

Sense

Sense - Grafton Street

Inspection report

30 Bardsley Street
Stockport
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Tel: 07966999746

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20 June 2023

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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

About the service

Sense Grafton Street is an extra care service providing personal care to people in their own flats as part of a housing scheme. The service provides support to people with a learning disability and/or autism. At the time of our inspection there were 9 people using the service. However, only one person was receiving the regulated activity of personal care at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The service had plans and guidance to support people with identified risks. Care was person centred and promoted choice and independence. People were supported to achieve positive outcomes. People were supported by staff who received an induction and ongoing training.

Right Care:

People received kind and compassionate care. Staff knew people well, understood and responded to their individual needs. Staff promoted and respected people's right to privacy, dignity, and respect. Staff knew how to protect people from the risk of harm and abuse. People who had individual ways of communicating were supported by staff who understood their needs and facilitated their different ways of communication. People were fully supported to live a life of their choosing and to increase their independence.

Right Culture:

The registered manager listened to concerns and promoted a positive culture that was person-centred, open, and inclusive. Concerns and complaints were listened and responded to. Staff support, teamwork and staff morale was good. Quality assurance processes enabled continuous improvement. Learning was shared

from within and outside the organisation and relationships with partner agencies were well established.

We have made one recommendation about safe recruitment practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 19 December 2019 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Sense - Grafton Street

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 1 person's care records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We met with 1 person who used the service and spoke to 1 relative about their experience of the care provided. We spoke with 3 members of staff including the registered manager and 2 support workers.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There were sufficient numbers of trained staff to provide appropriate support to people.
- The service had employment checks in place to ensure suitable people had been employed to care for people at the service. These checks included police checks and references from previous employers. However, we found concerns that not all risks had been addressed; please see the well-led section of this report.
- Staff and one relative told us they thought there was enough staff. One relative told us, "There seem to be enough staff. If someone is off, they replace them. They [Name] get the same group of staff supporting them."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- The manager was aware of local arrangements and processes for reporting and managing any safeguarding concerns. Staff told us they would report any concerns. One staff member told us, "I haven't observed any poor care. I would report any concerns to the manager."
- Accidents and incidents were recorded and managed. People's risk assessments were reviewed, and information recorded in care plans of actions taken to minimise any further risks to people.
- One relative told us they felt their loved one was safe at the service. They commented, "I think [Name] is safe there. The staff are good...we would know if things weren't right."

Assessing risk, safety monitoring and management

- People's needs and risks were assessed appropriately, and support plans were developed to ensure that staff were clear on how to give safe care to people.
- Individual risk management plans were reviewed regularly to ensure staff were aware of people's current care needs. Positive behaviour support plans were in place and up to date for people where necessary; these plans provide strategies for supporting people's anxieties.
- People had personal emergency evacuation plans (PEEPs) in place to direct staff and the emergency services to the appropriate support people required in the event of an emergency.

Using medicines safely

- Medicines were managed and administered safely.
- Staff followed effective processes to assess and provide support people needed to take their medicines

safely. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both).

- Records used for the administration of medicines were clear and complete. Records for the administration of "when required" medicines were person centred.

Preventing and controlling infection

- People were protected from the spread of infections by staff who were trained in infection control practice and the use of personal protective equipment (PPE).

- The service had an infection control policy and procedure in place and the registered manager told us they conducted a monthly infection control audit.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed before they came to live at Grafton Street to ensure the service was able to meet their needs.
- People visited the service over several weeks to enable them to transition into living in their new home safely and comfortably. Assessments and care plans identified people's needs holistically and were comprehensive and detailed around how to safely manage each person's individual choices and care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who had received the necessary induction, training, and ongoing support.
- Staff received a programme of training and supervision to enable them to provide safe and effective care. A training matrix was in place to give managerial oversight of staff training requirements. Staff benefitted from a programme of mandatory training that included training specific to the needs of the people using the service.
- Staff told us they had completed all the mandatory training and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. One staff member told us, "The training is good. I do feel supported."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported with their choices to help protect themselves from a poor diet, swallowing difficulties, and health needs.
- People had eating and drinking assessments, including input from the speech and language therapy team (SALT).
- People chose what to eat and when, and they were supported by trained staff. One relative told us, "[Name] goes with the staff to the supermarket to buy food, and they [staff] help them cook it. They help them choose what to buy."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services and staff ensured people received timely care and treatment.
- The service worked collaboratively with other healthcare professionals, such as social work teams and

nursing teams to understand and effectively meet people's individual needs. For example, SALT teams worked with staff on communication plans. The registered manager told us they aspired to continue to work with other agencies and keep building strong relationships.

