Sense

SENSE - 38 Redgate Court

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-38 Redgate Court is registered to provide accommodation and personal care for up to six people. People living at the home have a learning disability and hearing and seeing needs. The home, which is located in a residential area, is arranged on two floors. The first floor is accessed by stairs. There is an enclosed garden to the rear. At the time of our visit there were six people using the service.

This comprehensive inspection took place on 1 March 2016 and was announced. A registered manager was in post at the time of the inspection and had been in post for approximately ten years. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 were kept 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 assessed to be suitable to look after people who lived at the home. People were supported to take their medicines as prescribed and medicines were safely managed.

People ate and drank sufficient amounts of food and drink and there were choices of food that they liked to eat. They were also supported to access health care services and their individual health needs were met.

The CQC is required by law to monitor the Mental Capacity Act 2005 [MCA] and the Deprivation of Liberty Safeguards [DoLS] and to report on what we find. The provider was acting in accordance with the requirements of the MCA so that people had their rights protected by the law. Assessments were in place to determine if people had the capacity to make decisions in relation to their care. When people were assessed to lack capacity, their care was provided in their best interests. In addition, the provider had notified the responsible authorities when some of the people had restrictions imposed on them for safety reasons. The provider was meeting the conditions of people's authorised DoLS applications.

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

People were supported by kind, respectful and attentive staff. People, and their relatives, were given opportunities to be involved in the review of their individual care plans.

People were supported with a range of hobbies and interests that took part in and out of the home. Care was provided based on people's individual needs. There was a process in place so that people's concerns and complaints would be listened and responded to.

The registered manager was supported by a team of managerial and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions

and actions were taken as a result. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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.

People's needs were met by a sufficient number of suitably recruited staff.

People were enabled to take risks and measures were in place to minimise these risks.

People's medicines were safely managed.

Is the service effective?

Good

The service was effective.

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

The provider was following the principles of the Mental Capacity Act 2005 and protected people's rights in making decisions about their day-to-day living.

People were supported to maintain their nutritional, physical and mental health.

Is the service caring?

Good

The service was caring.

People were enabled to be involved in making decisions about their care.

Staff supported people to maintain their dignity and independence and people were looked after in the way that they preferred.

People were looked after by kind and caring members of staff.

Is the service responsive?

Good

The service was responsive.

People's individual physical and mental needs were met.

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

There was a complaints procedure in place for the provider to respond to people's concerns or complaints.

Is the service well-led?

Good

The service was well-led.

Staff were managed in a way to ensure that they provided people with a safe standard of care.

People and staff were enabled to make suggestions to improve the quality of the care provided.

Quality assurance systems were in place to monitor and review the standard and safety of people's care.

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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 inspection was carried out on 1 March 2016. The provider was given 24 hours' notice as the location is a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and an expert-by-experience. The expert-by-experience had experience in using and interpreting sign language and looking after a person with a learning disability.

Before the inspection we looked at all of the information that we had about the service. This included information from 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.

Prior to the inspection we made contact with a local contract and placement monitoring officer and a community physiotherapist. This was to help with the planning of the inspection and to gain their views about how people were being looked after.

During the inspection we spoke with two people who lived at the home, the registered manager, the deputy manager and three members of care staff. We observed care to help us with our understanding of how people were looked after.

We looked at four people's care records, medicines administration records and records in relation to the management of staff and management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe because they said that they were treated well. One person said, "I feel safe yes." This view was supported by a community physiotherapist who told us that staff treated people well. We saw that people were kept safe from harm when staff supported them with their personal care and social activities. This was by means of checking that the person was safe and guiding and escorting people in and out of the home.

There were procedures in place to minimise the risks of harm to people. This included the training of staff in protecting people from such risks. Members of care staff told us what they would do if they suspected people were being placed at any risk of harm or actual harm. The actions they would take included reporting the incident to the police and local authority. They also told us that they were aware of the signs and symptoms to look out for if someone was being harmed. One member of care staff said, "The person may show different ways they behave [from normal]. There also could be marks on them that were not there before." The deputy manager also satisfactorily described signs of when a person may be at risk of harm, which included signs of financial abuse. These included unusual increases in financial transactions of people's personal monies.

The provider had taken the appropriate actions when there had been any safeguarding concerns that had been raised. The actions included reporting the concerns to the local safeguarding authority. Management plans were taken to minimise the possibility of similar concerns recurring: these included, for instance, closer monitoring of staff members to ensure that the standard of their work was safe.

