

Sense

SENSE - 88 Church Lane

Inspection report

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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 ●

Summary of findings

Overall summary

About the service

SENSE - 88 Church Lane is registered to provide personal care and accommodation to a maximum of five people. People who live there may have a sensory condition, learning disability and/or autism. At the time of the inspection five people lived at the home.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who use the service live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives. People using the service received planned and coordinated person-centred support that was appropriate and inclusive for them. They lived in a domestic size house that had no external visible features of it being a care home.

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

Risks relating people's individual circumstances were known and managed to minimise the risk of accidents and injury. People were safeguarded from the risk of abuse and safe recruitment processes were in place. Relatives and staff felt adequate staff were provided to meet people's needs and to keep them safe. People received their medicines as they had been prescribed. Infection prevention processes reduced the risk of people contracting and spreading infections.

People were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. 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 achieve the best possible outcomes, including independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Induction training was in place to introduce new staff to their role and the people they were to support. Training had been received by staff and was generally refreshed in line with the provider's timeframes. People were supported by staff who knew their personal preferences and individual needs well. People were encouraged, where possible, to make decisions about their care and support. Relatives were involved in decision making relating to their family member where this was appropriate. Staff had a good insight of the principles of the Mental Capacity Act 2005. People were offered the food and drink that they liked and staff encouraged people to take a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

Relatives felt staff were kind and caring and treated people with respect and dignity. People were encouraged to develop and maintain their independence skills. Relatives could visit their family member when they wanted to and were welcomed by staff. People were supported and enabled to maintain contact with their families.

Reviews of people's care and support needs were undertaken regularly. People and their relatives were included in these processes to ensure all needs were determined and addressed. Relatives felt confident and comfortable to raise any complaints they had with the staff or registered manager. Relatives confirmed they were kept up to date with important information relating to their family member.

Relatives felt the service worked well and was well-led. Audits were undertaken to determine what the service did well and where corrective action was required. The registered manager was visible within the service and people and their relatives were aware of who they were. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

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

Rating at last inspection

The last rating for this service was good (published 07 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 - 88 Church Lane

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 carried out by one inspector.

Service and service type

SENSE - 88 Church Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider are legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

Before the inspection,

The provider had not been asked to complete a new 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 reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who have some limitations to their communication skills. We met and spent time with all five people who used the service and spoke with two relatives about their experience of the care provided. We spoke with four staff and the registered manager. We reviewed a range of records. This included health action plans, support plans and medication records. We looked at two staff files in relation to recruitment and a variety of records about the management of the service including policies and procedures. We looked at the premises which included people's bedrooms, the kitchen, the laundry, the main lounge and dining room.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse. Relatives told us they did not have any concerns relating to abuse. A relative said, "No abuse. I do check them [person] and I have not found any concerns."
- A staff member told us, "I don't have any worries. People are treated well. I have received safeguarding training and would report to a manager if I did have a concern." People were relaxed in the presence of staff. They smiled and were calm.
- The registered manager knew it was their legal responsibility to notify the local authority and us if there were any safeguarding concerns.
- We checked two people's money that was held in safekeeping. Records and receipts verified all transactions and these were also confirmed by two staff signatures. Money for individuals was correct against the records we saw so gave assurance it had been managed safely.

Assessing risk, safety monitoring and management

- People's potential risks had been assessed and were reflected in their support plans. Risks included, for example, behaviours that could challenge the service, and falls and seizures. Staff knew about people's risks and the action that was needed to minimise the risks. One staff member said, "We [staff] divert people's attention if they become agitated or we identify the trigger to the behaviour and resolve it." One person got upset as their tablet computer did not work. A staff member noticed this and immediately took action to get the tablet computer to work. The person then became calm and was smiling.
- Written protocols were in place that gave clear instructions to staff on what action they should take if people had multiple seizures or the seizures were of a long duration. Staff were aware of these instructions and what they should do.
- A relative told us, "I have no concerns about their [person's name] safety at all. The staff help to keep them safe and prevent them having accidents."
- Window restrictors were installed on first floor windows to prevent falls from windows, radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe to use.

Staffing and recruitment

- Staffing was enough to meet people's needs and to keep them safe. A relative told us, "When I go to the home there seems to be enough staff. There are always four staff at least and I think that's good."
- Staff told us there were enough staff to support people properly and safely. A staff member said, "There are always enough staff to look after people and to allow flexibility for people to go out when they want to. 'Mid-shift' staff will come on duty after breakfast today." People had plans to go out during the day. After

breakfast we saw that additional staff came on duty to support people who were going out.

