Sense

# SENSE - 5 Shalnecote Grove

## Inspection report

5 Shalnecote Grove
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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This inspection was undertaken on 9 October 2014 and was unannounced. This meant that the staff and provider did not have notice that we would be visiting. Our findings from this inspection confirmed that the provider was not in breach of any regulations.

5 Shalnecote Grove is a care home that consists of individual flats, there are no communal areas with the exception of an office and staff areas. The home provides accommodation and care for up to six people who have a learning disability and who are living with one or more sensory impairments. People were unable to communicate with us verbally but expressed their feelings through non-verbal communication.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

We saw there were systems and processes in place to protect people from the risk of harm. Relatives of people told us they felt the service kept people safe. Staff were able to demonstrate a good understanding of procedures in connection with the prevention of abuse. The health and welfare needs of people were met because there were sufficient numbers of staff on duty who had appropriate skills and experience. Staff received appropriate training and were knowledgeable about the needs of people using the service.

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 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, including when balancing autonomy and protection in relation to consent or refusal of care or treatment. This includes decisions about depriving people of their liberty so that they get the care and treatment they need where there is no less restrictive way of achieving this. DoLS require providers to submit applications to a 'Supervisory Body', the appropriate local authority, for authority to do so. We found that the home had complied with the requirements of MCA and DoLS.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. People living at the home had been assessed for the risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk.

Where staff had concerns about a person's nutrition they involved appropriate professionals to make sure people received the correct diet. Staff were aware of people's nutritional needs.

We observed people being treated with dignity and respect. People's relatives told us that the staff were kind, considerate and caring. It was apparent to us from our observations that staff were attentive, polite and sought consent before providing care and support.

People were supported to access healthcare services to maintain and promote their health and well-being. They were encouraged to make their rooms at the home their own personal space. People, their relatives or advocates had been involved in the development of the care plans which were reviewed on an annual basis, or more frequently if required. People were supported in a wide range of interests and hobbies, usually on an individual basis, which were suited to their needs.

There were management systems in place to monitor the quality of the home. The relatives of people told us they had found the management team approachable and told us they would raise any complaints or concerns should they need to. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service. This meant that people were benefiting from a service that was continually looking at how it could provide better care for people.

# 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 we spoke with were aware of how to recognise and report signs of abuse and were confident that action would be taken to make sure people were safe.

Where there had been identified risks with people's care needs we saw that these were assessed and planned for.

People were supported by sufficient numbers of staff that were skilled to meet their needs and to maximise their independence.

Good

**Is the service effective?**
The service was effective.

People received care which met their needs and staff consistently followed guidelines.

People were supported to have enough suitable food and drink when and how they wanted it and staff understood people's nutritional needs.

People had access to health care professionals to meet their specific needs.

Good

**Is the service caring?**
The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

Relative's told us that they were involved in the care planning and that their views were considered.

Good

**Is the service responsive?**
The service was responsive.

People received support as and when they needed it and in line with their support plans.

People who used the service were supported to take part in a range of recreational activities in the home and the community which were organised in line with people's preferences.

Good

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

The staff were confident they could raise any concern about poor practice in the service and these would be addressed to ensure people were protected from harm.

Relatives and staff were all complimentary of the registered manager and told us that the home was well managed.

There were procedures in place to monitor the quality of the service and where issues were identified there were action plans in place to address these.

Good

# SENSE - 5 Shalnecote Grove

**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 checked 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 undertaken by one inspector on 9 October 2014 and was unannounced. This meant that the staff and provider did not have notice that we would be visiting. At the time of the inspection there were six people living at the home.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about

the home. Providers are required to notify the Care Quality Commission about events and incidents that occur at their home including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. We had not received any notifications since our last inspection in November 2013. We also received information from two local authorities who had purchased services from the provider. We used this information to plan what areas we were going to focus on during our inspection.

