Sense

SENSE The Old Coach House

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

We last inspected The Old Coach House in May 2014. At that inspection we found the provider was meeting all the regulations.

The home provides accommodation and support for up to five people who have a sensory impairment and have an additional learning disability. There were five people living at the home when we inspected but one person was away on holiday.

The home is required to have a registered manager. 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 the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A registered manager was in post.

We found that people were safe. Our observations and feedback from staff and relatives who visited the home confirmed this. We reviewed the systems for the management of medicines and found that people received their medicines safely. During the inspection we saw there was always enough staff to provide care safely.

Summary of findings

We observed a friendly and relaxed atmosphere in the home throughout the time of our inspection and we observed and heard staff working with people in a way that was kind and compassionate. We brought to the attention of the registered manager three isolated incidents where we had observed care practice that needed improvement. This included one member of staff assisting a person to the dining table without first having checked if the person needed support with their personal care.

Relatives we spoke with told us that the care people received was good. They said staff were kind and caring. Staff used differing forms of communication with people such as objects or hand under hand signs to tell them what was going to happen next in their day. We also saw that staff observed people for non-verbal communication so that they could meet their needs. Staff had received training about the needs of deaf blind people and used the knowledge to communicate and support people to make choices in their day-to-day their life.

The service was meeting the requirements of the Mental Capacity Act 2005 Code of Practice but some staff were not confident about the requirements of the Deprivation of Liberty Safeguards.

Staff told us they had received appropriate training and were knowledgeable about the needs of people who lived in the home. Our observations showed they anticipated people's needs as they knew them well. People's needs had been assessed and care plans developed to inform staff how to support people in the way they preferred.

People's nutritional and dietary needs had been assessed and people were supported to eat and drink sufficient amounts to maintain good health. People told us they had access to a variety of food and drinks. People were supported to stay healthy and were supported to have access to a wide range of health care professionals.

Management systems were well established to monitor and learn from incidents and concerns. The manager and provider undertook checks and had systems in place to maintain the quality of the service the home was providing.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff and relatives were confident people living at the home were safe. Staff knew what to do to make sure people were safeguarded from abuse.

Staff were recruited appropriately and there were enough staff to meet people's individual needs.

Appropriate systems were in place for the management and administration of medicines.

Good

Is the service effective?
The service was effective.

Staff received appropriate training to be able to meet people's needs. Staff were supported through a system of appraisal and supervision.

The service was meeting the requirements of the Mental Capacity Act 2005 Code of Practice.

People were supported to attend medical appointments and to eat and drink in ways which maintained their health.

Good

Is the service caring?
The service was caring.

Staff had positive caring relationships with people using the service. Staff knew the people who used the service well and knew what was important in their lives.

People's privacy and dignity was respected.

People were supported to maintain relationships with their families.

Good

Is the service responsive?
The service was responsive.

People who used the service had their needs assessed and received individualised support.

People were supported to take part in activities they enjoyed and to access the local community.

People's relatives said they knew how to raise any concerns and were confident that these would be taken seriously and looked into.

Good

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

Relatives of people and staff said the registered manager was approachable and available to speak with if they had any concerns.

There were systems in place to measure the quality of the service and to identify where improvements could be made to enhance the lives of individuals living in the home.

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 inspection took place on 17 September 2015 and was unannounced. It was undertaken by one inspector.

Before the inspection we looked at the information we already had about this 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. These help us to plan our inspection. The provider was asked to complete 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. This information was received when we asked for it.

During our inspection we met with four people who were receiving care at The Old Coach House. People's care and communication needs meant that they were unable to verbally tell us how they found living at the home. We observed how staff supported people throughout the day. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with four care staff and the area manager. The registered manager was not available when we visited as they were supporting one person who was on holiday. We looked at the care records of two people, the medicine management processes and at records maintained by the home about staffing, training and the quality of the service.

Following our inspection we spoke with the relatives of five people, the registered manager and a health care professional. The registered manager sent us further information which was used to support our judgment.

Good

Is the service safe?

Our findings

People received safe care. People's relatives told us that they had no concerns about the care people received or the way in which they were treated. One relative told us, "I've no concerns about safety."

We spoke with four care staff who confirmed they had received safeguarding training and were able to describe the different types of abuse people were at risk from and knew how to keep people protected from harm. Staff told us that if they had concerns they would pass this information on to a manager and were confident this would be responded to appropriately. Staff knew the different agencies that they could report concerns to should they feel the provider was not taking the appropriate action to keep people safe. Information was displayed so that staff and visitors had the information they needed to be able to report any concerns appropriately. Since our last inspection there had been one safeguarding incident. The registered manager reported this to us and to the local authority as required. The concerns had been investigated and action had been taken by the provider to reduce the risk of similar incidents occurring.

