Sense

SENSE - 85 Park Road

Inspection report

85 Park Road
Accrington
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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

Overall summary

We carried out an inspection of 85 Park Road on 8 April 2015. 24 hours notice of the inspection was given as the service is small and people living at the home are often out of the home.

85 Park Road provides accommodation and personal care for 5 adults with sensory impairment, physical disabilities and learning disabilities. The home is part of the larger organisation of 'SENSE', which is the largest specialist voluntary organisation in the United Kingdom working with people with deaf blindness and associated disabilities. The service does not provide nursing care. At the time of the inspection there were five people accommodated in the home.

85 Park Road is a detached purpose built house located close to local amenities in the town of Accrington. The service has its own transport.

At the previous inspection on 19 December 2013 we found the service was meeting all the regulations we looked at.

Summary of findings

There was a registered manager in day to day charge of the home. 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.

People spoken with made positive comments about the management arrangements. Staff told us, "We have a good management team who keep us up to date and listen to us." Relatives told us, "The manager is hands on and easy to approach" and "The management team has settled down and improvements are being made."

We were unable to talk to people about what it was like to live in the home as they had difficulties expressing their views. However, we were able to observe the care and support being given by staff. We did not observe anything to give us cause for concern about people's well-being and safety. People looked relaxed and happy. We observed caring and friendly interactions between people living in the home and staff. We spoke with relatives who were confident people were treated well. Comments included, "The level of care is excellent" and "I can't praise them enough; I am very happy with everything."

Staff told us they were confident to take action if they witnessed or suspected any abusive or neglectful practice and had received training about the Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS). The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care. We noted appropriate DoLS applications had been made to ensure people were safe and their best interests were considered.

Staff were aware of people's capacity to make safe decisions and ability to make choices and decisions about their lives. This was clearly recorded in the support plans. Personal risks had been assessed and discussed, and recorded in the support plan. People were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restrictions.

We found accurate records and appropriate processes were in place for the ordering, receipt, administration and disposal of medicines and people received their medicines on time. There was guidance for staff to follow to support each person when taking their medicines.

A safe and fair recruitment process had been followed and proper checks had been completed before staff began working for the service. We found there were enough staff to meet people's needs in a flexible way. One relative said, "There have been some changes to staff but the core team are very experienced and they support less experienced staff."

All staff were given the training and support they needed to help them look after people properly.

We observed staff responding to people in a caring and friendly manner and we observed good relationships between people. Relatives said, "Staff are very good; my relative has a special bond with their key worker" and "The staff team are brilliant." We observed staff had a good knowledge of the people they supported and were able to respond appropriately to keep them safe from harm.

Specialist advice had been sought and people were given the support they needed to eat and drink sufficient amounts to meet their needs. People were helped to develop and maintain skills in the kitchen such as preparing simple meals/drinks where appropriate. We observed people were supported and encouraged with their meals and staff were aware of people's dietary needs and preferences. We were told menus would be changed to meet people's needs and preferences.

People were not always able to verbalise their needs. However, staff had been trained in specialised communication methods and records included clear information about how people communicated their needs and feelings. Also each person had a 'communication board' in their bedroom which helped them to understand about daily activities and routines and helped staff to communicate effectively with them. Staff used familiar objects, body language and facial expressions as a means of communicating with people.

Each person had a support plan that was personal to them and included information about their likes and

Summary of findings

dislikes and routines as well as their care and support needs. People's changing needs were identified, recorded and regularly reviewed. One relative told us, "I am very much involved and they listen to what I have to say."

There were opportunities for involvement in activities both inside and outside the home. Activities provided people with appropriate skills whilst promoting enjoyment, improvement and independence. Activities included shopping trips, excursions, and holidays, meals out, horse riding, swimming, music therapy, reflexology, cleaning and baking. Tactile items and communication boards were used to indicate people's choices and preferences. People were also supported to maintain their relationships with their friends and family. Where possible, people enjoyed regular visits to stay with their relatives.