During our inspection we met with all of the people who lived at the home and observed the care and support offered to five people, including the help two people were given at meal times. People living at this home all had a learning disability and were also living with single or multiple sensory impairments. People's needs meant that they were unable to verbally tell us how they found living at the home. During the day we spoke with four members of staff and the registered manager. After the inspection we spoke with the relatives of two people who lived at the home and a lay advocate of one person to find out about their views of the home.

We looked in detail at the care records of three people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service. We also looked at the premises to make sure improvements to the suitability of the environment had been made since our last inspection.

Good

# Is the service safe?

## Our findings

People's relatives and a lay advocate told us that they had no concerns about the care people received or the way in which they were treated. Comments we received included, "They would definitely take action about making [person's name] safe. I have experience of that" and "I have confidence they would keep [person's name] safe. I am aware in the past that an issue of poor practice was dealt with, they are very hot on things like that." We observed staff interacting with people who used the service. We saw that staff acted in an appropriate manner and that people who used the service were comfortable with staff.

The risks of abuse to people were minimised because there were clear policies and procedures in place so staff knew how to protect people in the event of an allegation or suspicion of abuse. The registered manager informed us that all staff undertook training in how to safeguard adults during their induction period and there was regular refresher training for all staff. This was confirmed by staff that we spoke with. Staff were able to explain to us the various forms of abuse that people were at risk of, who they would report this to and which external agencies they could escalate their concerns to if they felt it necessary. One member of staff told us, "I am fully confident if I raised a concern that action would be taken. Staff would not cover for each other, they are all very professional." This meant people were supported by staff who would not tolerate poor or abusive practice.

We observed ways in which staff worked to manage known risks that people may present to themselves. One person was at risk of choking on food. They did not have restrictions placed on them regarding access to their kitchen. The risk had been reduced by having an alarm fitted to their kitchen door. This alerted staff to the person wanting to enter their kitchen so that they could then provide the appropriate support.

We saw that the provider had systems in place to ensure there were sufficient staff available to provide people with the support they needed. The relatives and a lay advocate that we spoke with did not raise any concerns about the staffing arrangements. The registered manager told us that staffing numbers were determined by the needs and dependency levels of the people who lived at the home. They also informed us that recently there had been a number of staff away from work due to illness. We were informed that staff absences had been covered by the provider's own pool of casual staff or by agency staff who had usually worked at the home before. We spoke with staff who told us that whilst it had been difficult they did not think this had a significant impact on people. One member of staff told us, "We have managed and people have all continued to attend their activities" another member of staff told us, "It has been a struggle but we have had cover from casual staff and we are now starting to get casuals who know people well."

We saw that staff spent time with people supporting them to take undertake daily independent living tasks and social activities away from the home. This showed there were sufficient numbers of appropriately trained staff on duty to support people to be independent and to participate in their personal interests.

The registered manager told us that the recruitment process was led by the provider's human resources department. We were informed that all new employees were appropriately checked through robust recruitment processes. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (formerly Criminal Records Bureau). We spoke with a newly recruited member of staff who confirmed that all of the necessary checks had been completed before they had commenced working with people. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. We saw that people who lived at the home had their own lockable medicines cabinet in their flat. During our inspection we observed a member of staff who prepared and administered medicines for one person. This was done safely and the person was encouraged to assist in the administration so that they were as independent as possible. We found that each person had a specific plan detailing how their medicines should be given and the reasons the medication had been prescribed.

We looked at the medication records for three people, these indicated people received their medication as prescribed. The registered manager told us that all staff who administered medication had been trained to do so. This was confirmed by all of the staff we spoke with.

Good

# Is the service safe?

Records confirmed and staff told us that staff who administered medication had been assessed as competent to undertake this activity. This meant that the service had systems in place to help make sure people received their medication safely.

Good

# Is the service effective?

## Our findings

We saw that staff actively engaged with people and communicated in an effective and sensitive manner. We observed that staff used people's preferred method of communication. For example using gestures or signs. All the relatives and a lay advocate we spoke with were pleased with the support their relative received. One person told us that the person who lived at the home continued to progress and gave an example of how their communication skills had improved.