The provider told us in their PIR that there were recruitment systems in place. This was to ensure that all checks were carried out before prospective employees were deemed suitable to do the job that they had applied for. Members of staff confirmed this was the case. They told us that they had attended a face-to-face interview, had a satisfactory Disclosure and Barring Service check, had a minimum of two written references and completed an application form. The registered manager said, "At interview we look at any discrepancies [in the references and gaps in the candidates' employment histories] or by our HR [human resources department]." In addition to the pre-employment checks the registered manager advised us that there was a revised recruitment system in place. This had "found the calibre of candidates to be a lot better [to go onto the next stage and be interviewed]."

People told us that there was always enough staff to look after them. Members of care staff told us that sometimes there was a shortfall in numbers of staff when there were unplanned staff absences. However, they said that measures were taken to ensure that people were safely looked after. This included, for example, in discussing and gaining people's agreement, a change of their activities programme to another day when there would be sufficient numbers of staff to provide the high ratio of two-to-one staff. Other measures included the use of agency staff and bank staff. The deputy manager said, "We use two agencies. We ask for people [agency staff] to come [work] who have been here before." The registered manager told us that there had been an increase in the number of agency and bank staff to meet a person's changed mental health needs. Both the registered manager and deputy manager told us that the agency staff were

knowledgeable and had responded well to the person's increased level of needs. We saw people were supported by staff on a one-to-one and two-to-one basis in an unhurried way.

People's risks were assessed and measures were in place to minimise the risks. These included risks of choking and using transport. Members of staff were knowledgeable in managing people's risks. The deputy manager said, "Risk assessments are in place. It's about minimising the risk. Identifying the risk and managing the risk before the hazard would happen. For example, a person travelling in a car. They are seated at the back of the car with another staff member. Another example is following the SALT's [speech and language therapist] eating and drinking guidelines." A member of care staff demonstrated their knowledge regarding people's eating and drinking guidelines. They said, "We make sure they [people] swallow a piece of food before eating the next. When they [people] are eating and drinking, we have to sit with them and cut their food up. Depending on the [person's] eating and drinking guidelines." We saw members of care staff follow a person's eating and drinking guidelines when they sat beside a person and reminded them to eat slowly to reduce their risk of choking.

People's records for medicines showed that they had received their medicines as prescribed. Medicines were in sufficient supply and stored securely. Staff told us and records showed that staff, who were responsible for managing people's medicines, had been trained and assessed to be competent with carrying out this practice. The registered manager said, "Only trained staff do medicines and [have at least] two observations [competency checks] before being signed off [to be able to manage people's medicines].They also have to complete an on-line test [in management of medicines] and have to achieve 100% pass rate."

Good

Is the service effective?

Our findings

People told us that they were happy with how they were looked after. One person said, "Staff sort out my hearing aid." We saw that staff knew how to meet people's individual needs, which included communication and seeing needs. We saw that staff knew how to meet people's individual needs, which included communication and seeing needs.

The provider told us in their PIR that staff had attended training in a range of topics. Members of staff confirmed this to be the case. Staff members told us that they enjoyed their job and had received training, which included induction training, to be able to look after people and meet their individual needs. One member of care staff said, "I have had induction training and refresher training, such as fire, first aid and moving and handling." The registered manager said, "Since the last six months, new staff have to do the Care Certificate [a nationally recognised training programme]. They [staff] have to be signed off [regarding the Care Certificate] during their six-month probationary period."

Staff members told us that they had the support to do their job and were supervised. A member of care staff said, "I have observations [of my practice] to make sure that I'm still doing it in an appropriate way." There were a number of means the provider used to supervise staff. This included one-to-one supervision, observing and videoing staff at work as part of enhancing their self-awareness. [The registered manager and deputy manager told us that people had given their permission to be part of the video observation]. Staff told us that their supervision feedback had helped them improve areas of their practice. They gave an example of improving how they offered people choice in relation to their personal care. The deputy manager said, "Although we know a person likes to have a shower, we offer them a [choice] of a bath or shower." A member of care staff said, "You do get a lot of feedback from them [replay of video recordings]. You see what you do well and what you could do better."

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The provider told us in their PIR that they had applied to the appropriate authorities, applications to lawfully deprive people of their liberty [DoLS]. The registered manager confirmed this had happened. Authorised DoLS were in date and the conditions of these were being followed. The registered manager was aware of their responsibilities in applying to the appropriate authority when the date of authorised DoLS was due to expire.

Staff had attended training in the application of the MCA and demonstrated their knowledge about this. The deputy manager said, "We should assume that everybody has [mental] capacity unless proven otherwise. Once you need to establish this, you need to go down the best interest route if it is proven the person does not have [mental] capacity." One member of care staff said, "We held a best interest meeting for [name of

person] as we were worried they were in pain [and needed dental treatment]." The person's family member, with management and dental staff, was involved in supporting their relative in the decision to have the necessary treatment.