There was a clear complaints procedure. There had been no complaints made. People were encouraged to discuss any concerns during regular meetings, during day to day discussions with staff and management and also as part of the annual survey. Relatives told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers. One relative said, "I have no complaints but I find them to be very open and honest if I need to speak to them."

There were effective systems in place to assess and monitor the quality of the service. They included monthly checks of the medication systems, support plans, staff training, finance, nutrition, safety and the environment. There was evidence improvements had been made when any shortfalls had been noted.

There were opportunities for people, or their relatives, to express their views about the service through regular care reviews and during discussions with staff and management. Regular family days were held to enable people to meet with each other and with management and staff.

Summary of findings

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.

Staff received safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice.

A safe and fair recruitment process had been followed and checks had been completed before staff began working for the service.

There were sufficient skilled staff to meet people's needs in a flexible way.

Is the service effective?

Good

The service was effective.

Staff received a range of appropriate training, support and supervision to give them the necessary skills and knowledge to help them look after people properly.

There were effective systems to identify whether people were at risk of poor nutrition and dehydration. Specialist advice had been sought to ensure people were supported to eat and drink sufficient amounts to meet their needs.

The service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care.

The registered manager and staff had an understanding of processes relating to Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

Staff responded to people in a kind and friendly manner and we observed good relationships between people.

Staff had been received training to help them communicate effectively with people.

The home was warm, comfortable, clean and tidy. The design and layout of the home had been adapted to meet people's needs.

Is the service responsive?

Good

The service was responsive.

Each person had a support plan that was personal to them and which focused on their life history and processes were in place to monitor and respond to changes in their health and well-being.

People were supported to take part in a range of suitable activities, both inside and outside the home. Activities were monitored to ensure they provided people with appropriate skills whilst promoting enjoyment, improvement and independence.

There was a clear accessible complaints procedure. People told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers.

Summary of findings

Is the service well-led?

Good

The service was well led.

There was a management structure in the home which provided clear lines of responsibility and accountability. People made positive comments about the management arrangements.

There were effective systems in place to assess and monitor the quality of the service with evidence improvements had been made when any shortfalls had been noted.

People were encouraged to express their views about the service which would help improve the home.

SENSE - 85 Park 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.

The inspection of 85 Park Road took place on 8 April 2015. Short notice of the inspection was given because the service is small and the staff and people using the service are often out of the service. We needed to be sure that they were in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We contacted the community team for learning disabilities, who provided us with some feedback about the service. We also spoke with community pharmacist.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and the improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with two members of staff, the deputy manager and the registered manager. Following the inspection we spoke with five relatives.

People living in the home had difficulties telling us their views of the service so we observed care and support being delivered by staff. We looked at a sample of records including two people's support plans and other associated documentation, recruitment and staff records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and quality assurance audits.

Good

Is the service safe?

Our findings

We were unable to talk to people about what it was like to live in the home as they had difficulties talking to us. However, we were able to observe the care and support being given by staff. We did not observe anything to give us cause for concern about how people were treated. We observed people were comfortable around staff and were happy when staff approached them. Relatives who we spoke with were confident people were treated well. One relative said, "The staff keep my relative safe."

There were safeguarding and 'whistle blowing' (reporting poor practice) procedures for staff to refer to. There was also clear guidance for visitors and relatives to refer to. Safeguarding procedures are designed to provide staff with guidance to help protect vulnerable people from abuse and the risk of abuse. Staff told us they had received appropriate safeguarding training, had an understanding of abuse and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. Records confirmed staff had received appropriate training in this area. This helped to protect people. From the information we hold about the service there was evidence the management team was clear about their responsibilities for reporting incidents and safeguarding concerns and working with other agencies.