We spent time talking with staff about how they were able to deliver effective care to the people who lived at the home. We saw that staff had the skills and knowledge they required to meet people's care needs. This was supported by comments we received from a relative and a lay advocate of a person at the home. They told us, "Staff understand [person's name] and his needs are met in the way he wants them to be" and "Staff seem well trained to meet [person's name] need's. The training provided by Sense is comprehensive and is above what I have seen at other homes."

All of the staff we spoke with told us that they were supported and well trained. One member of staff told us they had previously raised an issue regarding a training session they had attended. They told us that their comments had been listened to and that they had been provided with additional training. This meant that people were supported by staff who had up to date knowledge about how to provide effective care to people.

The majority of staff had worked at the home for some time and had got to know people's needs well. Observations of staff supporting people living at the service showed that they knew people well. We saw that staff provided people with appropriate support that took account of the information in their plans of care. During our inspection we spoke with one member of staff who had recently started work at the home. They told us they had received a detailed induction and had initially worked alongside another member of staff so they were supported to learn about people and their needs promptly. This was a way of helping people feel confident and comfortable with new staff as quickly as possible.

The registered manager told us there was no one living at the home who was currently subject to a Deprivation of Liberties Safeguard (DoLS). They demonstrated they were aware of the recent Supreme Court ruling. We observed that DoLS applications were in the process of being made to the local authority to make sure that the human rights of people who may lack mental capacity to make decisions were protected. Staff we spoke with during our visit were able to tell us how they sought consent from people and gave us examples where people had refused their consent, for example in regards to medical treatment. During our visit we observed staff administering medication to one person. Before this took place a member of staff ensured the person had consented to our presence in their flat. Records showed that staff had received training in the Mental Capacity Act and the manager told us that further training was planned via E-learning. This showed us the service was able to work in line with the legislation laid down by the MCA.

We observed that people had been supported to have sufficient to eat and drink. One person, whose fridge was nearly empty of food went out with staff during our visit to choose and purchase food. We saw that other people's refrigerators were well stocked with a variety of fresh produce for main meals and snacks. Staff helped people to eat when they were ready and we saw that meals were served at different times to accommodate people's activities, waking times and preferences.

Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. 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. Care plans showed that people received support from other health professionals such as dieticians when necessary in order to assess their nutritional needs. This demonstrated that staff had information on how to meet people's nutritional needs.

One person was supported towards achieving a healthy weight as they had been assessed as being under weight. Their daily food and drink intake was recorded and regularly reviewed to identify if their nutritional requirements were being met. Weight records showed that they were being successful in increasing their weight. Relatives and an advocate told us "Staff always try and encourage a healthy diet" and "Person's name] has some particular needs regarding their nutrition and weight, staff have been very diligent in monitoring this."

Good

# Is the service effective?

Relatives told us that people received support with their health care. Relatives comments included, “They always try to meet [person’s name] health needs but they also take account of what [person’s name] wants.” We saw that each person had a healthcare folder which included a health action plan. These detailed people’s appointments with healthcare professionals and showed people attended the health checks that they needed to stay healthy. One person became very anxious and usually refused dental treatment. Staff told us they were arranging a visual dental examination without all of the usual dental equipment as they thought this would be less frightening for the person. This showed that an individual approach was taken so that people were supported to access healthcare services to maintain and promote their health and well-being.

The provider had invested in employing trained staff who could provide specialist support for their residential services. These staff were trained in completing assessments for people who were at risk when eating or drinking. Following assessment, guidelines were produced which gave care staff information on how to reduce risk.

People had their own individual flat that provided a physical environment that was aimed at meeting the specific needs of the people who lived there. Tactile images were provided and there were colour changes to handrails, sockets and light switches making them more visible to people with sight impairment. People had been encouraged to make their flats their own personal space. Flats reflected people’s personal interests and there were ornaments and photographs of family and friends, personal furniture and their own pictures on the walls.

At the last inspection in November 2013, we asked the provider to take action to make improvements to the suitability of the environment as we found that several kitchens were in a poor state of repair. At this inspection we found that refurbishment of the kitchen’s had taken place. Staff told us that the environment met people’s needs.

