

Sense

SENSE - 35 Hawthorn Road

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: 35 Hawthorn Road provides accommodation and personal care for up to six people. People who use the service live with disabilities that affect their hearing and vision and other sensory disabilities.

People's experience of using this service: Safe care and treatment was not always provided. Safe medication processes were not in place with regards to the management of some aspects of people's medicines. There was also no evidence that any checks on people's medication were undertaken to ensure people's medicines had been administered correctly. We also found that the management of the service overall was not consistent, this was also commented on by relatives and staff.

We observed support being delivered within the home and saw that people were comfortable in the presence of staff. This indicated that positive relationships had developed between people receiving support and care staff

The registered provider had a complaints policy in place and people were given information on how to make a complaint about the service should they wish to do so. Safeguarding and whistleblowing procedures were also in place for staff to follow. Staff spoken with were knowledgeable about safeguarding procedures and how to raise any concerns they had.

Staff were recruited safely and received regular supervision and the correct level of training to do their job.

People received the support they needed to eat and drink and maintain a healthy and balanced diet.

Consent to care and treatment were sought in line with the principles of the Mental Capacity Act 2005. People told us staff always asked for their consent before providing support. People's chosen advocates was identified in their care plans should people need support to make a decision about their care.

Care plans and risk assessments reflected people's needs, and held person-centred information. Care files had been reviewed regularly and people were involved in these reviews.

People who lived in the home had multiple sensory disabilities, the provider had strategies in place to ensure communication was effective and that people were given the opportunity to make their own choices about their lives.

Rating at last inspection: The service was last inspected 28 January 2016. At the last inspection this service was rated as Good. At this inspection it was rated Requires Improvement

Why we inspected: This was a planned comprehensive inspection.

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

Inspection team: This inspection was carried out by one adult social care inspector.

Service and service type: 35 Hawthorn Road provides accommodation and personal care for up to six people.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. However, the registered manager was not available during this inspection.

Notice of inspection:

We gave the service 24 hours' notice of the inspection site visit because it is a small home for people with learning disabilities. This inspection was carried out 13 March 2019.

What we did:

Before the inspection we reviewed the information we held about the service. This included the statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law.

The registered provider had completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to plan our visit.

During the inspection we spoke with the deputy manager, the provider, the quality assurance auditor, two members of staff and two relatives. We looked at care records belonging to two people receiving support,

recruitment records for four members of staff and other records relating to the management and quality monitoring of the service.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- The medication cabinet that held people's medications was locked however was not otherwise secured either in a secure room or attached to a wall. This meant it could be removed by unauthorised persons.
- Medicines that needed to be stored in a fridge had been stored in a household fridge with foodstuffs. This was not appropriate as it meant these medicines were accessible to staff members and people who were not responsible for administering medications. This was discussed with the quality assurance auditor and deputy manager. They actioned this immediately.
- We were unable to check 'as and when' (PRN) medication as there were no running total checks. This meant that we could not be sure that medications had safely been administered.
- We asked for medication audits during the inspection and these were unavailable. This meant that we were not able to see who had ongoing responsibility for checking people's medications had been administered correctly.

Assessing risk, safety monitoring and management

- Risks to people were managed in a way that respected people's diverse needs. Measures had been taken to reduce identified risks to people in order to keep them safe.
- Equipment and utilities were checked regularly to ensure they remained safe for use.
- A legionella assessment of the home's water supply had identified issues. We were not able to see documented evidence that actions had been taken following the assessment. The quality assurance auditor was able to show that some actions had been completed and the 'estates' team informed us that actions had also been completed. However, there was no process in place to evidence what actions had been taken, who had responsibility and dates these actions were carried out.
- Emergency procedures for keeping people safe were in place and they were regularly reviewed and updated as required. These included personal emergency evacuation plans (PEEPs) and an overall emergency evacuation plan to advise staff how to evacuate people safely.
- We saw documentation that showed how the provider managed incidents and accidents. If an incident happened that resulted in an injury then there was a specific monitoring form for each injury such as bruising/scratches. We saw that any patterns in how, when and where accidents and incidents occurred were monitored by the provider so that staff could learn from and prevent similar accident and incidents occurring in the future.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training on how to protect people from abuse and a policy was in place to for them to refer to as and when required. Staff were knowledgeable about safeguarding processes and how to raise any

concerns they had.