People were supported to take appropriate risks in order to be as independent as possible. People needed support, supervision or assistance from staff to complete everyday tasks safely, for example, to cook or make hot drinks. Staff had completed risk assessments for each person detailing the possible risks associated with various tasks and situations. We observed that people who were at risk of choking when eating had the appropriate staff support to minimise the risks of harm to the person.

Staff we spoke with told us they were aware of the importance of reporting and recording accidents and incidents. Records we saw supported this; accident and incident records were clearly recorded and outcomes detailed.

There were sufficient numbers of staff on duty on the day of the inspection to meet the individual needs of people using the services. Relatives of people who lived at the home told us there were enough staff and did not raise any concerns about staffing levels. Our discussions with staff showed they had some mixed views about the staffing levels in the home. Some staff told us they thought there were enough staff whilst others told us they thought that an additional staff was needed on some days. We saw that staffing levels had been discussed in recent staff meetings and that the manager was trying to resolve staff concerns.

Systems were in place to provide cover when staff were on holiday or unwell. The provider had a team of bank staff that worked regularly at the home so that they knew people's needs well. Staff told us that when agency staff had to be used they tried to use the same agency staff so that there was some consistency for people. Records showed that agency staff who were new to the home completed a 'mini induction' to help ensure they were aware of basic procedures and people's needs. A care staff told us, "Any new ones [agency staff] we always go through the tick list [induction form] with them."

The majority of staff had worked for the provider for several years and the provider had a system in place to regularly renew the Disclosure and Barring checks for staff. We discussed the recruitment procedure that was followed for new staff with the area manager during the inspection. They told us that potential new staff were subject to a range of checks before they started work, including references and checks made through the Disclosure and Barring Service. A new staff had recently been recruited but the area manager did not have access to the staff records. Following our inspection we were sent evidence by the registered manager to show that suitable checks had been completed. Robust checks of applicants and renewal of checks of staff help to ensure that risks to people living in the home are minimised.

We looked at the systems in place for managing medicines in the home and found overall there were appropriate arrangements for the safe handling of medicines. People's medicines were stored appropriately and this meant medicines were kept so that remained effective. During the inspection, we observed two members of staff preparing and administering medication to people; this was undertaken safely. Staff told us they had received training to administer medication and that competency assessments had been conducted to ensure they were able to administer medicines safely.

We looked at the medication records for all people at the home. Administration records had been completed to confirm that people had received their medicines as prescribed for all but one medication. One person had been prescribed some pain relieving medication on an 'as

Good

Is the service safe?

required' basis. However the records showed they had been receiving this medication on a daily basis. Following our inspection we were informed by the registered manager that they had consulted with the GP and confirmed the medication should only be given 'as required.' They told us they had ensured the directions on the medication record were clear and would be discussing the issue with staff at a team meeting.

The labels on two items of topical ointment were worn making it harder to read the directions for administration. We brought this to the attention of the area manager who said they would discuss this with the pharmacist to try and resolve this issue.

Good

Is the service effective?

Our findings

Relatives we spoke with were positive about staff who worked at the home and the care provided. One relative told us, "All of the staff are wonderful" another relative told us, "I'm quite happy with the care."

Most of the staff had worked at the home for several years. We saw that staff used people's preferred method of communication. Staff communicated well with each other on a daily basis, updating each other about the needs and behaviour of the people in the home and making decisions about who would carry out specific tasks and support individuals during a shift. Staff passed on information at the start of each shift.

We asked staff about their training and development to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff told us that they had on-going training and regular supervision. One care staff told us, "I get supervision and training, they are spot on with that." Another care staff told us, "I have done a qualification in care, most of us have an NVQ level three." Staff told us and records showed, they received training in subjects which ensured they had the skills needed to meet people's needs. Staff were able, when asked, to tell us about people's care needs. Where refresher training was due this had been scheduled to take place.

We observed staff practiced in a way that reflected the principles of the Mental Capacity 2005 (MCA). We saw they regularly sought consent from people before attending to their daily living needs. We saw people refusing their consent, for example one person declined to get out of the home's vehicle on return from an activity. Staff respected this choice and spent time sitting in the car with the person until they made their own choice to get out. Records showed that where an individual person was unable to make a decision, relatives, relevant professionals and staff were consulted so that a decision could be made in the best interest of the person.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected. The registered manager had completed DoLS applications for all the people living in the home to ensure that safeguards could be put in place because people did not have the capacity to agree to live in the home. We were informed that so far, three DoLS applications had been approved. We spoke with staff about their understanding of DoLS. Staff told us they had received some training in this area but not all of the staff we spoke with were confident in this topic. One care staff told us they would need to refresh their knowledge when we asked them to tell us about DoLS. We asked one care staff if there was anyone at the home who was subject to a DoLS authorisation. They told us they were not aware of anyone at the home having a DoLS in place.

