PIR) we received prior to our inspection. 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. This provided us with information and numerical data about the operation of the service.

We spoke with a range of people about the home including two people who lived at the home, two relatives and two staff members. In addition we also spoke with the registered manager. We also sought feedback from health and social care professionals.

We looked at care records of all three people who lived at the home, training and recruitment records of staff members and records relating to the management of the service. We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced living at SENSE-138 Bradford Road.

Is the service safe?

Our findings

People who lived at the home told us they felt safe living at SENSE-138 Bradford Road and with the way staff supported them. People used various methods to respond to our questions about their safety. They nodded, smiled and laughed. Comments from relatives included, "Very satisfied that no harm can come to him so everything is kept in place"

One professional told us, "The service has effective systems in place to ensure residents' safety, nevertheless, promoting individuals' independence. The Service Manager aims to support my client to develop new skills with limited restrictions in order to achieve, allowing manageable risk taking and increasing the capacity to participate in day to day activities."

The registered manager had procedures in place to minimise the potential risk of abuse or unsafe care. These had been reviewed since the last inspection and training continued to be updated for staff. In addition staff had been recruited safely and appropriately trained.

Care plans we saw had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments provided instructions for staff members when delivering their support. Where potential risks had been identified the actions taken by the service had been recorded. Specialist risk support plans known as positive behaviour support plans had been devised where necessary and staff were familiar with the procedures to keep people safe.

The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. The service monitored and regularly assessed staffing levels to ensure sufficient staff were available to provide the support people needed. During our inspection visit staffing levels were observed to be sufficient to meet the needs of people who lived at the home. Comments from staff included, "Staffing levels are fine we have a good team and have enough of us around to give the residents the care they need." One professional told, "The resident who I am Care Manager for is cared for by sufficient numbers of suitably trained staff."

We looked at how medicines were recorded and administered. We observed the staff on duty administering medicines throughout the day. We saw the medicines cabinet was locked securely. People were sensitively assisted as required and medicines were signed for after they had been administered. Medicines had been checked on receipt into the home, given as prescribed and stored and disposed of correctly.

We looked at medication administration records for three people following the morning and lunch time medicine rounds. Records showed medicines had been signed for. We checked this against individual medicine packs which confirmed all administered medicines could be accounted for. This meant people had received their medicines as prescribed and at the right time. The registered manager had internal and external audits in place to monitor medicines procedures.

The building was clean and free from offensive odours with hand washing facilities available around the

premises. We observed staff making appropriate use of personal protective equipment such as disposable gloves. Equipment had been serviced and maintained as required. For example records confirmed gas appliances and electrical equipment complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

People received effective care because they were supported by a staff team that were trained and had a good understanding of people's needs and wishes. We saw people being encouraged to express their wishes and to make choices as they wish. One staff member said, "I was nervous when I first started however I have got to know people and it works better as they also respond well when I talk to them."

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 interest and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The staff who worked in this service made sure that people had choice and control over their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice. When we undertook our inspection visit three people who lived at the home had been assessed as lacking capacity to consent to their care and DoLS authorisation requests had been made to the local authority and granted. We noted that staff had followed the least restrictive ways to support people.

The registered manager demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussions with the registered manager confirmed they understood when an application should be made and how to submit one.

We observed staff supported people to eat their meals. Staff offered a choice of drinks. They encouraged individuals with their meals and checked they had enough to eat. We observed people being supported to make their own meals at lunch time. People choose what they preferred to eat and staff provided adequate supervision. Healthy eating choices were promoted.

Staff recorded in care records each person's food and fluid likes and dislikes. This was good practice to provide preferred meals in order to increase people's nutritional intake. We found staff assessed people against the risks of malnutrition and choking from food and drinks. Staff had made referrals to specialist professionals such as speech and language therapists.

We looked at the building and grounds and found they were appropriate for the care and support provided. We saw people who lived at the home had access to the grounds which were enclosed and safe for people to use. In addition there was a facility used as a sensory room and a lounge for people to make a choice on where to spend their time. A sensory room is a room that utilises multi-sensory equipment such as light, temperature and sounds to stimulate the senses and promote pleasure and/or feelings of well-being to children and adults with limited communication skills. We observed people moved around the building freely.

Care records we looked at contained information about other healthcare services that people who lived at the home had access to. Staff had documented when individuals were supported to attend appointment or received visits from for example, GPs and practice nurses. Documentation was updated to reflect the

outcomes of professional health visits, health reviews and appointments.

Is the service caring?

Our findings

During our inspection visit we observed people were relaxed, happy, smiling and comfortable. We confirmed this by talking with people. Relatives comments included, "Everything is just fine at the moment, we could not wish any better service all staff members have been good." And "They generally do a excellent job."

