Sense

SENSE - 37 Redgate Court

Inspection report

37 Redgate Court
Saltersgate
Parnwell
Peterborough
Cambridgeshire
PE1 4XZ
Tel: 01733 314559
Website: www.sense.org.uk

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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

SENSE- 37 Redgate Court is registered to provide accommodation and personal care for up to six people with a learning disability and who also have difficulties with hearing and seeing. The provider is not registered to provide nursing care at the home. The home is a domestic-style dwelling and is situated in a residential suburb of the city of Peterborough. At the time of our inspection there were six people living at the home.

This comprehensive inspection took place on 20 October 2015 and was announced. The last inspection of the home was carried out on 25 June 2014 when the provider was meeting the requirements of the regulations that we assessed.

A registered manager was in not post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'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. The last registered manager applied to have their registration removed and their application was approved on 7 August 2015. There was a manager in post who had submitted their application to be registered.

People were safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People were supported by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The provider was following the MCA code of practice and made sure that the rights of people who lacked mental capacity to take particular decisions were protected. Decisions about depriving people of their liberty were made in their best interest so that they had the care and treatment they needed.

People were treated by respectful staff who promoted and supported them to maintain their independence.

People's care was reviewed with the person and their representative. There was a process in place so that people's concerns and complaints would be listened to and acted on.

The manager was supported by a senior management team and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were enabled to make suggestions about the running of the home. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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?
The service was safe.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

People were supported to take their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported and trained to do their job.

People's social, health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

People received care and support from attentive staff.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and their relatives were included in this process.

Good

Is the service responsive?
The service was responsive.

People's needs were met and they were included in making decisions about their care.

People were supported to take part in a range of activities that were important to them.

There were procedures in place to respond to people's concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Management systems were in place to monitor and review the safety and quality of people's care and support.

There were links with the local community to create an open and inclusive culture.

People and staff were enabled to make suggestions to improve the quality of the service and these were acted on.

Good

SENSE - 37 Redgate Court

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.

This inspection was carried out on 20 October 2015. The provider was given 24 hours' notice because the service is small and the manager is sometimes out of the office providing care. We needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we received information from a chiropodist, GPs and a community based learning disability nurse. We looked at all of the information that we had about the home. This included information from any notifications received by us. A notification is information about important events which the provider is required to send to us by law. Also before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with one of the people living in the home and also spoke with two relatives. We also spoke with an area manager for Sense, the manager, the deputy manager, a team leader and three members of care staff. We looked at four people's care records, six people's medicines records, staff training records and records in relation to the management of the service. We observed people's care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

One of the people said that they felt safe because they were treated well and that the outside door of the home was kept locked at all times. People's relatives told us that their family member was kept safe because staff treated them well. A learning disability nurse told us that they had no concerns about how staff treated people. We saw that people were relaxed when they engaged with staff and were comfortable in doing so.

Staff were trained and were aware of their roles and responsibilities in relation to protecting people from harm. One member of care staff told us how they would know if a person was being harmed. They said, "There would be possibly a change in the person's behaviour, or bruising or shying away from someone." Members of staff knew what action they would take in protecting and reporting such incidents to the provider and to external agencies, which included the local safeguarding team and police.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe in relation to the activities they took part in. A member of care staff said, "(Risk assessments) are to minimise the risks of people hurting themselves and making sure there's adequate numbers of staff. If people are making a hot drink there's a risk of using the kettle and they are supported by staff (in making their hot drink)." Other risks were assessed and these included risks associated with people travelling in a mini bus. Measures were in place to minimise the risks, which included people being seated away from the vicinity of the driver and wearing a safety belt.

One of the people told us that there were always enough staff to look after them. A relative told us that they had concerns about staffing numbers during the summer of August 2015 but said that they were more positive about the increase in numbers of available permanent staff. Another relative told us that there were always enough staff to escort their family member on visits to the family home. A chiropodist told us that, because there were enough staff, this had enabled two members of staff from the home to escort people to the chiropody clinic for assessment and treatment of their feet. GPs also told us that there were enough staff to support people to attend their health care appointments.