We looked at how the service managed risk. We found individual risks had been assessed and discussed with people's relatives, and recorded in their support plan. There were detailed strategies to provide staff with guidance on how to safely manage risks whilst ensuring people's independence, rights and lifestyle choices were respected with the minimum necessary restrictions. Records showed risks had been recognised and kept under review to ensure people were able to lead full and meaningful lives safely.

We discussed how staff would respond when people behaved in a way that may challenge the service. We found individual assessments and strategies were in place to help identify any triggers and guide staff how to safely respond. We found detailed information in the care plans to help staff recognise any changes in people's behaviour which enabled them to intervene before behaviour escalated to crisis level. Staff also received regular training and support to help them respond safely and appropriately to behaviour that challenged the service.

We looked at the recruitment and induction records of two members of staff. We found a safe and fair recruitment process had been followed and checks had been completed before staff began working for the service. These included the receipt of a full employment history, an identification check, written references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. Two staff confirmed a safe and fair recruitment process had been followed.

We found there was sufficient skilled staff to meet people's needs in a flexible way. Staff were responsive to people's needs. We were told people living in the home needed to be looked after by staff who they knew. We were told any shortfalls, due to sickness or leave were covered by existing staff or with regular agency staff as people living in the home needed specialised and consistent care from staff that knew them. Management and staff told us new staff were currently being recruited. Staff considered there was enough staff to ensure people's needs were met and to also spend quality time with people. We were told staffing numbers were kept under review and adjusted to respond to people's choices, routines and needs. A relative told us, "There have been some changes to staff but the core team are very experienced and they support less experienced staff." Another said, "The balance of staff is very good."

During our visit we observed caring and friendly interactions between people living in the home and staff. Relatives said, "Staff are very good; my relative has a special bond with their key worker", "The key worker is excellent, marvellous" and "The staff team are brilliant." Staff told us, "We have a good team who care about the people who live here." A visiting healthcare professional described staff as, 'polite, extremely helpful and courteous.'

We looked at how the service managed people's medicines and found the arrangements were safe. The home operated a monitored dosage system of medication. This is a storage device designed to simplify the administration of medication by placing the medication in separate compartments according to the time of day. Policies and procedures were available for staff to refer to and were being reviewed to reflect current practice. Following our visit we were told the review had been finalised. All staff

Good

Is the service safe?

had received training to help them safely administer medication. Staff confirmed regular checks on their practice were undertaken to ensure they were competent. Records confirmed this to be the case.

We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines. Appropriate arrangements were in place for the management of controlled drugs. Controlled drugs are medicines which may be at risk of misuse. At the time of our visit there were no controlled drugs in the home. People were identified by photograph on their medication administration record (MAR) which would help reduce the risk of error. Any allergies people had were recorded to inform staff and health care professionals of any potential hazards of prescribing certain medicines to people. There was guidance for staff to follow to support each person when taking their medicines. For example, one person liked to feel the medicine pot prior to taking it. Records showed how people's medicines were managed safely when they were away from the home.

The medication system was checked and audited on a monthly basis and action plans developed in the event of any shortfalls. The numbers of tablets were also checked each day. This helped ensure people's medicines were managed safely. There were systems in place to ensure regular reviews of people's medicines were undertaken by their GP. This would help ensure they were receiving the appropriate medicines. The community pharmacist told us, "The service manages people's medicines well, they are organised and use a good safe system".

We looked around the home and found areas were well maintained. Improvements to the home were ongoing and from looking at records we saw equipment was safe and had been serviced. Regular training had been provided to ensure staff had the skills to use equipment safely. A social care professional told us, "The building is homely and suitable for the people living there. There is a fantastic sensory garden and it felt nice when you walked in". A relative said, "The accommodation is of a very good standard." External security systems were in place to protect people living in the home.

Good

Is the service effective?

