

Sense

SENSE - Supported Living Services (West Midlands)


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 

Overall summary

This inspection took place on 21 and 23 December 2015 and was announced. This was the services first inspection since it was registered with the commission. SENSE-Supported Living Services provides supported living services for four people with hearing and sight impairments and who require support with personal care.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe. Staff had a good knowledge of current safeguarding practice and how to apply this knowledge to their role of supporting people in the service. Risks to people had been identified and minimised wherever possible. We saw that there were

Summary of findings

sufficient staff available to meet people's requests for support. People were able to state when they wanted to receive support from staff who understood the need to work flexibly.

People were supported to make choices and where it was determined that they may lack the capacity to make specific decisions appropriate support was given. Staff were working within the parameters of the Mental Capacity Act (2005).

We saw that medicines were managed safely. Staff had access to information about the specific support people needed with their medicines and there were systems in place to monitor medication administration practice.

People told us they felt cared for. Care was planned with each person and people were able to state what activities or support they wanted. Staff had a good knowledge of the people they were supporting and told us they enjoyed supporting people. People had been involved in the recruiting of staff who had similar interests to them. Care was reviewed with the person to ensure the care provided was still meeting people's needs.

The service had supported people to be as independent as possible in all aspects of their lives. When necessary

specialist equipment was sourced and used to support the person to live independently whilst still remaining safe. People had retained their independence in meal planning and preparation and in participating in activities of their choice.

Staff felt valued and supported in their role and had opportunity to feedback or make suggestions for the running of the service. Staff told us they had sufficient training to carry out their role effectively and we saw that training on key areas of care occurred regularly.

People and their relatives were aware of how to raise concerns or make complaints. We saw that where complaints had been received appropriate action had been taken to resolve the complaint.

People and their relatives were happy with how the service was managed. There were systems in place to monitor the quality of the service which included seeking feedback from the people who used the service. The registered manager had plans of how they wanted to improve the service to make it more effective for the people accessing support and for the staff team.

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.

People were supported by staff who were aware of the signs of abuse and the action to take should they be concerned.

People were supported by sufficient staff who were aware of the risks associated with people's healthcare needs.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff understood and carried out support in line with the Mental Capacity Act (2005).

Staff had training about people's specific healthcare needs which enabled them to support people effectively.

People were supported to remain as independent as possible when choosing and preparing healthy meals.

Good



Is the service caring?

The service was caring.

People and their relatives told us that the staff were caring and staff we spoke with enjoyed supporting people.

People were involved in planning their care and were able to state how they wanted their care to be delivered.

Good



Is the service responsive?

The service was responsive.

People were able to state when they wanted support and were involved in planning activities they wished to partake in.

People were involved in reviewing their care and knew how to raise complaints should they need to.

Good



Is the service well-led?

The service was well-led.

People and their relatives were pleased with how the service was managed and staff felt supported in their roles.

The registered manager monitored the quality and safety of the service to ensure the service was delivered safely.

Good



SENSE - Supported Living Services (West Midlands)

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 took place on the 21 and 23 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a supported living care service and we needed to ensure the provider had care records available for review had we required them. The inspection team consisted of one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We

refer to these as notifications. We reviewed the notifications the provider had sent us and any other information we had about the service to help us to plan the areas we were going to focus on during our inspection. 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. We also contacted the local authority who commission services from the provider for their views of the service.

During our inspection we spoke with the registered manager, four staff, two relatives and two people who used the service. We looked at records including two people's care plans and medication records to see if people were receiving care which kept them safe. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, incident and accident reports and quality assurance records to see how the provider assessed and monitored the quality and safety of the service.

Is the service safe?

Our findings

People who used the service felt safe. One person told us, “I feel safe.” Relatives that we spoke with felt that people were safe and well cared for.