- Cover arrangements were in place in the event of staff holidays and sickness. The registered manager told us they did overtime or bank staff were secured via the provider's 'one stop shop' staff cover processes. This was confirmed by staff.
- Staff told us they had all worked at the home for a long time. They confirmed that when they were appointed years ago checks were undertaken to make sure they were safe. That included an enhanced Disclosure and Barring Service check [DBS] and references being sought.
- The registered manager told us the vetting processes prospective staff would be subjected to before being allowed to start work. These included the scrutiny of application forms to determine employment histories and securing certain documents to confirm staff identity. These checks would give assurance that staff were suitable to work.

Using medicines safely

- Medicines were managed safely. A relative told us, "They [family member] are given their medicines properly by staff."
- Staff we spoke with confirmed they had received medicine training and their competence was assessed to ensure medicine safety. A manager audit report read, 'Staff are assessed as competent to administer medicines annually.'
- A staff member told us, "There are strict procedures we have to follow relating to medicine administration and safety. Check the medicine, check the medicine is to be given to the correct person, then sign the Medicine Administration Record [MAR] to confirm the person has taken their medicine."
- The registered manager told us, "There is a good system in operation here. Tablets are counted a number of times a day to make sure everything is correct." We counted two people's tablets against totals on the MARs and found they balanced correctly.
- We found that short life medicines [such as eye drops] had been date labelled when opened so staff would know the date they should discard them.
- Protocols were generally available to instruct staff when 'when required' oral medicines should be administered. However, we found that for one topical preparation prescribed on a when required basis no protocol was available. The registered manager told us they would address this.
- The registered manager completed a risk assessment to determine if any change was required to the area where the medicines were stored.

Preventing and controlling infection

- The premises looked visibly clean. A relative told us, "The home is always bright and clean."
- Personal protective equipment was available to staff to use. This included disposable gloves and aprons.
- Staff told us they had received infection prevention training and records confirmed this.
- Staff told us and records confirmed that people had been offered the flu injection. This was to prevent them contracting and spreading the flu virus in the home.

Learning lessons when things go wrong

- A relative told us, "Action that is needed has always been taken following injuries."
- A staff member told us, "Any accidents or incidents are reported." Records confirmed that staff generally reported incidents to the registered manager. However, one 'body map' form to stipulate where bruising had been identified on a person had not been signed by the registered manager as was requested on the form. The registered manager told us they had not been made aware by staff of this situation and would raise the issue with staff.
- Processes and systems were used identify patterns or trends regarding accidents and/or incidents to minimise future occurrences.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- Relatives were content with the support staff provided to their family member. A relative said, "I am very happy with the provision. The care provided is individual to their [person's name] needs."
- Staff told us they knew what people liked and disliked and their preferred daily routines and lifestyle. Documents including support plans and 'one page' profiles confirmed this information for people. The information in the documents highlighted people's needs and preferences.

Staff support: induction, training, skills and experience

- Staff received the support they required along with training to maintain their skills. A relative told us, "I don't know specifically the training staff have had. They [staff] do a good job though."
- The registered manager told us the care certificate was available for new staff to work through as part of their induction. This was confirmed by records we saw. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.
- Induction processes were in place within the home for new staff. A staff member told us, "I am not new to the company but was new to this home last year. I had an induction to this home when I started here. I was told about the fire procedures, learnt about the layout of the building and worked with experienced staff here to get to know the people."
- Staff training was up to date. A staff member said, "All my training has been completed. I like doing training and learning new things."
- The registered manager confirmed, "Mandatory training is up to date. Some additional online training is on-going. I monitor that the staff are working on this and they are."
- Staff told us they had regular one to one supervision sessions with the registered manager. A staff member said, "I have supervision fairly regularly which is a support mechanism. We [staff] can ask questions or raise issues at any time though. I feel supported." Staff also told us they had an annual appraisal where their performance over the year was discussed and any development needs planned for the next year. This was confirmed by records we saw.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were familiar with the principles of the MCA and DoLS. Staff had received training relating to MCA and DoLS and had knowledge of why people had a DoLS in place. A staff member said, "MCA and DoLS is about sometimes restricting people to keep them safe. Like going out on their own. People would not be safe. This has to be properly approved though."
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty.
- Staff highlighted the importance of enabling people to make choices and give consent for their care. A support plan for one person read, 'Able to make some decisions and they are encouraged to do.'
- We observed staff communicated with people to obtain their consent. For example, staff asked one person if they would like to go to the kitchen to select their breakfast. The person went into the kitchen and selected a breakfast cereal. Staff asked people if they would like to go out into the community. We saw people happily follow staff to the door.