We saw that staff offered people choices about what they wanted to eat, drink and how they wanted to spend their day. People told us that they always had enough to eat and drink and were able to choose what they wanted. One person said that they liked a certain type of flavoured drink and we saw that staff had given them a glass of this to drink. Another person said, "I get toast and biscuits and nice cups of tea. I like sausages." Menus were chosen by individual people and recipes were in place for staff to cook the choices on each day of the week. People's individual dietary needs were catered for, which included those for the management of diabetes and difficulties with safely swallowing food.

People said that if they didn't like what was on offer they could have something else. They also said that they were able to eat and drink at any time and staff responded to their requests. People's dietary preferences and amounts of food and drink were recorded. These showed that people's food preferences were valued and that people had sufficient amounts to eat and drink.

People told us that they had been seen by a GP. Members of care staff also added that people were supported to access a range of other health care services, which included psychiatric services; well-women screening and SALT services; chiropody, audiology and visual screening services. People's health care records showed that people were provided with this level of support to maintain their health.

Good

Is the service caring?

Our findings

People said that they liked the staff because they were kind to them. One person said, "Yes staff are caring. Kind. [I am very happy here at [SENSE] 38 Redgate House. " Another person also described the staff as "caring."

We saw that people were looked after by attentive staff members who included them in conversations and were at the heart of this work. Staff were aware of the principles of care and were able to demonstrate this. The deputy manager said, "The care is to for people to be involved as much as they are able to. Involved in decision making; involvement in meetings and care planning. To enable them [people] to become more independent." They also told us that people were treated as individuals and given equal opportunities like other people. One member of care staff told us that they enjoyed seeing improvements in people's confidence and level of independence. They gave an example of a person confidently using public transport with support from a member of staff.

People's independence was maintained and promoted with walking, eating, drinking and with their personal care. People were enabled to freely walk around the home; were gently guided by staff members when walking out of the home; specialised eating utensils were used and staff helped people with personal care in areas that they were not able to manage.

The local authority contracts monitoring officer told us that staff respected people's privacy and dignity. The premises maximised people's privacy as all bedrooms were for single use only and toilet and bathing facilities were provided with lockable doors. Staff knocked on people's doors and also on toilet and bathroom doors, called out to the person to announce who they were, before entering.

People were also enabled to make decisions about how they wanted to spend their day. One person was offered the choice of where they wanted to go out for lunch. Another person was offered the choice of when they wanted to get up and when to get dressed. People were offered the choice of where to spend their time at home. This included spending time alone or with other people. Records demonstrated that people were enabled to make decisions about when they wanted to get up, go to bed and what they wanted to eat and drink.

People were supported to maintain contact with friends and families and were able to forge new friendships with people living in the community. Off-site activities, which included day services, helped reduce the risk of people becoming socially isolated by being part of the community.

The registered manager told us that the provision of specific advocacy services had been sought to represent people with hearing and seeing needs. However, they told us that there was a lack of provision of this type of service and their endeavours had been unsuccessful. Nevertheless, they told us that they would continue exploring this avenue to support people, if this was ever needed. Advocates are people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

People told us that the staff knew them as individuals and understood how to meet their needs. Members of management and care staff showed their understanding of people's individual needs and knew about people's life histories, which included family relationships.

The community physiotherapist told us that staff were aware of how to communicate with the people they looked after. Members of staff had the ability to understand and respond to people's communication needs and this was by various means. Examples of this included the use of touch when guiding a person; talking in short sentences and use of visual cues, such as objects of reference.

People's individual physical and mental needs were met in relation to, for instance, their continence needs and behaviours that challenge. People's continence aids [pads] were checked and changed if needed and people's triggers to behaviours that challenge were managed. This included staff using a consistent approach and informing people, step-by-step of any changes to their care. This was to reduce the risk of the person becoming anxious and resulting in behaviours that challenge.

People were supported to practice their religious beliefs. Opportunities were provided to attend services run by a religious organisation of their chosen faith.

People's care records and risk assessments were reviewed and kept up-to-date to provide staff with the guidance on how to meet the people's individual needs. People's needs were also formally reviewed during staff meetings to assess if any changes were required to people's planned care. The deputy manager provided an example of this; in regard to changing a person's eating and drinking guidelines following their consultation with the SALT.