People were supported by staff who knew the different types of abuse people were at risk from and knew the provider’s safeguarding procedure. Staff that we spoke with told us the action they would take if they had any concerns and had knowledge of agencies to contact if they thought the registered manager hadn’t taken appropriate action. Records confirmed that staff had received safeguarding training to ensure they were knowledgeable about current safeguarding practice. We saw that where any safeguarding concerns had been raised the registered manager had taken appropriate action.

Where it had been identified that a person may have been vulnerable to a certain type of abuse, because of their limited life experience in this area, staff worked with the person to improve their understanding and therefore reduce their vulnerability. The registered manager also informed us of work they were carrying out to produce information about abuse in an accessible format for people using the service.

We looked at the way the service managed risks to people. Before the service agreed to support a person they carried out an initial assessment to ensure the person’s needs could be met safely by staff. This assessment also detailed the type of property available for the person and assessed whether the person’s needs could be met safely in this environment. We saw that risks to people had been identified and measures were put in place to reduce the risk for the person. These were reviewed regularly with input from staff working with the person. The service had supported people to live safely in their own flat independently by providing people with equipment that would alert them to risks in the environment. For example, flashing beacons were placed in the flat of one person who had a hearing impairment to alert them to the risk of a fire.

People who were not supported continuously by staff had telephone alert systems within their homes that they could use in emergency situations. These alert systems had arrangements to call either staff at the service or the person’s family to inform them of an emergency situation. This allowed people to have independence whilst still ensuring their safety.

We saw that where accidents or incidents had occurred the service had taken immediate action to check on the person’s well-being. These accidents were reviewed by the registered manager to identify and put in place any preventative measures to reduce the risk of re-occurrence.

People and staff told us there were sufficient staff to meet people’s needs safely. The service had access to bank staff and known agency staff to cover any staff absences. The registered manager informed us that they were currently recruiting new staff to maintain designated staffing levels. We saw that safe recruitment practices such as obtaining appropriate references and conducting Disclosure and Barring Checks (DBS) were undertaken prior to working with people. The registered manager was able to cite examples of when they had refused employment to people where suitable references were not available.

Medicines were given in a safe way. Care records contained information about the support the person needed with medication administration. We saw that people required varying levels of support from prompting to take medicines through to administering medicines to the person. Staff had received medication training and only staff who had received training were able to support people with their medicines. Staff that we spoke with confirmed that training around medication administration had occurred and that this training had helped their understanding of safe working procedures for medication administration. Medication audits were carried out regularly to monitor medication practice. A recent medication audit had highlighted where improvements were needed and we saw that the registered manager had put systems in place to remedy this.

Is the service effective?

Our findings

People told us they were supported by staff who understood their needs. People explained that they had been involved in recruiting their staff and one person told us, "I've chosen all of them." We saw that people were able to request a staff member who had similar interests to them. A staff member explained that the person they were supporting had interviewed them and recommended their recruitment due to a hobby they had in common. One relative we spoke with said, "They [Staff] are tailored to his needs." The registered manager gave examples where they had used computers to assist people living far away to recruit potential members of staff. One staff member had been specifically recruited because they had the communication skills relevant to the person's needs.

Staff we spoke with felt supported to gain the knowledge and skills needed to effectively meet people's needs. One staff member that we spoke with said the, "Training is excellent really" and explained if they wanted to pursue further training they would be supported to do so. Another staff member said staff received, "Lots of training to perform our job effectively."

We saw that new staff had to complete an induction which included training and working with a more experienced member of staff in order to get to know the person they would be supporting. The registered manager explained that new staff have to complete the care certificate which is a nationally recognised induction course which aims to provide staff with a general knowledge of good care practice. There were systems in place to schedule training for staff to ensure they were kept up to date with the knowledge they needed to do their job.

Staff we spoke with felt supported in their role and informed us that they had regular formal opportunities for supervisions to update their knowledge about how to support people's latest care needs. Staff also informed us of informal support they received from the registered manager whenever they had concerns. The registered manager explained that supervisions occurred more frequently for new staff to ensure they were fully supported in their new role.

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 people lack mental capacity to take particular decisions, any decision 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. We checked whether the service was working within the principles of the MCA.