Good

# Is the service caring?

## Our findings

People could not tell us themselves of their experience although two people were able to make it clear to us that they were happy at the home. Relatives told us, “All the staff seem very caring” and “The staff are all very caring and show devotion to [person’s name]. Several staff have a close relationship as they have known [person’s name] for a long time.”

The home had a display board which they used to record and share people’s achievements. This was a way that people’s achievements were recognised and were a way of helping people to feel that they mattered. One person was being supported to complete ‘scrapbooks’ of special events and activities that were important to them. The registered manager told us, “It brings [person’s name] life to life, shows [person’s name] has history, and has done things.” One of the scrapbooks showed that the person had been involved in a charity event in memory of a relative. Their other relatives had been invited so that they could share in this person’s achievement.

We observed throughout our visit staff assisting and supporting people in a kind and caring way. There was a relaxed atmosphere in the home and staff we spoke with told us they enjoyed supporting the people living there and were able to share a lot of information about people’s needs, preferences and personal circumstances. One member of staff told us, “[person’s name] is fantastic. He knows what he wants and he is able to make choices for himself.” One person enjoyed the feeling and texture of an object in water. Arrangements were in place so that they could undertake this activity whenever they chose to without it having to be facilitated by staff.

Staff supported and respected people’s choices. We saw one person choosing what they wanted to eat for their lunch, another person chose to spend time alone in their bedroom. Some of the people who lived in the home required support with their personal care, we saw that people looked well cared for. People were wearing clothing that matched and had their personal hygiene needs, such as nail, hair and shaving needs met. People’s care records showed that people were supported to choose the clothes they wanted to wear. This showed that staff respected people’s dignity by recognising the importance of looking good.

We saw staff communicated with people in a variety of ways, including drawing pictures and signing. Information in people's care plans about their preferred method of communication was very detailed. Staff we spoke with were able to explain people’s preferred method of communication and how they would express themselves if they were unhappy with the home. Relatives of people who lived at the home confirmed that they were encouraged to provide feedback and make their views known. One relative told us, “I’m involved in review meetings and they always discuss decisions with [person’s name].” This meant that the home included people’s relatives when planning care.

The staff we spoke with had a good appreciation of people’s human rights including privacy, respect, and dignity. People all lived in their own individual flats where they had their own lounge, kitchen and bathroom. There were systems in place to alert people that staff were coming into their flat that took account of the person’s disability, for example when a doorbell was rung a light flashed in one person’s flat. One relative told us, “Staff respect privacy. They have always rung the doorbell to the flat when I am visiting.”

# Is the service responsive?

## Our findings

People living at the home had difficulty expressing their needs and wishes verbally, however staff had worked with people (and others who were important to them) to support people to express themselves through non-verbal communication. We observed the staff were responsive to people's needs. One relative told us: "I am positive about Sense's ability to provide a service that meets [person's name] needs."

We saw that people who lived at Shalnecote Grove and family members were involved in planning their care. Relatives confirmed that they were in regular contact with the staff and were invited to care review meetings. We checked the outcomes for one of these meetings and found that actions suggested to improve a person's life had been acted upon. This meant that the home was focussed on the needs of the people who lived there.

We looked at three people's care files. These gave detailed information about people's health and social care needs. We saw they were individual to the person and included lots of information about people's likes and preferences. In the records we viewed we saw that risk assessments had been carried out for people on an individual basis which had identified issues such as evacuating the premises in an emergency, behaviours that were challenging to the service and swallowing difficulties. For one person we found that their risk assessments had not been reviewed for 18 months. Information we received from a local authority commissioning officer indicated that they had highlighted the risk assessments as requiring review at their visit in January 2014. The registered manager was able to evidence that actions were now in progress to make sure the information for this person was still current. Whilst there had been a delay in reviewing the assessments this showed the service was now taking action to help people achieve their goals with minimum risk.

