

Sense

Sense 12 Oakfield Road

Inspection report

12 Oakfield Road
Selly Park
Birmingham
West Midlands
B29 7EJ

Date of inspection visit:
05 February 2020

Date of publication:
20 March 2020

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

SENSE 12 Oakfield Road provides personal care and support to people who have sensory needs and/or people living with a learning disability. At the time of the inspection three people were receiving support from the service. 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

The provider had quality assurance systems in place and action plans were in place to make improvements. However, some issues were yet to be addressed. We identified some further issues during the inspection that had not been picked up by managerial observations or by in-house audits. For example, in relation to best interest decisions and records relating to risk assessment, concerns received, and activities offered. Improvement was needed to assessment processes to make sure the service was suitable to people's needs.

People were generally supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, some decisions had been made without following robust best interest assessments.

People received support from staff when needed. Additional staff had been recruited to reduce the use of agency staff. Where people were supported with medicines this had been provided safely. The provider completed employment checks to ensure staff were suitable to deliver care and support before they started work.

Staff had the appropriate skills and knowledge to meet people's needs and received training and ongoing support. People had been supported to maintain their health and wellbeing and had access to healthcare services when required. People were supported to have enough to eat and drink to maintain their wellbeing.

People received help and support from a kind and compassionate staff team with whom they had positive relationships with. Staff showed respect for people's rights, privacy, dignity and independence.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 31 January 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the date of registration.

Enforcement

We have identified a breach in relation to the lack of robust processes to ensure care was personalised and able to meet people's needs effectively.

You can see what action we have asked the provider to take at the end of this full report.

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led.

Details are in our well-Led findings below.

Sense 12 Oakfield Road

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 Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity started and ended on 5 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our

inspection.

During the inspection-

We observed the actions, reactions, body language, facial expressions and vocalisations of people who use the service because all people receiving a service were non-verbal. We spoke with four members of staff including the registered manager and three care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found including information about the process followed before people started using the service. We sought feedback from involved care professionals and spoke with four relatives.

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 for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff told us they would be on the lookout for changes in people's behaviour or body language as some of the potential signs of people being at risk.
- Staff understood what was expected of them and had a good understanding of whistleblowing. An email address and hotline number were available to encourage staff to raise any whistleblowing concerns.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management

- Care plans we sampled demonstrated that people's risk assessments had been completed in relation to identified risks. Improvement was needed to one person's risk assessment in relation to the risk of falls. This was addressed by the registered manager when we brought this to their attention.
- Care staff were able to explain how they supported people to ensure any risks to their safety were minimised.
- People would be supported in the event of a fire as personal emergency evacuation plans were in place.

Staffing and recruitment

- All the staff we spoke with told us there were enough staff to meet people's needs. Our observations confirmed that staff were available to support people with their care needs, when required.
- Relatives views on staff arrangements were mixed. One commented on agency staff sometimes being used by the provider. Records showed that the service usually used a consistent group of agency staff. Recruitment of additional staff had been completed and we were informed that two new care staff were due to commence work soon.
- We looked at the recruitment records of two new staff. Checks had been completed prior to staff beginning employment. This included, appropriate references and disclosure and barring service checks (DBS). A DBS would inform the service if a person had any criminal convictions which may prevent them from working with vulnerable adults.

Using medicines safely

- Staff told us they felt confident providing support with medicines and had been trained to do so. Checks were carried out to ensure staff were safe to administer medicines.
- Medicines administration records indicated people received their medicines as prescribed. These records were audited regularly.

- Protocols had been produced for each person to direct staff in what circumstances 'when required' medicines should be administered.
- Records showed the provider had a process for checking medicines administration.

Preventing and controlling infection

- Staff had completed infection control training, had access to personal protective equipment (PPE) and wore this when needed.
- Care staff knew about maintaining good hygiene standards. One member of staff explained how they maintained standards when assisting people with their laundry.