- The provider maintained a record of safeguarding concerns and referrals had been made to the local authority when required.
- A whistleblowing policy was in place and staff were aware of the procedures to follow with regards to this.
- Other policies in place to raise awareness and help protect people included anti-racism, equality and diversity and anti-discrimination policies.

Staffing and recruitment

- Staff were safely recruited by the provider. Checks such as criminal records checks, known as Disclosure and Barring Service (DBS) records, were carried out and previous employer references obtained prior to employment. This helped to ensure that only people who were suitable to work with vulnerable adults were employed by the home.
- We observed and relatives told us there were sufficient numbers of staff on duty to meet people's needs.
- We saw how the provider was adaptable with staffing when people's needs changed.

Preventing and controlling infection

- An infection control policy was in place to guide staff in their practice and all staff had completed training in this area.
- Bathrooms contained liquid soap and paper towels and staff had access to gloves and aprons to help prevent the spread of infection and the home looked clean.

Learning lessons when things go wrong

- System was in place to monitor any incidents or accidents which occurred. This allowed for any patterns or trends to be identified so that action could be taken to prevent recurrence.
- Appropriate actions were taken following incidents, such as seeking medical advice, updating risk assessments and care plans and providing any necessary equipment.
- The manager and provider acted to ensure lessons were learnt from any incidents. For instance, changes were made following an incident where a person had burnt themselves making a drink. In response to this staff were given detailed guidance on how to support people to safely make their own drinks whilst supporting their independence.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

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

- DoLS applications had been made appropriately. A system was in place to monitor authorisations and when they needed to be reapplied for.
- Consent to care and treatment was sought and recorded in line with the principles of the MCA. When people were unable to provide consent, a best interest process was followed which included involvement from relevant people.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

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

- Detailed care plans were developed from initial assessments and included input from other health and social care professionals when required.
- When people had specific medical conditions, information regarding these conditions was held within the care files. This information also provided best practice guidance on how best to manage the condition to ensure people received safe and effective care.

Staff support: induction, training, skills and experience

- Staff completed regular online training in areas relevant to their roles, to ensure they could support people effectively.
- People and their relatives told us they felt staff were adequately trained and able to meet their needs safely.
- New staff had completed a comprehensive induction which met the government's recommended

induction standards. Staff competence was assessed during the induction process. Staff told us they received sufficient training and felt it helped to support them in their roles as it ensured they were kept up to date with good practice.

- Staff felt well supported and received regular supervisions and an annual appraisal of their skills and abilities.

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

- People's nutritional and hydration needs and how they were to be met were recorded in their support plans. People received the support they needed to eat and drink and maintain a healthy and balanced diet.
- Support plans contained detailed guidance on appropriate food textures for people who required a special diet and identified high risk foods for people such as crumbly foods or small foods like rice.
- There was a four-week menu plan in place that incorporated people's likes and dislikes and dietary needs.

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

- The service worked with other health and social care professionals to ensure people's healthcare needs were met.
- When other health and social care professionals were involved in people's care, any advice given was incorporated within their plans of care.

Adapting service, design, decoration to meet people's needs

- The home had recently had a refurbishment that made access to the gardens easier for people living in the home.
- Each person's bedroom had an en-suite with either a bath or shower depending on their preference.
- We saw that people's bedrooms were personalised and that there were decorations for sensory purposes in some rooms.
- Walls in the corridors held points of reference for people living in the home who were deafblind. An example of this was small squares of Velcro that items like seatbelt was able to be attached to. This gave people knowledge of where they were going and what they were planning to do that day. One relative told us "It's a lovely home."

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed that people were treated with respect and patience. One relative told us "The care staff are excellent with [the people]."
- People were comfortable in the presence of the staff and it was obvious that the staff knew the people well.
- People's support plans held detailed equality, diversity and inclusion plans that were regularly updated to make sure they reflected the wishes and choices of the person. This included religion/belief, sexuality and gender.

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

- People's support plans detailed how to specifically communicate with each person and we observed this in practice during inspection. This included how support was given using hearing and touch and how this is used to help the person make decisions.
- We saw that people used 3D tactile cards or specific hand sign language and that their preferences were documented in their support plans. One relative told us "[Staff] know how to get through to people, they communicate well."
- Staff told us that care records contained all the relevant information they needed to enable them to develop a good understanding of people's needs, wishes and preferences. One relative told us, "They're all treated beautifully."
- Care records indicated that the care and support people received was tailored around their wishes, needs and preferences.
- We saw evidence of advocacy services being used for those who were needed help to express their views and make decisions.