We saw that there were enough staff to meet people's individual needs, which included one-to-one support and support from members of staff to escort people when they used the provider's mini-bus. We also saw that people were supported with their personal care and social activities in an unhurried way and on a one-to-one basis.

At the time of our visit there were two new staff who had been appointed and they were working through the induction training as an introduction to their new roles. The manager advised us that there was one vacancy yet to be filled and active recruitment was on-going to fill this vacancy.

Members of care staff told us that there were always enough staff on duty and measures were in place to cover unplanned staff absences. This included the use of bank and agency staff. The deputy manager told us that the use of agency staff was infrequent and the agency staff who were supplied had worked at the home on previous occasions. This was to ensure people received a continuity of care. The manager told us that staffing numbers were decided on people's individual needs.

Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work at the home. One member of staff said, "I completed an application form on line. I was invited for an interview and this was done by two managers. I had a DBS (Disclosure and Barring Service) check and two written references. Once my DBS and references came back I was given a start date (of contract to work)." A DBS is a check to ensure that staff are suitable to look after people in care.

One of the people told us that they were satisfied with how they were supported to take their prescribed medicines and had these when they were prescribed to take them. They told us that they were also given medicines for pain relief when they asked for it. A relative said, "They [staff] are very hot on medicines." Accurately completed medicines administration records and people's daily records demonstrated that people were supported to take their medicines as prescribed. People's medicines were stored safely to maintain its effectiveness and were also stored securely.

Members of care staff advised us that they had attended training and had been assessed to be competent in the management of medicines. One member of care staff said,

Good

Is the service safe?

"I had a full day's training. I observed another member of trained staff and then I was observed three times (when giving out medicines to people) before I was signed off (as competent) by the manager." The manager told us that members of staff had to achieve 100% theoretical pass rate in the medicines training. This was before they were able to proceed to the practical stage of their medicines training. Staff records confirmed that staff, which included the manager and deputy manager, who were responsible for supporting people with their medicines, were trained to do so.

Good

Is the service effective?

Our findings

Members of staff said that they had the support and training to do their job. One member of care staff said that the training that they had attended was "very good" and included a range of topics. An area manager told us that staff attended training in supporting people with epilepsy as part of their training in administration of medicines to manage people's seizures. We found that staff had the skills and written guidance to support people living with epilepsy.

Members of care staff told us that they had attended one-to-one supervision sessions during which their work performance and training needs were discussed. The supervision sessions also enabled staff members to discuss any work-related concerns they may have had.

People were enabled to make their needs known as staff were aware, of and responded to, people's complex communication needs. This included the use of touch and staff speaking to people in a way that they understood what was being said to them. GPs told us that members of staff understood and effectively supported people with their individual complex communication needs. Information was presented in easy-to-read, braille and picture /photographic format, which included recreational activities that people had taken part in.

Assessments had been carried out, in line with the principles of the MCA and DoLS, and people's care was planned in line with these assessments. These included assessments in relation to making decisions about medicines, support with their personal care and going on holiday. The provider told us that DoLS applications had been made in line with the agreed arrangements with appropriate authorities. Up-to-date records confirmed that this was the case.

A chiropodist told us that staff supported people with making their decisions in relation to undergoing treatment for their feet. Members of staff demonstrated that they had an understanding of respecting people's rights in relation to the MCA. One member of care staff said, "Always assume that people have the ability to make decisions. If they can't it (the assessment process) goes into the best interest stage. There is a meeting with health care professionals, manager and parents as part of the best interest decision making."

Relatives told us that their family members were encouraged and supported to eat and drink sufficient amounts of food and drink. One relative said, "They [staff] know what he can eat and drink and what he can't eat. The staff do know what he likes to eat." Members of staff gave examples of what people liked to eat, which included spicy food or yoghurt added to reduce the heat of spicy food, to meet people's dietary likes. We saw that people were supported to eat and drink and records of what people ate and drank demonstrated that they were supported to take adequate amounts of food and drink. People's weights were monitored and the records demonstrated that these were stable, which indicated people were receiving adequate amounts of food to eat.

