Sense

SENSE - 2 and 10 Grove Road

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

This unannounced inspection took place on the 30 March 2016. The service was last inspected in April 2014 and was meeting all the regulations. SENSE 2 and 10 Grove Road provides accommodation for a maximum of eight adults with sensory impairments and learning disabilities. The service is comprised of two separate houses with three people living in each home. There were six people living at the home at the time of the inspection.

At the time of our visit the home had a registered manager who was present throughout the inspection. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our observations of care delivered and our conversations with relatives and staff led us to conclude that people were safe living at the home. We saw there were sufficient staff available to meet people's individual needs and staff we spoke with knew how to safeguard people from harm. Whilst most medicines were given safely we found that improvements were needed in the administering and storage of some medicines.

People had been supported in line with the Mental Capacity Act (2005). Choices were offered to people in all aspects of their care using their preferred method of communication. Whilst restrictions had been placed on some aspects of people's care the provider had ensured that care was delivered in the least restrictive way.

Staff had received training about people's individual conditions and there were systems in place to ensure staff updated their knowledge. Staff felt supported in their role and told us they were involved in developing the service through their suggestions for improvement.

People received personalised care which was documented in a plan of care. Staff could describe people's likes and dislikes and their preferences for care. We observed staff responding to people's requests for support. Reviews of care were carried out at regular intervals to ensure that care provided was still meeting people's needs.

We saw that staff were skilled in interpreting people's communication needs and supported people in a calm unhurried manner. People appeared relaxed in the presence of staff and we saw that staff knew people well. Relatives were complimentary about the staff and were happy with the care provided.

People had the opportunity for new life experiences through daily activities and planned holidays. These had been organised through knowledge of the person's preferences and communication aids had been developed to support people in making these decisions.

The service had promoted people's independence by ensuring the home environment had been tailored to

meet individual need. We saw that independence was encouraged in most aspects of people's care including in the preparation of meals.

People had their healthcare needs monitored and had regular access to healthcare professionals. People were supported to receive a healthy diet and people's preferred meals had been incorporated into menu planning.

Staff and relatives were happy with how the service was managed. There were systems in place to monitor the quality and safety of the service which in the most part were effective. There were plans in place to develop the service which were centred on the people living at the home.

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.

Most medicines were given safely. The service hadn't always followed instructions for storing or giving medicines.

Staff knew the appropriate action to take should they have any safeguarding concerns.

People were supported by sufficient staff who had been recruited safely.

Is the service effective?

Good

The service was effective.

People were supported by staff who were trained and supported to understand and meet people's individual care needs.

People had their healthcare needs met.

People were supported to make choices about their care. Support was given in line with the Mental Capacity Act (2005).

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring in their approach. We saw that staff knew people well.

Care was planned around people's individual needs with input from people who knew them well.

Peoples independence was promoted and their privacy and dignity respected.

Is the service responsive?

Good

The service was responsive.

People had access to activities based on their preferences

People's care was reviewed to ensure it still met their needs.

There were systems in place to manage complaints.

Is the service well-led?

Good

The service was well-led.

Relatives and staff were happy with how the home was managed.

The registered manager was aware of their responsibilities to the Commission.

Systems to monitor the quality and safety of the service were in place

SENSE - 2 and 10 Grove Road

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 unannounced inspection took place on the 30 March 2016 and was carried out by 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. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on.

We visited the home and met the six people who lived at the home. People living at the home were unable to communicate verbally due to their health conditions. We spent time in communal areas observing how care was delivered and 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 could not talk with us.

We spoke with the registered manager, two deputy managers and three staff. We looked at records including two care plans and medication administration records. We looked at two 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 monitored the quality of the service.

Following the inspection visit we spoke with three relatives of people for their views of the service.

Good

Is the service safe?

Our findings

People living at the service received safe care. We observed people receiving support that kept them safe whilst still ensuring independence and choice. For example, we saw that staff were always available in communal areas of the service, but that when support was requested independence was encouraged. People were able to access all areas of their home safely because the environment had been altered to meet people's needs. Relatives told us that their family member received safe care and support and one relative commented, "Of course he's safe. He knows his home inside out."