We observed staff engaged with people in a caring and relaxed way. For example, they spoke with people at the same level and used various methods to encourage people to express themselves. Staff were patient and took time to understand people.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the equality and human rights laws.

There was a significant effort to promote people's independence and autonomy. This was evident in the way support plans were written. We observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed people being encouraged to do as much as they could for themselves. For example people were making their own lunch and we were told two people did their own shopping for toiletries supervised by staff. Staff explained how they promoted independence, by enabling people to do things for themselves. One staff member said, "We encourage people to do as much as they can, [Name] will do as much personal care as they can and we will assist."

Staff maintained people's privacy and dignity throughout our visit. For example, we saw staff knocked on people's bedroom doors before entering. Staff also addressed people by their preferred names. Care records that we saw had been written in a respectful manner.

Relatives told us the management team encouraged them to visit at any time. They said this gave them the freedom to access the home around their own busy schedules.

We spoke with the registered manager about access to advocacy services should people require their guidance and support. The registered provider had details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Is the service responsive?

Our findings

Relatives of people who lived at SENSE-138 Bradford Road told us they felt the registered manager and staff were responsive and met people's needs with an individual approach. For example a relative said, "They always keep us informed of what is going on with [my family member]. We get invited to meetings regularly."

We looked at care records of three people to see if their needs had been assessed and consistently met. They had been developed where possible with each person and family, identifying what support they required. There was evidence of people being involved in their own care plans. We saw evidence to show that people had been consulted about support that was provided for them. Staff used various methods to gain people's views including sign language, gestures and written whiteboards. People sat down with their keyworkers regularly to discuss what had gone well and what could be improved each month.

Staff completed a range of assessments to check people's abilities and review their support levels. For instance, they checked individual's needs in relation to hearing and sight, mental and physical health and medicines. We found assessments and all associated documentation were personalised to each individual who lived at SENSE-138 Bradford Road. They were written and presented in an easy to read format to ensure people could understand them. Documentation was shared about people's needs should they visit for example, the hospital. This information is also known as hospital passport. This meant other health professionals had information about individuals care needs before the right care or treatment was provided.

The service had considered good practice guidelines when managing people's health needs. For example, we saw people had personalised assessments providing guidance on how to make information accessible for people for example whether people required documents to be written in large text or braille.

People were supported to maintain local connections and important relationships. People were actively encouraged and supported to maintain local community links. For example people had been supported to maintain contact with their family relations using Skype. This was an innovative and resourceful way to support people to maintain regular contact with their families and friends. Another person had been supported to access the local library regularly.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

There was a complaints file in the service with all information and documents available should any complaints be made. We saw evidence of concerns that had been dealt with by the registered manager informally.

Is the service well-led?

Our findings

There was a registered manager employed at SENSE-138 Bradford Road. 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.

Staff we spoke with told us they felt the registered manager worked with them and supported them to provide quality care. For example we only received positive comments from staff and relatives and they included, "[registered manager] is great. They invite suggestions and take action." And, "The place is well organised and managed very well." A relative said, "The manager is approachable, listens and is enthusiastic."

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. The Registered Manager had an extensive health and social care background. They were experienced, knowledgeable and familiar with the needs of the people they supported. Care staff had delegated roles including medicines ordering and being key workers for residents. Each person took responsibility for their role and had been provided oversight by the registered manager who was in turn accountable to the operations manager and a board of trustees.

Staff and relatives' meetings were held on a regular basis. We confirmed this by looking at minutes taken of meetings. In addition staff and resident/family surveys were carried out annually. The management analysed any comments and acted upon them. We saw people, relatives and staff were consulted on the daily running of the service and any future plans.

The registered manager and provider had auditing systems to assess quality assurance and the maintenance of people's wellbeing. Regular audits had been completed by the registered manager and the provider. These included medicines, the environment, care records, financial records, incidents and infection control. Any issues found on audits were quickly acted upon and lessons learnt to improve the care the service provided. We found a system of self appraisal had been implemented which was scrutinised by managers from other services. This ensured that the registered manager and their staff were held accountable for the service they delivered.

We also noted that an external auditor had been contracted to carry out independent care quality inspections for medicines management. A financial auditor had visited to monitor how people's financial assets were managed. Regular checks were also made to ensure fire safety equipment was working and water temperatures were safe in line with health and safety guidelines. This helped to ensure people were living in a safe environment.

The service worked in partnership with other organisations to make sure they were following current practice, providing a quality service and the people in their care were safe. These included social services,

healthcare professionals including General Practitioners and practices nurses. Staff also worked closely with organisations such as the Deaf and Blind Society, local churches and local libraries.