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

- People were supported to eat and drink the food and fluids they liked and to maintain a healthy diet. A staff member told us, "Menus are produced based on the likes and needs of people and the promotion of healthy food such as fresh fruit and vegetables. We saw that food stocks were satisfactory with a range of food and drinks, fresh fruit and vegetables."
- At breakfast time people were supported by staff to eat and drink. People had selected cereals and some people had fresh fruit sliced on the cereal.
- Staff had made a record of people's dietary and fluid intake so there was evidence people's nutrition and hydration needs had been met.
- Records confirmed people were generally weighed regularly to monitor any unhealthy weight loss or gain.
- People had been referred for assessments by healthcare professionals for example a Speech and Language Therapist [SALT].

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 a range of healthcare services. A relative confirmed, "The staff support them [person's name] to see the doctor, consultant and dentist."
- Staff confirmed they worked with a wide range of external healthcare and social care professionals to improve outcomes for people. This was confirmed by records.
- Staff told us and records confirmed that people had an annual health care review to monitor their health and well-being.
- Health action plans were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks.
- A staff member said, "We [staff] support people to keep their teeth clean and healthy." Oral care plans gave staff instruction of how to meet people's oral hygiene needs. Records confirmed that people saw the dentist regularly.

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

- The home was a domestic style house situated in a residential area that was 'home' to the people who lived there.
- Staff did not wear uniforms to prevent a clinical atmosphere.
- A relative told us, "The layout of the home is good." The staff had taken into consideration the needs of people who had sensory conditions . A staff member said, "We try and make people familiar where furniture and equipment is to allow them to walk safely." We saw the fire alarm sounded and flashed a light. This was so people with a hearing impairment could be alerted visually if the fire alarm was activated.
- A relative told us, "Their [person's name] bedroom is to their liking." People's bedrooms were personalised with their belongings and their chosen colour schemes.
- The provision of baths and showers gave people the choice of how they wished their personal hygiene needs to be met.
- Enclosed garden space was available. Access to this could be gained from the rear of the 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People were well treated and supported, equality and diversity issues were respected. A relative told us, "They [person's name] are treated well and the staff recognise and support them so they are not disadvantaged because of their disability." A staff member confirmed, "We [staff] give all people here as many opportunities as possible to have positive life experiences. We support people to go out into the community regularly."
- Care plans included some information about people's diverse needs including information about religion, wishes, preferences and life history.
- Staff spoke respectfully about people. It was clear staff had positive relationships with all people who lived at the home.
- People wore clothes that reflected their gender, individuality and were appropriate for the weather. A relative told us, "They [person's name] always wear clothes they like and feel comfortable with."

Respecting and promoting people's privacy, dignity and independence

- People had their own bedroom which enabled private personal space.
- Staff ensured people's dignity and privacy were maintained. A staff member said, "When personal care is provided we [staff] cover people up and make sure doors and curtains are closed."
- Staff explained how they encouraged people to do some tasks for themselves to maintain some level of independence. A staff member told us, "I always encourage the person to do what they can for themselves. Like brushing their teeth and combing their hair, it's important they do these things."
- We observed that staff encouraged people to select their breakfast and return their plates and dishes to the kitchen after breakfast. Records confirmed people were supported by staff to take their clothes to the laundry and tidy their bedrooms.

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

- Relatives told us that staff were quick to respond to any requests they made about their family member's care. Relatives told us they were involved in their family member's support planning. A relative told us, "We [family] have built up good relationships with the staff and we are always included."
- Staff told us they encouraged people to make daily decisions about their routines, what time they wished to get up, what they wanted to do and where they wanted to spend their time.
- Information was available giving contact details for external, independent advocacy services. Staff told us they knew how to access advocacy services to support people when making decisions around their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- Relatives were involved in their family member's reviews. One relative told us, "I have always been involved in reviews. I feel I am taken notice of." Another relative said, "The staff have recently asked me to give them dates for the review of their [person's name] support needs". Records confirmed that staff involved people in reviews and decision making.
- Staff we spoke with were able to tell us what was important to each person including what they liked and did not like and how they wanted to live. Records highlighted people's likes and dislikes and other important information.

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.