We looked at how the service managed medicines. We observed staff supporting people with their medicines in a dignified way and offering explanation in line with the person's preferred communication style. Staff had access to information about the medicines people were taking and what they were taken for. Staff had received training in the safe administration of medicines and only staff who had received training were permitted to administer medicines. Staff told us about the checks the provider carried out to make sure they were competent to give medicines. Where people required medicines on an 'as required' basis staff had access to information about signs of a person needing their medicine.

Medicines were given safely, although we found that the manufacturer's instructions for giving or storing one type of medicine had not been followed. We found that systems in place for recording and monitoring stocks of medicines and the expiry dates of medicines were not always robust. We saw that there were discrepancies between what had been prescribed and what was recorded on the medication record in two different instances. Although the registered manager informed us that the amount of medicine had been reduced by the doctor, they had not maintained a record to confirm when this instruction had been provided or records of the correct dose to be given for this type of medicine. Internal medicines audits carried out weekly had not identified these discrepancies. Medicines were stored safely although we noted that the medication fridge, which was stored in a person's private bedroom did not have a lock on it. The registered manager informed us that the issues identified at the inspection regarding medicines had been rectified soon after the inspection and that systems had been reviewed to ensure people received their medicines safely.

Staff had received training in safeguarding and were able to tell us action they would take if they identified any concerns. Staff emphasised the importance of knowing the person and the way they communicated to recognise changes that may indicate safeguarding concerns. Staff were confident that the registered manager would take appropriate action should concerns be raised. The registered manager was able to describe action they had taken when people were thought to be at risk. This meant that people were supported by staff who had the knowledge and skills to safeguard people living at the home.

People's relatives told us there were enough staff available to support their family member and one relative told us, "He gets the level of care he needs." Staff told us there were sufficient staff at the service and that staffing levels were altered when a change in need had been identified. This ensured that people received a safe level of support. We observed that there were sufficient staff available to meet people's requests for support promptly. Recruitment checks had been carried out to ensure people employed were safe to be

working with the people living at the service. These included obtaining Disclosure and Barring Service checks (DBS) prior to staff working with people. The registered manager informed us that they had access to known agency staff to cover staff absence and to maintain designated staffing levels.

People had been encouraged to maintain their independence, whilst remaining safe. We saw that individual risks to people had been identified and measures were put in place to reduce the risk for the person wherever possible. These risks were kept under review to ensure that the care provided was safe yet still met people's individual needs. Where accidents had occurred immediate action had been taken to check on the person's well-being. Accidents and incidents were reviewed monthly to determine if any preventative measures could be put in place to reduce the risk of reoccurrence. The occurrence of accidents was also reported to a quality lead within the association so that trends could be identified and learning shared across the association.

Good

Is the service effective?

Our findings

Through observations carried out at the inspection we saw that staff had the skills to support people's individual needs. For example, we saw staff using specialist communication methods to aid people in communicating their needs. Relatives we spoke with told us that staff knew their family member well and one relative commented, "Staff understand him and his needs."

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. We checked whether the service was working within the principles of the MCA. Staff had a good understanding of how to support people in line with the MCA. For example, one staff member described the MCA as, "Empowering people to make decisions for themselves," and another staff member told us, "We must assume they can make the decision until its deemed they can't." Staff could tell us about how they sought consent and offered people choices based on the way the individual preferred to communicate. Staff described the principles of best interest decisions and we saw that meetings had taken place to make these decisions. Care plans contained specific information about how to support people in decision making.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service had applied for DoLS appropriately and whether any conditions on authorisations to deprive someone of their liberty were being met. The service had made applications for DoLS for all people living at the homes some of which had been approved. Although these applications had been sent to the appropriate authority for approval the service had not ensured the correct processes were carried out prior to applying for a DoLS. Not all staff were aware that DoLS had been authorised for some people living at the home. Despite there being some restrictions on people's care we observed practice that promoted freedom of movement and minimised the effects of restrictions on care.