We observed people were supported with their lunch time meal and were given a choice of when they ate their meals. Staff communicated with people that lunch was ready by given them objects to feel that represented the meal time. Staff guided people to where food and drink was on the table and their eating implements so that people could be as independent as possible. We saw that people were happy and some were smiling whilst eating and people ate well indicating that the food was to their liking. No one was rushed to finish the meal. People were able to leave the dining area when they wanted. People were supported to have sufficient to eat and drink. One person's relative told us, "[person's name] gets plenty to eat."

Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. The provider had invested in providing specialist support for their residential services which including assessments for people who had difficulties eating or drinking. The home could call on these specialists for advice and support. Records showed that people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Staff had supported a "Come dine with me" experience for a person in the home. This had involved a person inviting people they liked from other Sense homes to come for a meal whilst the other people who lived at the home went out to another activity they enjoyed. This meant that the service was looking at new ways to involve people in their experience with food.

Relatives we spoke with told us that the service responded quickly to any changes in people's health. However one relative told us that staff did not always communicate quickly to them if their relative was unwell and they felt this was something the service could improve. People were

Good

Is the service effective?

supported to access a range of health professionals, according to their needs. Plans were in place to ensure that people had routine health checks so as to identify any change in people's health. Where concerns had been identified regarding people's health appointments and referrals had been sought for people with the relevant health professional for advice and input. Following our visit to the home we spoke with a health care professional who had recent contact with some of the people. They told us they had no cause for concern regarding how the home supported people with their health care needs and that staff were proactive in their approach. People's healthcare needs were met.

Good

Is the service caring?

Our findings

Relatives of people told us that the staff were kind and caring and that they were made welcome when they visited the home. One relative told us, "We can visit at any time and staff always chat to us." Another relative commented, "Staff are kind and caring and they know [Person's name] well." Following our visit to the home we spoke with a health care professional who had recent contact with some of the people. They told us that staff were caring and very patient with people.

People were supported to maintain relationships with people who were important to them. Staff helped people to buy and send cards to their relatives, for example on Father's Day. People were also supported to visit their relatives homes if they wanted and staff had arranged day trips and holidays to areas close to where people's relatives lived.

People living in this home had limited abilities to communicate verbally but the staff demonstrated their skills in interpreting people's gestures and body language. We saw that staff communicated well with people and seemed to have good relationships with people. We observed a friendly and relaxed atmosphere in the home throughout the time of our inspection and we observed and heard staff working with people in a way that was kind and compassionate. People were unable to tell us their experiences of the care they received but during our visit we observed people smiling and appearing relaxed and calm. One relative told us, "It is like a home of her own, not a care home."

We brought to the attention of the registered manager isolated incidents where we had observed care practice that needed improvement. This included one member of staff assisting a person to the dining table without first having checked if the person needed support with their personal care. The registered manager informed us they would discuss the issues raised with staff to ensure practice was improved.

People's right to privacy and dignity was respected. Suitable equipment was available to alert people that staff were intending to enter their bedrooms and this also helped to maintain people's privacy. When we talked to staff individually about people's care they spoke with respect about the people they were supporting. Staff gave us examples of how they ensured people's privacy and dignity were maintained. During our visit we observed on several occasions staff closing the door to the toilet when a person had not shut the door. This ensured the person's dignity was protected.

Staff paid attention to people's appearance. All of the people who lived in the home required support with their personal care and people looked well cared for. For example people were wearing clothing that matched and had their personal hygiene needs, such as nail, hair and shaving needs met. This demonstrated staff had an understanding of the importance of supporting people to look good to maintain their dignity.

People were supported to be as independent as possible. People had opportunities to get involved in kitchen and laundry activities. One person had been supported by staff to take some glass bottles to the recycling centre and we were informed the person had really enjoyed the sound of the glass smashing when they dropped them into the recycling bin.

Care records indicated that people were supported by staff to make everyday choices where they were able to. For example regarding what clothes they wanted to wear or what they wanted to eat or drink. Where people achieved something new or enjoyed a particular experience a comment was placed on a display board [WOW board] so that all staff could see. This information sharing helped staff to reinforce improvements and to organise appropriate enjoyable experiences for people.

Good

Is the service responsive?