Learning lessons when things go wrong

- The provider had a clear process for recording accidents and incidents.
- The registered manager investigated incidents and identified any learning that would reduce the risk of similar incidents.

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 Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People receiving a service had previously lived in residential care homes run by the same provider. The registered manager was unable to locate the assessment record and transitions plan for people completed prior to the move taking place.
- The provider had ensured assessments on people's ability to make decisions about where they lived had been completed. Relatives confirmed they had been involved in these but had not always understood the implications of people moving to supported living. For one person, the move to supported living had not proved successful and they were now being assessed to move back to a 'care home' environment. The registered manager told us there had been 'lessons learnt' in the process.

The lack of robust processes to ensure care was personalised and able to meet people's needs effectively demonstrated a breach of Regulation 9 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care

- Discussions with relatives and professionals showed that people and their relatives had the opportunity to visit and spend time in the accommodation before they moved there.
- People had a care plan for all areas of care such as health needs, personal care needs, likes and dislikes, communication and inclusion in the community.

Staff working with other agencies to provide consistent, effective, timely care

- Local authority commissioners had not always been fully involved in the transition from residential care to supported living.
- One person had not settled in a supported living environment and a move back to residential care was planned. The registered manager told us they had learnt from the previous process followed and there would be full engagement with all stakeholders before any future move took place.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- Where people may be unable to make decisions, the registered manager completed a capacity assessment to see if they understood the decision to be made. Where people were unable to make a decision, a decision was made in their best interest.
- However, we identified this did not happen in all instances. Technology was used to monitor the whereabouts of one person to make sure they received staff support when needed. Whilst the person was not restricted in their movements the use of this surveillance technology had not been considered or assessed under the MCA despite the equipment being placed in the person's own flat.
- People had Deprivation of Liberty Safeguards in place in their previous accommodation and the registered manager had assessed that new applications may be needed. The registered manager had raised this with funding authorities to consider a submission of Deprivation of Liberty Safeguard applications to the Court of Protection.

Staff support: induction, training, skills and experience

- Staff received an induction before they started to provide care work. This induction included initial shadow shifts, whereby they worked alongside a more experienced staff carrying out care tasks.
- Staff had received training relevant to their role. This included training in people's individual needs.
- Staff received regular support and supervision which allowed them to raise any concerns and issues and look at their professional development. Staff confirmed they received the training and support they needed.

Supporting people to live healthier lives, access healthcare services and support

- Staff were knowledgeable about people's health needs.
- People's health needs were clearly recorded in their health action plan. One person had a significant health condition and staff spoken with were aware of this and how to support the person should an incident arise.
- Records we looked at showed that people received support from health professionals where required.
- A health care professional told us that staff recognised the health needs of a person and had responded to requests made regarding their healthcare needs.

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

- People were provided with the support they needed to ensure they had enough to eat and drink.
- Staff were aware of the importance of promoting a balanced diet and providing appropriate support to people to access their chosen food and drink.
- Where people had specific dietary needs, staff were aware and supported people to eat and drink safely.

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.

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

- Staff knew people's life histories and their likes and dislikes. One relative told us, "Staff know [name] needs."
- Each person's support plan included a section called an equality and diversity inclusion plan which described in detail how the person wished to be treated as an individual.
- There were caring interactions between staff and people who used the service. Staff were inclusive and involved people in what was going on around them. When people displayed signs of anxiety, staff gently reassured them until they became less anxious.
- Staff were passionate about their role in enabling people to live a fulfilled life. During our conversations with them it was clear they were both committed and enthusiastic.
- Relatives and a health care professional confirmed staff were kind and caring.

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

- We saw that person-centred communications systems were used to support people to make choices. The experience of the staff team enabled them to interpret people's decisions through means other than verbally.
- Relatives told us they were involved and consulted in their family member's care.