Staff told us they had received sufficient training to carry out their role effectively. We saw that training was provided to support staff to understand the needs of the people they were supporting. The service had ensured knowledge in key areas was refreshed throughout the year to keep staff up to date in key developments in social care. The service was introducing competency assessments of staff practice which included reflecting on observations made by others. Although there was mandatory training for staff to complete staff told us they were open to new learning opportunities and understood the need to continually update their knowledge. Staff told us they received support through regular supervisions. There had been no staff recently recruited and therefore the Care Certificate had not been carried out. The Care Certificate is a nationally recognised induction course for new staff and provides care staff with knowledge of good care practice. However, the registered manager was aware of the need to provide the Care Certificate to any new staff as part of their induction to the service in the future.

People living at the service used non- verbal communication including to express their needs. We observed staff skilfully interpret this communication to determine the needs of the person. Staff that we spoke with had a good knowledge of how the person was communicating and why it was important for the person. We saw that there was information in people's care plans about this communication and the response staff should give. This ensured staff supported people consistently.

We saw that people had received support to have their dietary and hydration needs met. Where people had specialist dietary requirements we saw that guidance was available for staff to meet these needs safely and we observed these guidelines been followed in practice. People's preferences for food had been incorporated into menu's and people's likes and dislikes were recorded in their care plans. We saw that people's food was presented to them in the manner they preferred. The service had supported one person to change their dietary intake in order to manage their healthcare condition more efficiently.

People had access to regular healthcare including support from specialist staff provided by the provider. Relatives we spoke with were happy with the support their family member received with their healthcare and commented that the service was quick to act when a change in healthcare need was identified. Each person had a health action plan that detailed how to support the person in different medical settings. We saw that care plans contained information about how the person may indicate they were in pain or unwell. Staff had received training on individual healthcare conditions and had access to information about action to take in a healthcare emergency. People had been appropriately supported with their healthcare needs.

Good

Is the service caring?

Our findings

Through observations carried out during the inspection we saw that staff were caring and kind in their interactions with people living at the home. People appeared calm and relaxed in the presence of staff. All of the relatives we spoke with felt their family member was happy living at the home and that staff demonstrated a caring attitude. Comments from relatives included, "It's great: they [staff] couldn't give better care," and another relative commented, "Staff are so friendly and accommodating." People had lived at the service for many years and relatives were pleased that their family member thought of the service as their home. Relatives comments included, "When he gets to the home he kicks his shoes off, takes his coat off and knows he's home," and another relative said, "[name] is happy. He looks upon it as his home."

Staff told us they enjoyed working at the home and one staff member commented, "It's a privilege to work with the people. We want people to have a good life." Another staff member said, "We hope we're making a difference." Staff we spoke with were knowledgeable about how people liked to receive their care and knew the things that were important to the individual. Staff demonstrated their knowledge of the person by skilfully interpreting body language and gestures to ascertain what the person was communicating.

The environment of the home had been adapted to meet individual needs. We saw that people moved around the home with ease and could locate important communication aids that assisted them to communicate their needs. Staff knew the importance of maintaining the environment and ensuring people had access to their communication aids.

People had their preferences for care recorded and we observed these were carried out in practice. Relatives told us that they had been involved in developing care plans for their family member and one relative told us, "I've seen his care plan. It's all about him and it's accurate." People's care plans had been developed initially with the person's family members and we saw that care plans contained specific details about how people liked to be supported. These care plans had been added to by family and staff who had worked with the person for a number of years when it was found that a person preferred to be supported in a different way or had shown a new interest in a different activity. People's care plans contained important information about people's life histories and staff we spoke with demonstrated their knowledge of these. Care plans contained specific information of how the person showed their like or dislike for certain things.

People were encouraged and supported to remain independent. We saw that people were involved in preparing meals and carrying out household tasks. The service had ensured that equipment was provided to enable people's independence. Staff understood and promoted people's independence and one staff member described their understanding of this as, "Supporting people to do things for themselves."

People's privacy and dignity was respected. People had access to their bedrooms at any time of day should they want time on their own. We observed staff knock on people's bedroom doors before entering. We saw that people had been supported to maintain their personal appearance.