The GPs told us that any medical problems people had experienced, staff always referred through to the doctors quickly and appropriately. People were supported to gain access to a range of health care services to maintain their health and well-being. These included psychiatric and community doctors and speech and language therapists.

Some of the people had a medical history that showed they became unsettled and were at risk of harming themselves. Staff were provided with guidance in how to support people when they became unsettled and demonstrated how they applied this guidance into their practice. We saw members of management and care staff support people when they became unsettled and effectively managed the situations.

Good

Is the service caring?

Our findings

People were looked after by kind and caring staff. One relative said, "There are very caring staff." A chiropodist said, "When the residents [people living in the home] come to see me, the staff are always with the person. They sit next to them and communicate with them all the time." GPs told us that when people attended their practice, the staff supported people to understand what they had been told. A GP added that when they visited they found that the home had a welcoming atmosphere.

We saw that people positively engaged with members of staff and members of the management team. We saw that they became settled when patient staff attended to their needs. This included when staff supported people with finding music to play from the internet and finding out what they wanted to eat for their evening meal.

One of the people told us that members of staff asked them what they would like to do each day. They said that staff supported them in their decisions to go out shopping and to visit a theme park. People were involved in making decisions about their day-to-day care, which included the time that they chose to get up, when they wanted to eat their breakfast and if they wanted to go out shopping for personal items.

Members of staff described the aims of people's care in enabling them to live a good quality of life. One member of care staff said, "It's treating people with respect. It's about the person for the person. It's not them fitting in with the institution but it's about the care being centred on their needs and wants." Another member of care staff said, "It's giving people the best of life they can have. Giving them the appropriate life they deserve and what they want to do. Just because they have a learning disability there's no reason why they shouldn't do the things they want to do." A team leader added, "Each person is an individual and all their needs differ. It's also responding to people's changing needs."

People were enabled to be as independent as possible. This included independence with their personal care, cleaning their room and attending to their personal laundry. People's independence was also promoted with support from members of staff when they went shopping, preparing their food and drinks and independence with eating and drinking.

The premises maximised people's privacy, dignity and respect; all bedrooms were for single use only and communal toilets and bathing facilities were provided with lockable doors. Information in relation to social activities and to celebrate people's 'success' stories was available for people to access on a main notice board and in their care records. Success stories included trips out and demonstration of their social skills when dealing with shop assistants.

People were enabled to maintain contact with family members and forge new friendships in the community. One of the people told us that they had made friends with people whom they had met during their attendance at the day services. Relatives told us that they had contact with their family members, which included eating out or eating in at the family home and going swimming. A team leader and member of care staff described the importance that relatives had in the care of their family member. The member of care staff said, "It's important to listen to people's parents. They trust us. We also learn from them [about their relative's needs]."

General advocacy services were used to support people and independently monitor their well-being. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

One of the people told us that the staff knew them as a person and what their needs were. Relatives also had positive comments to make about how their family members were looked after and that their needs were met. One relative said, "The overall care is very, very good. There's no other place that's better." Another relative told us that their family member was in receipt of "very good care" and said, "Staff do know [name of family member] very well." We were also told that their family members had opportunities to take part in a range of activities. One relative said, "The staff plan things to suit [name of family member] and her interests and she really benefits from that." A member of care staff said, "I know people so well. I have a good rapport with them and their families. We know people's change in moods and when they are ill or feeling low."

Information about people's individual life histories and what was important to them was recorded. Care plans were developed based on people's interests, likes and dislikes and their strengths. This included social and recreational interests, dietary likes and dislikes and communication and learning abilities and the team of staff had taken actions in response to people's assessed needs.

Members of staff demonstrated that they knew people's individual physical and sensory needs. This included supporting people with their continence, mobility and dietary needs. In addition we saw members of staff repositioning food fridges in response to a person' request. This was to reduce the level of disturbing noises from the appliances' motors.