Staff we spoke with told us they had received training on MCA and DoLS and were able to tell us how they supported people in line with legislation. We saw that care plans detailed people's capacity to make decisions and where it had been determined that a person lacked the capacity to make a specific decision, meetings had been held to determine what was in the person's best interests. When necessary people had been supported to access advocacy services in order to help them make important decisions. When a person had initially been determined as lacking capacity around a specific issue the provider had put plans in place to help increase the persons understanding of the decision that needed to be made. This supported the person to possibly develop the capacity to make similar decisions for themselves in the future.

People told us they were given choices in all aspects of their care. One relative that we spoke with explained, "Staff always make sure it's his choice and don't force him to do things." Staff we spoke to were able to explain how they supported people when making choices which included using communication aids where needed. Staff also understood that the person had the right to refuse and staff described ways they would know if someone had refused such as a change in body language.

People were supported to eat and drink sufficient amounts to maintain a healthy diet. One member of staff told us how they were supporting one person to eat more healthily by encouraging cooking sessions with the person. This person told us they were enjoying these sessions and now had access to a healthier diet. People were supported to be as independent as possible when preparing meals.

We saw that people had their health care needs assessed and an action plan had been put in place to determine how

Is the service effective?

these needs would be met. Staff had access to information about the level of support the person needed when accessing healthcare appointments. Relatives confirmed that people saw healthcare professionals when needed.

Is the service caring?

Our findings

People told us, “I like them” when talking about staff and another person said, “Very nice staff.” People that we spoke with told us that they received support from consistent staff who they had got to know well. One relative described the care their relative received as, “Generally very good care and at times it is exemplary.” Another relative told us, “It’s excellent to be honest, I can’t praise them enough.”

Staff spoke with enthusiasm when talking about the people they supported. Comments from staff included, “I really work liking with [name]...she’s fun to be with” and, “She inspires you to improve your own practice.” Staff had a good knowledge of the people they were supporting and could describe in detail things that were important to the person.

People were involved in developing their plan of care which included people’s likes, dislikes and how they wanted to receive their care. Care plans detailed people’s cultural needs, how the person communicated and specific information that staff needed to know to support effective communication with the person. Staff were able to tell us

how they used this information to support people in the way they wished. There was information available about people’s life histories which detailed the people that were important to the person receiving support.

The registered manager had helped people to highlight and celebrate their achievements. People were encouraged to reflect and recognise the progress they had made in achieving their personal objectives and goals. This also encouraged staff to continue to support people with their goals.

Care plans detailed the person’s right to privacy and dignity. Staff we spoke with understood how to promote this and one staff member told us, “It’s [name] home so it’s her rules and we have to respect this.”

People had been supported to be as independent as possible. One relative told us, “He’s a more independent person now” and another relative said, “He’s having a great time living on his own.” We saw that people’s flats had been adapted to enable independence and equipment had been supplied to ensure independence was retained. Staff told us that they worked with the person to complete certain tasks and one staff member explained that over time they had supported a person to become more independent with household tasks.

Is the service responsive?

Our findings

People told us that staff acted responsively to their requests and one person said, “Staff listen to you.” Relatives that we spoke with gave examples of when the service had responded to changing needs and one relative commented, “He gets to do what he wants to do, when he wants to do it.” Staff that we spoke with understood the need to be flexible in their approach when supporting people, including changes to support times.

One person that we spoke with explained how he informed the staff weekly of when he wanted to receive support depending on his current needs and the social events he wanted to attend. This person told us that, at his request, he had also been supported to volunteer as an office receptionist one day a week. This work had been tailored to the person’s skills and the service had recognised the person’s abilities.

Other people using the service had activity schedules based on what they had chosen to do. These activity schedules were discussed and completed with each person on a daily basis. One person told us, “I certainly do” when asked if they were given choices in activities they wanted to do. Staff that we spoke with told us that people were able to make choices around these activities and also had the right to refuse the activity or change their mind. Activities were reviewed with the person after they had taken place to establish whether the person would want to partake in the activity again in the future. One staff member told us, “You can see when she loves something as she just shines.” Staff gave examples of how they had suggested activities based on their knowledge of people’s interests to enable them to have new life experiences.