People were invited to attend formal reviews of their care and invites were sent to people they wanted to be there, which included relatives and staff members. A member of care staff said, "The reviews are with the person, staff, day service staff, key workers [a named member of staff linked with a named person who lives at the home] and anyone else they [the person wanted to be there." Following the reviews, changes were made if necessary. This included reviewing the number of days a person spent at day services and if any changes to this level of attendance were needed.

People told us that they enjoyed taking part in a range of social and recreational activities. One person said, "Staff go with me. I go shopping, swimming, [named] farm, cinema." Another person said, "They [staff] help me with shopping and lunch."

Social and recreational activities included shopping trips; out-door swimming during the warmer weather; eating out; music and art therapy and horse riding. In addition to these activities, people were encouraged to contribute to in-house domestic duties. These activities were in relation to preparation of home cooked meals, making up their packed lunches, and cleaning their rooms. One person said that the staff were "very helpful" with assisting them to keep their room tidy and clean.

There was a complaints procedure in place and this was used should any person wish to raise a concern or complaint. People told us the name of the member of staff or registered manager and said that these were the people they would speak with, if they were unhappy. However, people said that they liked living at the home and one person added, "I am very happy." Members of staff were aware of the complaints procedure. The deputy manager said, "If anybody came to me with a complaint, I would listen. I would ask no leading questions and document the concerns. I would then report to [name of registered manager]."

People's relatives had completed a survey during October 2015: respondents were asked about their knowledge of the provider complaints procedure. The majority of the respondents said that they knew about the complaints procedure. The registered manager advised us that a copy of the complaints procedure had been sent out to two respondents who said that they were not aware of what to do if they needed to make a complaint.

The provider told us in their PIR that they had received one complaint within the last 12 months and was dealt with according to their complaints policy. The outcome of the provider's investigation showed that the complainant's concern was taken seriously and the outcome was resolved to the satisfaction of all parties involved.

Good

Is the service well-led?

Our findings

The local authority contracts monitoring officer told us that SENSE-38 Redgate Court was assessed by them to be a good home.

We received positive comments from members of staff in respect of the registered manager. One staff member said, "[Name of registered manager] is one of the most pleasant persons I have ever worked with." Other staff members individually described the registered manager as "approachable" and "listening". One member of staff said that the registered manager was present throughout the home and was not "just office based". We saw that the registered manager was present throughout the home, and was available to speak with staff members and with people who lived at the home.

Staff members told us that suggestions made to the registered manager were acted on. One member of care staff gave an example of this. They told us that they had concerns about meeting a person's individual moving and handling needs. They said that as a result of raising their concerns to the registered manager, moving and handling training was provided.

People were provided with opportunities to have their say about their care. This was during in-house meetings and during the reviews of the programmes of their planned care. This included suggestions about their social and recreational activities. In addition to meetings, during October 2015 people were helped to complete a picture format and easy read questionnaire. People said that they were well-looked after. The provider had also sent out questionnaires to people's relatives during October 2015. The registered manager us that they had contacted relatives to satisfactorily answer any questions they had posed in their completed questionnaires

Members of staff were provided with opportunities to make suggestions about the running of the home. One member of care staff said, "Everyone gets their views across and they are answered and things are then put in place." They gave an example of the actions taken in response to their suggestions. This was in relation to improving the stock levels of a person's continence aids. Information for staff was contained in minutes of staff meetings and memos. Additional information reminded staff of their roles in responsibilities in safe management of people's medicines and increasing their awareness in the application of the MCA and DoLS.

The registered manager demonstrated their awareness of their legal responsibilities in relation to notifications. They had submitted notifications to us in relation to a safeguarding concern and authorised DoLS applications.

The provider had submitted their PIR when we asked for it to be returned. This required document showed that the provider had systems in place to continually review the standard and quality of people's care. This included, for example, the future use of technology to support people's hearing and seeing needs. This was when they communicated with other people, which included staff, and when they were moving in and around the home.

There were other quality assurance audits in place, which included a self-assessment completed by the registered manager. The registered manager was responsible in carrying out assessments of their service, which included, for example, health and safety practices and management of staff. Where improvements were identified, actions to be taken by whom and when were recorded. The registered manager advised us that the information was shared within the organisation, including their manager and the provider's health and safety department. This enabled the provider to inform the registered manager of any remedial actions to be taken in the event of any emerging trends. The registered manager told us that the main identified quality assurance improvement was in relation to introducing technology to improve ways in meeting people's individual hearing and seeing needs.

Staff were aware of the whistle-blowing policy and said that they would follow this if they had concerns about the conduct or work performance of their colleagues. One member of care staff told us that whistle-blowing was, "Reporting something quietly [that is in confidence]." They said that reporting would be via the management systems of both the home and the provider.