

Sense

SENSE - 428-430 Gillott 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

Sense – Gillott Road is a registered care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The care home operates as two separate units with an interconnecting door between both houses.

The accommodation for people is spread over ground and first floors of two houses. People have shared access to communal rooms and bathrooms and although they do go into the unit where they do not live this is only to engage in specific activities. At the time of the inspection the home was fully occupied by eight people who had all lived there for some time and included people living with sensory impairments and learning disabilities.

The care service had not originally been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. However, it was clear that people were given choices and their independence and participation within the local community was being encouraged.

At our last inspection in March 2016 we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

There was a registered manager in post who was there at the time of 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.

People continued to receive care that protected them to keep safe and staff understood how to protect people from abuse and harm. Risks to people were assessed and detailed guidance about how to manage these was available for staff to refer to and follow. People received medicines safely as they were prescribed.

People continued to receive effective support from staff who had a sufficient level of skills and knowledge to meet their specific needs. People were supported by staff in the least restrictive way possible to have maximum choice and control of their lives in line with their abilities and known preferences. Staff involved people as much as possible to make decisions and utilised and shared information to ensure that they fully explored what the person liked to do.

People continued to be cared for by staff who displayed kindness and compassion in ways that upheld their privacy and dignity. Staff ensured that people were supported to make choices and maintain a good level of independence in line with their abilities and wishes. People's diverse needs were well known, always recognised and support and access to activities was supported and enabled by staff.

People using the service were well known by staff and the staff team continued to work consistently to ensure that support provided respected their needs. People's own individual communications methods were well known and consistently used by staff who were keen to advocate on behalf of people whenever they were indicating that they were unhappy, were showing dissatisfaction or demonstrating in any way that they were not at ease.

The care home continued to be well-led. The registered manager who had commenced working in the home earlier in the year was making full use of checks and monitoring arrangements to maintain and build on the quality of the service that was provided.

Further information is in the detailed findings below.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

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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 comprehensive inspection took place on 15 November 2018 and was unannounced.

The inspection team consisted of one inspector. Prior to the inspection we reviewed information we held about the service including information from notifications. Notifications are events that happen in the home that the registered provider and registered manager are required to tell us about. We also considered the last inspection report, the Information supplied by the provider (PIR) and information that had been supplied by other agencies. We also contacted commissioners who had a contract with the home to support people who lived there.

During the inspection we met seven of the eight people who were living in the home. We spent our time in the company of people using the service provided and with staff who provided the direct care. The people living in the home were unable to communicate verbally due to their health conditions and used individualised methods of communicating with staff supporting them. Staff were familiar with and understood their communication methods. We spent time observing people in the communal areas of the home. We saw how they were being cared for and supported by staff and used these observations to help us understand people's experience of living at the home.

We spoke with the registered manager and four members of staff. We looked at care records of one person in full, looking at care plans, health action plans and medication administration records. We sampled other records of care that had been provided. We looked at some records related to the management of the home. These included records relating to audits and systems in the home including some records of the

checks of safety procedures.

Following the visit, we spoke by phone with three relatives of people who used the service to obtain their views about the care and support provided.

Is the service safe?

Our findings

At the last inspection in March 2016 the key question of Safe was rated Good. At this inspection the rating was unchanged.

Relatives of people who used the service said that they were confident that people were protected and kept safe. One person said, "The staff really keep my relative safe at all times." We saw that people were safe and protected from the risk of harm. Through our discussions with them, staff demonstrated a good understanding of safeguarding reporting procedures within the organisation and with external bodies such as the local authority. Staff used training that they had received in processes and procedures to enable them to manage any risks or incidents.

We found that risks were well managed and that very detailed risk assessments were in place. Risk assessments were comprehensive and covered personal care, health care, activities, diet and fluids, medicines and mobility. All staff contributed to discussions about risk management for individuals ensuring that all information was shared. Risk assessments were reviewed regularly and updated as needed to reflect any changes as required.

Accidents and incidents had been reviewed to utilise any lessons learnt and to identify if any further actions were needed. We saw that there was a fire risk emergency plan in place and each person had an individual plan in place, which gave staff directions on how best to evacuate the person in the event of an emergency. The ways in which each person were to be supported and how they would react in the event of an emergency differed from one another and these plans provided essential useful information. Reviews of each of the individual care plans had recently commenced so that people had an upgraded and fuller more comprehensive personal plan in place.

Staff understood how they would alert the registered manager and the provider should any issue place people at risk from any form of abuse or neglect. Staff expressed a high degree of confidence that issues would always be responded to with appropriate action taken.