Our findings

Care was individual to each person and provided at the time and in the way they preferred. One person's relative told us, "Staff know [Person's name] needs well. Another relative told us, "I could not find a better place."

People living at the home had difficulty expressing their needs and preferences, however staff had liaised with people who were important to them, such as relatives, in order to ensure their care plans would reflect their wishes. Relatives we spoke with confirmed that they were in regular contact with the staff and were invited to annual care review meetings. The care plans we saw included people's personal history, individual preferences and interests. They reflected people's care and support needs and contained a lot of personal details. Staff held regular meetings to review the person's well-being and if they needed to change how people were supported.

The well-being of each person was documented in a daily diary. These recorded the person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing and how staff supported people's expressed preferences. This supported our observations that staff were responsive to people's needs. One person had some recent input from a health professional to help them manage a behaviour that had the potential to put them at risk. Staff had recently discussed the advice from the health professional at a review meeting and felt some aspects of the advice received may cause some confusion for the person. The registered manager told us they had not yet relayed this discussion to the health professional involved but would be doing so.

There was a wide variety of activities available for people each day based on what people had shown they liked doing. People had the opportunity to undertake activities as a group and to pursue specific activities that were of individual interest to them. People were challenged to try new interests and at regular meetings about individual's care it was discussed if they had enjoyed them or not enjoyed them. When we arrived at the home one person was on holiday with staff. Other people at the home all had the opportunity to undertake an activity in the community and also to spend time relaxing in the home.

People who lived in the home would be unable to make a complaint due to their communication needs and level of understanding. People's care plans contained information about how individual people would show they were unhappy about something and staff knew about these signs and would act to immediately to put this right.

Relatives we spoke with told us that they had not had to make any complaint about the care their relative received. They were in regular contact with the home and felt able to talk to the manager and knew how to complain if needed. One relative told us. "I would feel very comfortable if we needed to report any concerns, and from what I know of the management they would sort it."

We were informed that the service had received one complaint in the last twelve months. This had been from a neighbour and related to people's privacy not being protected as the window blinds had not been used by staff at the home. We spoke with the registered manager following our inspection and they were able to tell us of the actions they had taken to resolve the complaint and ensure people's privacy was protected.

Good

Is the service well-led?

Our findings

The relatives of people we spoke with were complimentary about the management and the organisation of the home and felt if they raised concerns they would be acted on. One relative told us, "I do feel listened to." Relatives had been sent a survey by the registered manager to ask them about their views of the service provided and the comments were all positive

The home had a registered manager in post at the time of our inspection. We found that the registered manager was supported by a deputy manager and an area manager who provided regular support and advice.

We spoke with the area manager for the home during our inspection. This showed they were aware of the new requirement to introduce the Care Certificate for staff new to the care sector and were aware of the new regulation regarding the duty of candour. Following our inspection we spoke with the registered manager. They told us they had recently attended Audiology training to become a Champion at The Old Coach House and four other homes. They told us the training was fantastic and they had gained a great deal of knowledge regarding hearing loss and the different types of hearing aids that can be used. They told us they were looking forward to delivering the training not only to the Old Coach but to the other managers in their area. These discussions demonstrated that senior managers kept themselves up to date with new developments and requirements in the care sector.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. The provider had not informed CQC of DoLS authorisations as they are required to do. Following our visit the registered manager submitted two DoLS notifications correcting their oversight where these had been authorised.

We found the home had regular meetings and staff had individual supervisions where they could raise ideas and suggestions about the quality of the service and the manager could express their vision and plans for the service's future. We saw that staff had been asked to give examples of where they thought the home was providing good and outstanding care in relation to the five key questions; Is the service safe, effective, caring, responsive and well led. The area manager told us this had helped the staff team to look at what the home was doing well and helped the staff team to understand what was expected by the Care Quality Commission in a good service.

Staff we spoke with told us they felt well supported by the registered manager and the deputy manager. One member of staff told us, "The registered manager is approachable." We saw written feedback from a member of staff that recorded "The deputy manager is very committed to supporting staff and is always willing to put herself out for the needs of people. This inspires staff to do the same."

Quality assurance and monitoring of the quality of the home resulted in improvements in the service. Regular visits were undertaken by the provider and information was collected from audits of the home and staff discussions to produce an action plan for the manager and staff to work through. We saw the existing action plan contained plans to maintain and improve the quality of the service offered.

Risk assessments and checks were carried out regarding the building. Examples included checks of hot water temperatures, the fire alarm systems and fire-fighting equipment. An informal system was in place to check that window restrictors in the home were in good order. The registered manager told us it was intended to formalise these checks in the future and include them on the health and safety checklist that was completed each week.