People were supported to access education and activities which were important to them. We found that there was a wide variety of activities available for people each day based on what people had expressed they liked doing. Examples included two people who were currently involved in undertaking some voluntary work in a charity shop and one person who regularly attended football matches. We saw in records that holidays were planned around people's likes and dislikes. We saw that people were supported to undertake the hobbies and interests they wanted to do. For example during our visit one person was supported to take part in looking at catalogues and drawing which they enjoyed, another person listened to music. People's activity needs were discussed regularly by the care staff and this enabled options of new activities to be considered. The wellbeing 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. This supported our observations that staff were responsive to people's needs

People were encouraged to visit their family members and to keep in touch. People's individual flats had photographs on display of people that were important to the person. Where people's relatives did not live close by the staff supported people to visit or to stay in contact using alternative methods. One person was being supported by staff to keep in touch with friends and family via social media. This showed that people were supported to maintain relationships with people that were important to them.

Regular meetings were held to discuss any changes in people's needs and outcomes of their experiences so that personal plans reflected people's current needs. The registered manager told us that feedback was gained from people's relatives and a lay advocate via direct conversations and at people's review meetings. He told us that the service did not currently seek people's views through the use of surveys or questionnaires but this was something that would be considered. Relatives and a lay advocate told us that their views were taken into account. They told us, "The staff have always listened to my views and have acted on any suggestions I have made." "I feel I can raise any concerns I have and I would be listened to" and "The manager takes on board any comments I make and takes action." This showed that people were listened to and their comments used as an opportunity for improvement.

The registered had endeavoured to make the complaints procedure available in formats that people could understand. Some people at the home would be unlikely to be able to make a complaint due to their communication needs and level of understanding. If people were unhappy about something their relative may have to complain on

# Is the service responsive?

their behalf. People's care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy.

The registered manager told us that whilst they had not received any complaints regarding people's care, concerns and complaints were welcomed and would be addressed to ensure improvements where necessary. People could therefore feel confident that they would be listened to and supported to resolve any concerns.

Good

# Is the service well-led?

## Our findings

All of the relatives we spoke with and a lay advocate told us that the registered manager was approachable and available if they needed to speak with him. They told us, "The home is well managed. I can ring the manager's directly on their mobiles and they usually return the call very quickly" and "The manager is very approachable."

Prior to our visit we received feedback from two local authorities who have placed people at the service. Neither raised concerns about the care people were receiving. One local authority told us they had requested information from the service but that this had not been responded to. The registered manager told us they were not aware of this request but would take action to address this issue. This meant that the current systems in place may not always ensure the service is consistently working in partnership with local authorities.

Staff told us that they had opportunities to contribute to the running of the home through regular staff meetings and supervisions. All of the staff spoke positively about the leadership of the home. One member of staff told us, "Out of all the places I have worked this is the nicest." Another staff told us, "On the whole I think the home is well managed and we [the staff] all work well together." All of the staff told us they would feel confident to report any concerns or poor practice if they witnessed it.

Staff received support to maintain a quality service. Staff told us that the registered manager listened and took action when they made suggestions or raised concerns. One member of staff told us they had recently raised an issue regarding the condition of one person's lounge and bedroom carpets. They told us that action was being taken and that carpet fitters had been to the person's flat to measure for new floor coverings to be fitted.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Recently the service had been trialling the use of alarm call fobs that people or staff could use to summon assistance. This project had been led by a member of staff rather than the registered manager to make sure that staff felt were fully involved and their views were valued.

Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences. We looked at the actions that had been taken in response to a medication error. The incident had been investigated and an action plan put in place that addressed issues of training and support for the staff involved.

We spoke to the registered manager of the home and he demonstrated good knowledge of all aspects of the home including the needs of people living there, the staff team and his responsibilities as manager. The registered manager was aware of other initiatives in other Sense homes local to them as well as the provider's national initiatives.

Support was available to the registered manager of the home to develop and drive improvement and a system of internal auditing of the quality of the service being provided was in place. We saw that help and assistance was available from a regional manager. Records showed that the regional manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered. Where improvements had been identified as needed then action plans had been completed about how these would be achieved.