- Staff told us people had different sensory needs. Some people had needs that required specific communication methods. A staff member said, "We [staff] try all methods for effective communication with people. For example, we make sure people's equipment such as hearing aids are in good working order."
- We saw that pictures and individual 'objects of reference' were used to enhance communication between people and staff. Staff used everyday objects such as cups to ask people if they wanted a drink.
- We observed that staff made sure they faced people when speaking with them and spoke slowly for them to understand.

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 supported to maintain relationships and to take part in a range of activities that met their individual needs. A relative told us, "They [person's name] are supported by staff to go out and do nice things. The staff bring them to visit me regularly which is so good."
- The home was situated in an area that had a range of community facilities including shops and safe outdoor space.
- Transport was always available for staff to use to take people out.
- Staff highlighted the different activities that people liked to participate in. This included hydrotherapy, cinema, meals out and music sessions.
- On the inspection day some people went out with staff to the theatre and other people engaged in a fitness promotion activity.

Improving care quality in response to complaints or concern

- Relatives told us they were aware of the provider's complaints procedure. A relative said, "I am happy to raise any issues. I don't have any complaints."
- A complaints procedure was available and accessible. The registered manager confirmed no complaints had been made.
- The registered manager told us of the different stages they would work through if a complaint was received that were, documentation, investigation, feedback to the complainant, acting to address issues if applicable.

End of life care and support

- The service did not currently support any people who were receiving end of life care.
- Staff told us if there was a need input would be secured from external health care professionals including the GP and the district nurse team.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service management and leadership was consistent. Leaders and the culture they created supported the delivery of high-quality, safe care.

Continuous learning and improving care and understanding quality performance

- We identified some issues that required attention. For example, records highlighted that one person required to be weighed monthly but this had not been undertaken every month. Staff had not followed processes relating to informing the manager of a bruise that one person had developed. The registered manager told us they would address these issues.
- We saw that parts of the premises required some work. This included the ceiling in the lounge that was stained and the garden area outside the dining room. The registered manager had developed a refurbishment plan that included those issues.
- The registered manager told us the provider had allocated a budget for refurbishing parts of the home. The registered manager said, "Some work has already been completed." A relative confirmed, "The bath has been replaced with a shower that will better meet their [family member's name] needs." Another relative told us happily that their family member's bathroom had been revamped as it was leaking and was then to be redecorated.
- Audits had been undertaken regularly by the operational manager and the registered manager. The outcome of these were positive.

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

- The provider promoted a positive person-centred culture. A relative confirmed that, "The manager is very good. I have contact with them [manager's name] and find them very helpful." A staff member said, "The manager has not been here long. They are good. Very interested in the people who live here and committed to meeting their needs."
- A recent audit report highlighted, "The culture of the home is positively commented on by families and external agencies."
- The registered manager was visible within the service. They spoke with people. People responded by smiling and being relaxed obviously familiar with the registered manager.

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

- The registered manager knew of their responsibilities in terms of regulatory requirements. The registered manager had notified us of any accidents and incidents as they are required to by law.
- Staff knew the management structure of the organisation. That included the registered manager, area manager, regional manager up to the chief executive.
- Staff confirmed they were aware of their responsibility to report any bad practice or concerns. The

provider's whistleblowing policy was displayed for staff to refer to. A staff member said, "If I had any worries I would not hesitate to whistle blow." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

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

- People were engaged with and involved in how the service was provided. A relative told us, "I have completed forms and gave my views. Things at the home work well." Records confirmed feedback had been obtained through reviews and provider feedback forms. The registered manager told us, "Feedback forms are due to be sent out again soon."
- The registered manager told us positive compliments were made verbally by relatives and visiting healthcare professionals. They said, "We [staff team] do not document these but we will start to do so as they are good feedback."
- Staff confirmed they were listened to and felt valued. A staff member told us, "If we [staff] think new things should be introduced to enhance people's lives the manager lets us try the things out, for instance new activities."

How the provider understands and acts on the duty of candour

Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.

- The registered manager and staff were open and honest in their approach during our inspection.
- Our last inspection rating was on display on the providers web-site and within the home. As is required by law.
- Relatives we spoke with always confirmed the registered manager and staff kept them up to date. A relative said, "The manager and staff keep me up to date and informed about hospital appointments they [family member] have been to and everything."

Working in partnership with others

- The provider, registered manager and staff worked in partnership with a range of external health and social care professionals.
- The staff had links and good working relationships with external activity providers to meet the occupational/ recreational needs of people who lived at the home.