People told us they were involved in reviewing their care. One person told us, “Yes, she comes and speaks to you,” when asked if the registered manager reviewed their care. The registered manager informed us that care was reviewed more frequently when a person first started to use the service. This ensured that care plans quickly identified how people new to the service wanted to be supported. The service reviewed people’s care monthly and updated care plans accordingly. When necessary people were helped to express their views about who they wanted to be involved in their review. Staff described how they involved people in their reviews and would respond to people’s expressed wishes. One staff member said, “She’s got the power to change things if she doesn’t like them.” Following a review there were systems in place to ensure all staff were informed of any changes to how people wanted to be supported.

There were systems in place for staff to share important information between themselves. People took part in staff handovers to ensure people were involved in discussing their care needs and what activities they wanted to do with other staff members.

People told us that they knew how to raise concerns or complaints. One person said, “I can get hold of a manager if I wanted to raise concerns.” One relative that we spoke with felt assured that the service would act responsively if any concerns were raised. We saw that one person had recently raised a complaint with the service. The registered manager was able to describe action she had taken to investigate the complaint and had worked with the person to resolve the complaint.

Is the service well-led?

Our findings

All the people we spoke with were pleased with how the service was managed. Relatives knew the registered manager and one person described her as, “Really helpful.” Relatives told us they were kept informed of any important information by the registered manager.

All the staff we spoke with felt valued and supported in their role and one staff member said, “We have good strong support.” Staff commented that the registered manager was, “Brilliant really, we have good regular communication,” and another staff member said, “She supports staff to support people better.” Staff told us that staff meetings occurred regularly to discuss ways of improving the service and one staff member commented, “Any problems, any concerns, we talk with each other.”

The registered manager was aware of their responsibilities to inform the Care Quality Commission of specific events that occurred at the service. The registered manager was clear about recent changes in regulations and what this meant for the running of the service. At the end of our inspection visit the registered manager informed us that they would shortly be leaving the service. We noted the provider had been proactive in planning for the registered manager’s absence by arranging alternative manager cover and ensuring a new manager had applied to become the registered manager of this service. This ensured a continuity of management cover and support for people and staff at the service.

People told us that staff mostly attended their calls on time. Staff we spoke with told us action they would take to keep the person informed if they were running late due to circumstances out of their control. The registered manager did not have a formal system for monitoring lateness but assured us that staff lateness was not an issue in the service and people we spoke with confirmed this.

The registered manager informed us that they carried out monitoring checks of staff when they were at a person’s

home although these were not currently recorded. The registered manager told us that they used these monitoring checks to speak with the person and to ensure records had been completed accurately.

People and staff were able to provide feedback about the quality of the care they received through surveys. One survey completed by a person using the service had highlighted their request for employment. We saw that the service had worked with the person and they now had a job volunteering in an office.

There were systems in place for staff to seek advice and guidance if they had any concerns. Staff told us they had contact numbers of a manager they could call at any time of day and said a manager had always been available when called.

The registered manager had a clear vision for the development of the service. Although they wanted to support more people they were unwilling to do this until they had additional staff in post. They believed this would be necessary to in order maintain the quality of the care people received. The registered manager also wanted to develop the management structure by employing a deputy manager that would aid in administration duties and provide consistency in management cover. Further improvements which were in the process of been implemented included using technology to gather information from the services in a quicker time scale and supporting people to access social media to increase their social skills. The registered manager was also planning on providing people with their support plan in a format they could easily access which met their communication needs although there was no formal systems in place to action this.

There were systems in place to monitor the quality of the service. Quality audits were carried out around key aspects of the service and we saw evidence that action plans were put in place to remedy any concerns raised. This meant that the provider could be assured that the quality of the service was meeting their expectations.