The manager told us that people were supported by members of staff to review their progress on an individual basis and this included progress with maintaining their health and wellbeing.

People's care records showed that people's individual needs were kept under review, which included continence needs, management and their behaviours that challenged and the range of social activities that they took part in. Staff meetings and people's care programme reviews provided staff with opportunities for people's needs to be reviewed and the progress they had made in meeting the planned care. People, and their representatives, attended the reviews of their care and actions were made in response to the reviews. This included, for instance, a review of people's health and social care needs and opportunities to be part of the community.

People's hobbies and interests included attendance at day services, going swimming and attending beer festivals, going on holiday, eating and drinking out and spending time with their relatives and friends. In-house activities included listening to music, walking to and spending time at a local shop to purchase personal items, carrying out domestic duties and talking with members of staff.

There was a complaints procedure in place and people, relatives and members of care staff were aware of how to use it. One of the people and relatives told us that if they were unhappy about something they would speak with the manager or deputy manager. A member of care staff said," I would sit and talk about the complaint with the person. I would find out the nature of the complaint. Then I would give them the opportunity to take it further if they want to. It's also about not judging the person." The manager advised us that they had received no complaints about the home and our records demonstrated that we, too, had received no complaints.

Good

Is the service well-led?

Our findings

A registered manager was not in post when we visited. A manager was in post and their application to be registered was in progress. They were supported by senior management teams, a deputy manager and a team of care staff. One of the people and relatives told us that they knew the names of both the manager and deputy manager. Relatives had positive comments to make about the manager. One relative said, "I get on very well with [manager's name]. He's very approachable." They also had positive comments to make about the deputy manager. They said, "[Name of deputy manager] is very calm and approachable." We saw both managers walking round the home during which they communicated with people and staff and monitored how people were being supported.

Members of staff were supported to look after people in a safe way and were trained to do their job. In addition, there were opportunities for staff to develop their career. The deputy manager told us that their current role had increased their confidence in pursuing their career in management.

The provider sent their PIR when we required it and the information within this told us there were quality assurance systems in place to monitor and review the quality and safety of people's care. This included, for example, ensuring that staff were trained and supported to look after people safely. The provider had also identified improvements that were to be made during the next 12 months, which included supporting people to make and maintain friendships with people living outside of the home.

Members of staff were aware of their roles and responsibilities in following the whistle blowing procedures. A member of care staff said, "Any harm or safety issue by a member of staff has to be reported. We have a confidential helpline to support staff and it has been used." They described a previous experience they had in blowing the whistle and said that they would do so again, if this was needed.

The manager advised us that people were provided with opportunities to be involved in how they wanted the home to be run. This included improving the redecoration and refurbishment of their rooms. There were planned changes to the premises which included improved lighting to meet people's sensory needs and improved kitchen appliances to maintain people's safety and promote their independence.

Members of care staff and the deputy manager told us that they had opportunities to make suggestions and comments about improving the quality of people's care. Minutes of staff meetings demonstrated that members of staff were included in the reviewing of people's care and their suggestions were acted on. This included, for example, improving the range of activities people would be able to take part in. The minutes of the meetings also demonstrated that staff were reminded of their roles and responsibilities in providing people with safe and appropriate care. This included reporting any errors made during the management of people's medicines.

The provider had quality assurance systems in place, which included a self-assessment procedure. The manager had completed a monthly self-assessment and the topics of the last two were in relation to people's involvement and meeting people's safety needs. The manager advised us that their manager reviewed the self-assessment and actions were drawn up, where improvements were identified. The last two manager's self- assessments showed that people were involved and included and that their individual safety needs were met.

There was a system in place to monitor and review accidents and incidents. We found there was no recurring theme for the provider to take action to improve the quality and safety of people. The manager confirmed this was the case.

There were links with the community with people attending day services, and recreational activities. In addition the home was integrated with the local neighbourhood and local facilities which included a nearby shop, and these were used by people living at the home.