Good

Is the service responsive?

Our findings

People had access to activities based on their known preferences outside of the home on a near daily basis. One relative we spoke with commented, "He has lots of activities and things to do." The registered manager informed us that they had changed the shift patterns of staff recently to ensure that people had the option to take part in an activity of their choice. This had resulted in people having the opportunity to access different life experiences including going out to an adventure park and accessing a themed garden centre. The service had developed communication aids to support people in their decisions about the type of activity they would like to do. We saw that activity planning took place weekly. Activities were reviewed after they had taken place to determine if the person had enjoyed the activity and whether to repeat it again. This meant people had the opportunity to engage in activities and experiences that they enjoyed.

We saw that people had been supported to go on holiday where this was deemed as important for the person. Holidays were planned with the person and the service had introduced communication aids to assist people in deciding where they would like to go on holiday.

People had been supported to maintain relationships with family members who were important to them. People had access to technology that assisted them to do this. Relatives we spoke with were happy with the support their family member had been given to keep in touch. Relatives described action staff had taken to support people to visit relatives in different parts of the country.

People had their care reviewed to ensure that the care provided still met their needs. Relatives informed us that they were involved in this process. We saw that care plan reviews took place and people had been involved in annual person centred reviews. Reviews of care reflected on how support could be changed to better meet the needs of the person and documented steps for future plans. Action plans were set up after reviews with processes in place to ensure agreed action was taken. This meant the service had systems in place to continually review people's care to ensure it continued to meet their individual needs.

We looked at how the service dealt with concerns and complaints. We were informed that there had been no complaints over the last twelve months. People living at the service were unable to make a complaint due to their sensory impairments. However, staff were able to describe how they monitored people's temperament and through their knowledge of the person would know if a person was unhappy. Care plans detailed ways in which a person would demonstrate they were happy or sad. Relatives informed us that although they have never had to raise a complaint they felt able to raise any concerns they may have. One relative told us, "So far we have had no concerns but if we did we would raise concerns," and another relative commented that concerns they had raised, "It's resolved quickly at the time." There were effective systems in place to manage concerns and complaints.

Good

Is the service well-led?

Our findings

We spoke with people's relatives about their views of the management of the home. Relatives were happy with how the home was managed and informed us that they could easily contact the manager. Comments from relatives included, "The manager is very accessible and we can get hold of him," and another relative commented, "We have regular contact and are well informed of everything."

There was a clear leadership structure which staff understood. The registered manager was supported by two deputy managers who were based in each of the houses. This ensured continuity in leadership should the registered manager be unavailable. The registered manager knew their responsibility to inform the Commission of specific events that had occurred and was aware of what new regulations meant for the service.

Staff told us they felt supported in their role both by other staff members and by the registered manager. One staff member told us, "The support is there." Another staff member commented that the registered manager, "[name] is really, really supportive. He is supportive of us all."

Staff felt able to make suggestions for improvement and staff meetings took place to share good practice. We were shown examples of how staff suggestions had been put into practice to enhance the care provided to people at the home. This included a communication aid which supported a person to understand which staff were going to be working that day.

The provider had systems in place to monitor people's experience of living at the home. This included the use of daily handover sheets which detailed activities people had taken part in, opportunities for independence and a summary of the person's mood that day. The provider sought regular feedback from people's relatives, and annual questionnaires were sent to relatives. This demonstrated that the service was involving others to monitor the quality of the service provided.

We saw there were systems in place to monitor the quality and safety of the service. Although the majority of systems in place were effective, audits of medication had failed to identify the issues found at this inspection. As well as in-house monitoring undertaken by the registered manager, the provider carried out regular audits of key areas of the service throughout the year. Themed audits also took place across the provider's locations to monitor quality and share good practice. This meant the provider kept the quality of the service under continual review to ensure the care provided met expected standards.

The registered manager informed us of development plans for the service. These developments focused on the people living at the service and included obtaining interactive equipment to assist with decision making and finding new methods to present and offer choice.