Respecting and promoting people's privacy, dignity and independence

- People's sensitive and confidential information was safely stored and protected in line with General Data Protection Regulation (GDPR).
- People were supported to remain as independent as possible. People maintained a good quality of life and were encouraged to make decisions about the care they required. For example, one person would make specific gestures if they wanted their hair done.
- We observed that staff were respectful of people's privacy and dignity. This was confirmed in discussions with relatives.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's individual needs had been assessed and care plans developed to meet those needs. Support plans were detailed regarding the support people required and had been reviewed regularly. Information was recorded regarding people's preferences in relation to their care and treatment, daily routines and how they liked to spend their time.
- The service was meeting the Accessible Information Standards. We saw that information was available in many different formats including easy read, picture cards and if needed line drawings for people using the service to understand.
- Staff completed daily logs to record the support provided, so all staff had up to date information regarding people's care. Daily logs reflected that people received the support they needed.
- People accessed activities that were specific to their preferences. For example, one person preferred outdoor activities and another person preferred homebased activities.
- One relative told us how their loved one was helped to transition into the home at their own pace. Staff and the provider told us how this was guided by the person and their behaviours were monitored to gauge how comfortable the person was.

Improving care quality in response to complaints or concerns

- A complaints policy was available and this was on display within the home.
- No complaints had been received by the service.
- Relatives we spoke with said that they would have no hesitation and would complain if needed.
- The deputy manager and quality assurance auditor told us how staff enabled people to show their opinions. This included communication strategies and monitoring of people's behaviour.

End of life care and support

- At the time of the inspection nobody using the service was receiving end of life care.
- The deputy manager and provider told us they would work with the community nurses and GPs during these times, to ensure people received appropriate care and support.
- We saw evidence in people's support plans that conversations had been held about people's wishes.
- The quality assurance auditor told us that a project group had been started by the provider. This was led by people using the wider service. This was to identify what difficulties there were in discussing and planning for end of life and that they were putting together a resource pack on 'death dying and bereavement'.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The care service had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was situated in a residential area and that people with learning disabilities who were using the service were able to live as ordinary a life as any citizen.
- We discussed Registering the Right Support guidance with the deputy manager and quality assurance auditor. Neither were aware of the guidance and we were contacted after the inspection and told that this had been prioritized as an item for communication to all of the providers services as a whole through the general management team.
- Following our identification of issues surrounding medication we discussed the importance of becoming familiar with best practice guidelines such as NICE. The NICE guidelines are evidence-based recommendations for health and care in England. We were told following inspection that this too was to be communicated to all of the providers services as a whole through the general management team.

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

- At the time of inspection, the home was being managed by the deputy manager as the registered manager was absent. They had support from the operations manager and sporadic support from deputy managers from other homes. The deputy manager was also at times working as support staff and so not able to fulfil a management role. This was discussed as a concern for the safe management of the home.
- Feedback from relatives and staff indicated that the lack of consistent management was a concern. One relative told us "Its good, it's just the management's not regular and it upsets them [people]."
- Ratings from the last inspection were displayed in the office, this meant that they were not clearly displayed for the public. This was immediately remedied during the inspection.
- CQC had been notified of incidents that had occurred within the home as required.
- Quality assurance processes were in place. These included provider and manager audits. The majority of these were effective however we could not be certain medication audits were effective as we were unable to see them.
- The processes regarding actioning external audit findings were not clear.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider encouraged people to share their views, opinions and suggestions in relation to the quality and safety of care they received.
- Team meetings took place and staff felt involved in the provision of care people received.
- Questionnaires were sent out to families and advocates and as the provider was unable to get direct feedback people's behaviours were closely monitored. Examples included what people liked to eat or if a new person moved into the home.

Continuous learning and improving care

- There was a process in place to track and analyse incidents and accidents and the deputy manager was able to pick out any patterns or trends for further analysis.
- The provider was able to show how lessons had been learnt through identified practice issues and how improvements had been made.

Working in partnership with others

- The deputy manager worked closely with other agencies to ensure good outcomes for people.
- When referrals to other services were needed, we saw that these referrals were made in a timely way.