People were supported by enough staff on duty. The staffing levels within the home ensured that people received the support they needed to engage in activities of daily living and leisure activities in line with their needs, abilities and known preferences. A number of staff had worked in the home for several years and others had been recruited more recently. All staff had been appropriately recruited to ensure people were supported by people of good character with the right skills. Staff spoke positively about the induction and shadowing opportunities provided for newer staff to ensure that people received personalised care in line with their known support needs. Staff knew the people they supported very well. One said, "We have a good staff team here, you just know that you will get support if ever its needed and staff really care about the people."

People safely received their medication from staff and clear records were maintained of all such administrations. When people needed to have prescribed medication to address a specific healthcare need,

staff had access to detailed guidance about alternative methods of support that were to be used prior to medication being administered. This ensured that people were consistently supported to maintain good health. One person advised that, "They provide my relative with support they need to take prescribed medication."

The home was clean and tidy throughout with evidence that staff adhered to best practice in supporting people with maintaining good food hygiene standards. Staff supported people to make full use of infection control measures that were in place.

The registered manager described how they reviewed any incidents or events to enable identification of any issues or trends that could help to improve practice.

Is the service effective?

Our findings

At the last inspection in March 2016 the key question of Effective was rated Good. At this inspection the rating was unchanged.

People living in the home had lived there for long periods of time. Their individual needs were well known by staff who were also aware of how support needs had changed over time.

We saw that staff had the skills and knowledge about how people liked to be supported and how each person communicated with staff when they wanted specific support. One person said, "Staff look after my relative very well. They ensure that all support needed is provided and have helped to ensure that he has achieved so much from activities they have organised."

The healthcare needs of people were well known by all staff and staff maintained specific oversight to ensure that regular and annual appointments were planned in diaries and attended as needed. The home had contact details for all healthcare services and had regular contact with some healthcare professionals who were working closely with some people living at the home. Staff in the home advocated on behalf of people to get external support and help. One person advised that the staff had worked hard to ensure that their relative received mobility aids when these had been identified as needed to help the person go out from the home and participate in community based activities. People were supported to attend healthcare appointments and information about the specific support needs was up to date readily available to be used to ensure that the person was appropriately supported in the event of a routine or urgent need.

Staff had access to refresher training both on-line and via face to face training and said that they felt able to safely care for everyone living in the home through the training and shadowing experiences that were available. Staff spoke of being very confident that people always received good care and had experience of working alongside all team members at one time or another. Tasks and duties were shared out and the staff were confident that everyone's developmental needs were supported.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Staff were very clear about upholding people's rights and all decisions made were considered in line with best interest's decision-making processes. An example was shared of how staff had worked at length with a person to help them understand the need for them to undergo a medical procedure with their consent. They advised that the investment in time had proved to be successful in that instance, but shared that at other times decisions had to be made for a person. Staff were confident about the legal rights of people and gave examples of what would constitute a failure to support people in line with their abilities to exercise their rights and make choices. People had personalised and individualised methods of communication and these were well used by staff to provide understanding for people and to gain their agreement and consent

in all aspects of daily life.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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. We found that conditions were being adhered to and monitored by the registered manager.

People were supported by staff to have a balanced, nutritious diet. Staff knew people really well and ensured that people were supported at mealtimes in specific ways that suited them. Staff ensured that the food available met people's diverse needs. Communication aids were well used at mealtimes by people and by staff. Whilst all people required a high level of support, some people had very specific detailed eating and drinking guidelines that were adhered to. People had a varied diet that suited their tastes and we saw that after a morning out at an ice skating rink people were served a take-away meal, that was part of their usual routine, and each person had a take-away meal that they liked.

There was a range of external health professionals involved in people's care. Staff told us how they had built strong working relationships with the GP, a psychiatrist and community specialist nurses to make sure the care they provided was appropriate and remained consistent. Relatives were informed about healthcare issues and one person said, "They let me know when [my relative] has a change in health and keep me up to date. They look after [my relative] well and they really care." People were supported to attend external appointments by staff who knew them well.

Is the service caring?

Our findings

At the last inspection in March 2016 the key question of Caring was rated Good. At this inspection the rating was unchanged.

People who had relatives living in the home made several comments about how caring and supportive staff were. One person was keen to advise that the staff and everyone in the organisation were so helpful to the person living in the home. One person said, "They do ensure that [my relative] is well looked after."

Staff knew people well, and were knowledgeable about the things that some people found upsetting or might make them unsettled. Relationships were friendly and positive between staff and people using the service with multiple displays of care being provided in compassionate and dignified ways. Staff continuously advocated on behalf of people to secure a positive experience for them in undertaking all aspects of daily living. People were supported in ways that respected their privacy and dignity.

Information was provided in accessible formats to help people understand the care and support being provided. Each person had their own communication aids known to all staff to facilitate such daily communication. We saw that for one person who had been assessed as needing a specific item of mobility equipment staff had worked with the person to help them understand what was now available to support them. One relative expressed confidence in staff having their relatives' interests at heart, when they had recognised how the person had changed and had taken steps to secure equipment for them. The registered providers ensured that the home was compliant with Accessible Information Standards.