Our findings

We looked at how the service trained and supported their staff. From our discussions with staff and from looking at records, we found staff received a range of appropriate training to give them the necessary skills and knowledge to help them look after people properly. Regular training included safeguarding vulnerable adults, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), management of medicines, nutrition, moving and handling, fire safety, first aid, food safety, equality and diversity and health and safety. Other training included positive interaction, Exploring, Talking and Listening, living life and dysphagia. Some staff had achieved a recognised qualification in care. The training plan was clear and there were systems in place to help ensure training was completed in a timely manner.

From our discussions with staff and looking at records we found there was an in depth induction programme for new staff. This would help to make sure they were confident, safe and competent.

Staff told us they were supported by the management team and provided with regular supervision. Records showed checks had also been completed on staff working practice. All staff had received an annual appraisal of their work performance which would help identify any shortfalls in their practice and identify the need for any additional training and support.

Staff told us handover meetings were held at the start and end of every shift and a communication diary and daily diaries helped keep them up to date about people's changing needs and the support needed. Records showed key information was shared between staff and staff spoken with had a good understanding of people's needs. One member of staff said, "We have a good team; we work well together."

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The service had policies and procedures to underpin an appropriate response to the MCA 2005 and DoLS and the registered manager and staff expressed a good understanding of processes relating to MCA and DoLS. At the time of the inspection two people using the service were subject to a DoLS. We noted appropriate DoLS applications had been made which would help to ensure people were safe and their best interests were considered.

Staff spoken with were aware of people's capacity to make safe decisions and ability to make choices and decisions about their lives. This was clearly recorded in the support plans.

We looked at how people were protected from poor nutrition and supported with eating and drinking. There were effective systems to identify whether people were at risk of poor nutrition, dehydration or had swallowing difficulties. Records showed appropriate action had been taken and specialist advice had been sought to manage any risks and ensure people were supported to eat and drink sufficient amounts to meet their needs. We observed people were given the support they needed to develop and maintain skills in the kitchen and were supported to prepare simple meals/drinks where appropriate. People's food and drink preferences were recorded and taken into consideration when planning meals. Records showed people had access to snacks and drinks throughout the day and night. Staff told us the menu would be changed to meet people's needs. For example, on the day of our visit a picnic lunch was being prepared as people were spending the afternoon in the park.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received prompt, co-ordinated and effective care. The registered manager described how staff were liaising with the hospital team in preparation for a planned hospital admission. This would help improve communication and reduce distress to the person concerned. A relative told us, "Staff contact the GP if they are concerned."

Good

Is the service caring?

Our findings

Relatives spoken with made positive and complimentary comments about the home and about the management and staff team. Comments included, “The level of care is excellent”, “I can’t praise them enough; I am very happy with everything” and “My relative is never unhappy to return to the home which is a good indicator.” Relatives told us they were involved in discussions about care and support and kept up to date with any changes. A health professional told us, “People are well looked after. I have no concerns.”

During our visit we observed staff responding to people in a kind and friendly manner and we observed good relationships between people. From our discussions and observations it was clear staff had a good understanding of people’s needs, interests and preferences and were able to anticipate people’s needs. There was a keyworker system in place which meant particular members of staff were linked to people and they took responsibility to oversee people’s care and support. Relatives made comments about how good relationships had developed between key workers and people living in the home.

We observed people were treated as individuals and were helped and supported by staff in line with their recorded preferences and routines. People living in the home were not always able to verbalise their needs. However, staff had been trained in specialised communication methods and records included clear information about how people communicated their needs and feelings. Also each person had a 'communication board' in their bedroom which helped them to understand about daily activities and routines and helped staff to communicate effectively with each person. Staff told us they would use familiar objects, body language and facial expressions as a means of communicating with people.

We observed people’s privacy and dignity were respected. We noted personal care was given behind closed doors and people were dressed appropriately. We also observed people being as independent as possible, in accordance with their needs, abilities and preferences. We observed one person being supported to make a drink and another spending time in their room listening to music. However, it was not clear from the records whether people’s preferences in respect of receiving personal care from male or female staff had been sought. The registered manager gave assurances this would be clearly recorded in each person’s support plan.