- People had communication and hospital passports in place to help explain their individual needs and ways of communication if they needed to attend an appointment. The local GP carried out annual health check-ups and medication reviews.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People were supported to make their own decisions about their care.
- Care plans reflected the promotion of people's individual choices with sections recording "How was I involved in developing this plan", "Who else did I choose to be involved" and "How I make choices".
- The registered manager worked closely with local authority teams to gain advice around anyone being deprived of their liberty to ensure appropriate safeguards were in place where necessary.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to support people's privacy, dignity and independence. Staff told us that they supported people to carry out their own personal care tasks in privacy. However, they were on hand if people sometimes needed additional support, for example, help with showering and shaving.
- One relative told us, "I haven't seen any problems at all with the staff. They all seem to do a good job of caring for [Name]."
- The registered manager told us they promoted people's independence, they commented, "I want the individuals to make wise and unwise choices and know they have staff there that they can rely on and get the 1 to 1 support." We saw feedback from one professional to the service was positive, they had commented, "The support staff team are all brilliant, really nice and are all doing a brilliant job with [Name]."

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to express their views and were fully involved in decisions about their own care and the support they received.
- Care plans were person-centred and concentrated on people's choices and preference about their care. For example, a "No decision about me without me" care plan was in place and information was included around family.
- Care plans also included information to guide staff on how people used individual cues to express their needs and wishes.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care and support reflected their individuality whilst also respecting their own diversity and specific needs and preferences.
- Care plans were in place for people's motivation and engagement that gave good information for staff to follow regarding people's signs and individual behaviours. Support requirements were documented, such as people's individual cultural, sexual and religious needs and choices.
- The registered manager told us, "Every individual is so unique and shines in their own way and I'm so proud that I can say everyone in the service has a voice and is listened to."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and those important to them were involved in planning support and care delivery that was personal to them.
- Individualised care was at the forefront of the service, and this was reflected in the personal care plans that met people's preferences and choices. These plans were regularly reviewed to ensure they were up to date and included people's likes and dislikes.
- People's choice was promoted throughout the service. The registered manager told us, "If someone wants to do something, no isn't an option, it's finding the safest way to accomplish the individuals' goals."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs had been assessed and communication care plans were in place to guide staff.
- Individual communication care plans were detailed and designed to ensure staff were fully aware of how to help each person communicate. Communication plans included how to read facial expressions and body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported to maintain their regular routine and activities of their choice.
- People had care plans and risk assessments for support with all kinds of individual daily activities and the service also held group activities for people to join in with if they so wished.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- People were assisted to understand how to make a complaint. We saw people were actively encouraged to let staff know their feelings about the service. One care plan stated, "[Name] would not be able to raise a complaint so staff would need to be vigilant to any indication they are not happy with something and then take appropriate action to remedy the situation."

- One relative told us, "I haven't had any concerns or needed to make a complaint. "

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems were in place to monitor the overall safety and effectiveness of the service.
- Regular audits of quality and safety were carried out. Action plans were written for any issues found. These had been implemented and signed to show they had been completed. However, during our checks of recruitment files, we found concerns regarding the management of staff risk assessments for one staff member.

We recommend the provider, where necessary, ensures appropriate and robust recruitment risk assessments are in place prior to staff starting work at the service.

As a result of our findings, the registered manager implemented a retrospective risk assessment.

- There was a clear management structure in place. The registered manager was supported by head office and higher management, who would often visit and undertake spot checks of the service.
- The manager was knowledgeable about their regulatory requirements and wider legal responsibilities. Statutory notifications were submitted when required.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- There had not been any serious incidents at the service; however, the registered manager understood their responsibility to let people know if something went wrong under their duty of candour.
- All incidents were recorded and added electronically and reviewed by the registered manager. The system prompted the incident to be investigated and actions identified to reduce the risk of a re-occurrence. Staff had a debrief following an incident.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager sought the views of people, relatives, staff or visiting professionals on the service and how this might be improved. Monthly meetings for people using the service were held; these meetings included discussions about different subjects, such as staffing and activities.
- Regular staff meetings were held where detailed information about the service and people's care needs

were shared with staff alongside the sharing of any learning from incidents that had occurred. Staff told us they felt very supported in their role and were complimentary about the registered manager. One staff member told us, "[Name] is a great manager; really supportive."

- The service worked closely with other departments and agencies to provide a fully holistic service to people. Examples include, mental health teams, housing departments, learning disability teams, social workers and specialist psychiatry teams.
- The service works closely with families and engages with the local community. The registered manager told us they also had close links with local advocacy services who help people make decisions about their future care needs and provide legal advice when a person wanted to move on from the service.
- People benefitted from good links to local community resources that reflect the needs and preferences of the people who use the service. For example, people accessed the local leisure complex and swimming pool.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People who used Sense Grafton Street received personalised, inclusive care from staff and management who considered people's individual needs.
- The registered manager told us of their plans and aspirations for the service to ensure people continued to receive good, person-centred care. They commented, "I want the service to continue being unique and supporting individuals to have new experiences and to continue to set goals and reach them."