Respecting and promoting people's privacy, dignity and independence

- Care staff understood how to provide care in a way that respected people's dignity and independence and we saw ways in which this was to be maintained was detailed in people's care plans.
- Staff explained how they supported people to maintain their privacy and dignity especially when supporting people with personal care.
- Care staff knew the importance of keeping personal information confidential.
- People were supported to be as independent as possible. Staff encouraged people to eat independently and to do small tasks for themselves such as drink or meal preparation.

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 Requires Improvement. This meant people's needs were not always met.

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

- Two relatives told us they did not think there were sufficient support provided for their two family members to be involved in activities they enjoyed. One relative told us, "[Name] is bored there. There's a lack of activities however it has improved a little recently."
- Records did not always show that staff had offered people the opportunity to take part in things they enjoyed doing. Following our inspection, the registered manager provided evidence that the format for people's daily diaries had been reviewed to ensure any activities offered would be recorded.
- During our visit to the service people went out with staff to the park and for a meal. We also saw care staff engaging a person in a sensory activity.
- The majority of relatives told us their family member was happy and received good support to meet their needs. One relative told us, "[Name] is happy and content- she gets very spoilt by staff."
- Care staff we spoke with displayed a good understanding of people's preferences. Support plans were very person centred and included information about what was important to the person.
- Care staff gave examples of how moving to supported living had improved personalised care for people. One care staff told us, "People used to go out in groups before, but now it's more individual."

Improving care quality in response to complaints or concerns

- Relatives told us the registered manager was approachable and they felt able to raise concerns or complaints. One relative told us they had raised some concerns but were not fully satisfied with the outcome.
- The registered provider had an established complaints procedure in place. The registered manager told us that no formal complaints had been received but acknowledged that one relative had raised some concerns. They told us action had been taken to learn from the concern raised and an apology had been given.
- The registered manager acknowledged that records had not been kept of the concerns but confirmed they would ensure this was completed in future.
- People were unable to make complaints due to their communication and complex needs. People's care plans stated how the person would communicate whether they were unhappy.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and the provider took account of the Accessible Information Standard. Support plans described in detail how people preferred to communicate.
- People had needs that required specific communication methods. The provider specialised in supporting people with complex communication needs who may have sight and hearing impairments.
- Care staff used communication objects to explain what was happening next which included meal times and transport. This enabled people to decide whether they were happy to participate.

End of life care and support

- There was no one in receipt of end of life care.
- The registered manager told us if there was a need input would be secured from external health care professionals.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a framework for ensuring quality and safety. The registered manager completed quality audits and safety checks. Checks carried out by the registered manager were scrutinised by an operations manager who completed a compliance audit each month.
- Where shortfalls were identified, these were placed onto an action plan to develop and improve the service. Quality assurance checks were not always effective because they had not identified concerns we found during our inspection visit. For example, in relation to best interest decisions and records relating to risk assessment, concerns received, and activities offered.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider's quality assurance audit in January had identified that there was no feedback from families formally written or recorded. It was now part of the development plan to send all family members a feedback survey to gauge how they feel about the service both what's working and improvements they would like to be considered.
- Staff told us they were encouraged to suggest improvements. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.
- Staff and relatives confirmed the manager was approachable. One care staff told us, "The manager is very approachable. He does take action if you raise something or refer you to someone else if needed." One relative told us, "The manager is approachable and open to communication."

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

- The registered manager understood their obligations for reporting important events or incidents to relevant agencies, including the CQC.
- The registered manager and staff were open in their approach with us during the inspection.
- The registered manager had a good understanding of their duty to be open and honest with people and relatives.

Continuous learning and improving care

- There was an ethos of continuous learning to develop the service and improve care. The registered manager was receptive to feedback and enthusiastic about making improvements with their systems and records.

Working in partnership with others

- The registered manager and care staff worked in partnership with other professionals and agencies, such as community health services and social workers to ensure that people received the care and support they needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The assessment process needed improvement to ensure care was personalised and able to meet people's needs effectively.