Each person had their own room and staff ensured that privacy was respected and maintained at all times. Some people could undertake some activities of daily living around the home with support and staff ensured that their independence was encouraged and maintained in a consistent manner. The preferred routines of people were accommodated by flexible routines in the home. People got up when they woke naturally and went to sleep when they wanted to, with staff available at all times to meet support needs.

Is the service responsive?

Our findings

At the last inspection in March 2016 the key question of Responsive was rated Good. At this inspection the rating was unchanged.

Each person had a detailed set of care and support plans which were personalised to their own needs. Like risk assessments the care and support plans were comprehensive and covered personal care, health care, activities, diet and fluids, medicines and mobility. All staff contributed to discussions about and reviews of care plans which helped to ensure that any changes and developments were known and shared. Care plans and related discussions also covered issues related to ageing and future care needs with long term plans being developed as needed. We were advised of plans that were being explored for one person about their future care and support needs.

The care records included a summary document for each person with a broad view of how their needs were met. This summary type document, which was current and up to date, could be accessed and used in an urgent situation such as the person needing to go to hospital or have urgent medical treatment. The care and support records also reflected people's individual cultural needs and how they were to be supported by staff.

We saw that people had been supported to choose and engage in a range of activities that were socially and culturally relevant to them. People were supported to participate in a range of activities away from the home and had easy, regular access to a specialist social base operated by the registered provider. This base provided a wide range of social and leisure opportunities for people to use and enjoy. Staff supported people to engage in a wide range of activities at other venues and relatives told us that access and participation in activities had been a constant feature of the home. One person said, "[My relative] has had access to a wide range of activities such as walks, ice skating and pub trips and they are now looking at some of the suggestions I have made as my relatives' needs have changed."

In addition to activities outside the home, arrangements were in place for regular activities to take place in the home. We saw that a music session which was delivered to people individually was very popular. This session enabled people to participate in playing musical instruments. The people who engaged in the activity clearly seemed to enjoy the session provided. In addition to organised planned activities people engaged in table top activities as and when they wanted.

Staff made reference to directing and encouraging anyone who was not happy to make a complaint without being worried about doing so. The home had details available of advocacy services that had used in the past and advised they would be requested if needed to support a person using the service to make a complaint or raise an issue. The provider's complaint procedure was accessible and known to relatives. All complaints received were recorded and responded to in line with the procedure. One relative advised, "Whenever I have raised anything a response has been received as expected and the response has been fully detailed." Another relative that they had never had any reason to complain but would not hesitate to contact the registered manager if they did have a complaint. The registered manager reviewed any comments or

complaints received to reflect on issues raised and to help identify if there were any trends that needed to be addressed.

Is the service well-led?

Our findings

At the last inspection in March 2016 the key question of Well Led was rated Good. At this inspection the rating was unchanged.

The registered manager of the home had been in post in this home since April 2018 and had previously been a registered manager at other care homes for many years. They had a clear understanding of their responsibilities. 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. The registered manager maintained a good overview of all aspects of the home and recognised the valuable contribution made by all staff to the successful delivery of care.

Regular audits and checks were made by representatives of the provider as well by the registered manager. The audits were viewed as opportunities to improve by the registered manager and they spoke about the outcomes from recent audits that had taken place. Systems in place were well used. The providers own audits alternated between being focussed on a specific issue and general when a broader audit would be undertaken. Recent audits undertaken in the home had focussed on the medication administration system and a compliance audit of individual support plans. The weekly audits and checks undertaken by the manager were also comprehensive and any action identified as needed was recorded and then monitored and reported on. Regular checks and audits were undertaken of the records and notes in the home to ensure that people using the service were safe and well cared for in all aspects of their lives.

Staff were very confident about how they could raise any issue of concern and referred to the providers attitude to whistleblowing, advising that they felt sure they would be listened to and taken seriously if they needed to raise anything. To whistle blow is to expose any information or activity that is believed incorrect. One staff member commented on the providers likely response to whistleblowing advising that it would be robust and concluded by stating, "I'm happy with that [the providers response]."

The registered manager advised that in addition to using people's known communication methods, advocacy would be used as needed to gather feedback about the quality of the service provided. The registered manager maintained regular contact with relatives of people who used the service, some of whom lived a long distance from the home making visiting difficult. Through the contact the registered manager involved relatives, sought out their views and opinions and shared any news about changes or developments.

Staff advised that they had opportunities to speak with the registered manager at any time and valued the regular staff meetings where there was an open agenda that they could add to. Staff advised that the registered manager was supportive and commented that they found supervision meetings positive and useful.

We found the provider worked in partnership with other agencies and that records detailed how medical

and health professionals had been involved in people's care.

Notifications were shared with us as expected, so that we were able to see how any issues had been dealt with. We found that the previous inspection rating was displayed as required.