During our visit we found the home to be warm, comfortable, clean and tidy. The design and layout of the home had been adapted to meet people's needs. All bedrooms had en suite facilities and were designed and decorated with each person's privacy, needs and preferences in mind. Communal areas were spacious and all areas were safe and accessible.

Good

Is the service responsive?

Our findings

Each person had a support plan that was personal to them and which focused on their life history. The support plans included good information about the care and support people needed and were easy to follow. Information included likes, dislikes and preferences, routines, how people communicated any risks to their well-being and their ability to make safe decisions about their care and support. Processes were in place to monitor and respond to changes in people's health and well-being. The support plans had been updated regularly and in line with any changing needs and showed people or their relatives had been consulted and involved in decisions. Relatives told us, "I am very much involved and they listen to what I have to say" and "The staff share a daily diary with me so that I can see what X has been doing." The registered manager and area manager regularly checked people's support plans and developed an action plan where shortfalls had been identified.

From looking at photographs and support plans and from discussions with staff and relatives, we found people were supported to take part in a range of suitable activities, both inside and outside the home. Activities were monitored to ensure they provided people with appropriate skills whilst promoting enjoyment, improvement and independence. Activities included shopping trips, excursions, and holidays, meals out, horse riding, swimming, music therapy, reflexology, cleaning and baking. Each person had an activity board which displayed their daily routines and any activities they enjoyed. Tactile items were used to indicate people's choices and preferences. For example, staff would let the person touch a riding hat to indicate it was time to attend a horse riding session. Relatives told us, "Staff are very proactive about finding new things for my relative to enjoy", "My relative has ways of letting staff know what they want" and "My relative enjoys an active life."

People were supported to maintain their relationships with their friends and family. Where possible, people enjoyed regular visits to stay with their relatives. A relative said, "The visits are always very well organised". Another relative told us, "I am able to speak regularly to my relative on the telephone; staff help us to keep in touch." People were supported to access the local community. Family days were arranged to help people to meet each other.

There was a clear complaints procedure in the hallway which advised people how to make a complaint and how and when they would be responded to. There had been no complaints made to the service. People who used the service and their relatives were encouraged to discuss any concerns during regular meetings, during day to day discussions with staff and management and also as part of the annual survey. Relatives told us they had no complaints about the service but felt confident they could raise any concerns with the staff or managers. Relatives said, "I have never had to complain but I know who to speak to" and "I have no complaints but I find them to be very open and honest if I need to speak to them."

Good

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. The manager at 85 Park Road was registered with the Care Quality Commission to manage the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was supported and monitored by the area manager who visited the service on a regular basis as part of the company quality monitoring processes. The registered manager also attended meetings with managers from other services in the group and kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area.

People spoken with made positive comments about the management arrangements. Staff told us, “It is a lovely home. I can talk to the manager at any time if I need to” and “We have a good management team who keep us up to date and listen to us.” Relatives told us, “The manager is hands on and easy to approach” and “The management team has settled down and improvements are being made.” From our discussions, observations and from a review of records it was clear the registered manager and the registered providers were committed to ongoing improvement of the service.

There were effective systems in place to assess and monitor the quality of the service. They included monthly checks of the medication systems, support plans, staff training, finance, nutrition, safety and the environment. There was evidence improvements had been made when any shortfalls had been noted. Records showed accidents and incidents were recorded and analysed to help identify any patterns or areas requiring improvement. This meant steps could be taken to reduce the risk of foreseeable harm occurring to people.

There were opportunities for people, or their relatives, to express their views about the service through regular care reviews and during discussions with staff and management. Regular family days were held to enable people to meet with each other and with management and staff. This also gave people the opportunity to express their views about the service.

Information we hold about the service indicated the registered manager had notified the commission of any notifiable incidents in the home in line with the current regulations. During the inspection we found the service was meeting the required legal obligations and conditions of registration.