Sense

SENSE - 35 Hawthorn Road

Inspection report

35 Hawthorn Road
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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 took place on 28 January 2016 and was unannounced. The service was last inspected in November 2013 and was meeting all the regulations. SENSE- 35 Hawthorn Road provides accommodation for a maximum of five adults with learning disabilities, physical disabilities and sensory impairments. People living in the home were unable to verbally tell us about the care they received but did communicate with us through other forms of non-verbal communication. We observed how care was provided to people and whether people appeared happy living at the home.

The home is required to have a registered manager. There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We saw that people were safe by observing care and through speaking with staff and relatives. Staff had a good knowledge of safeguarding practice and how to

Summary of findings

apply this knowledge to their role of supporting people at the service. We saw that there were sufficient staff available to provide care safely. Medicines were managed safely and people received the level of support as detailed in their care plan.

People were supported to make choices and we saw that consent was gained from people before staff assisted them. Staff that we spoke with understood how to support people in line with the Mental Capacity Act (2005). Some people living at the home had authorisations in place to deprive them of their liberty. Staff were not aware of these authorisations. However, people were supported in the least restrictive way.

Through our observations we saw that staff knew people well and understood people's different methods of communication. Relatives informed us that they thought the staff were caring and that their family member was happy living at the home. People appeared relaxed and comfortable whilst interacting with staff.

Care had been planned around each person's individual needs. Staff were able to describe how people preferred to be supported and told us how they worked with people to find out what they liked and didn't like. We observed staff responding appropriately to people's requests. There were systems in place to review people's care at different intervals to ensure that people were happy with the care they were receiving. People were given opportunities to partake in activities based on their interests.

Staff told us they had received sufficient training to carry out their role effectively and we saw there were processes in place to plan training to ensure staff kept up to date with best practice. Staff felt involved in the running of the service and had opportunity to feedback to the management of the home through supervisions and staff meetings.

We saw that people were encouraged to maintain their independence and that where needed equipment had been purchased to achieve this.

People were supported to eat healthily and we saw that people's preferences for food had been incorporated into menu planning. Each person had access to regular planned healthcare and staff had been informed of the level of support people needed.

Relatives informed us that they were happy with how the service was managed. Monitoring systems were in place to measure and maintain the quality of the service provided to people. The registered manager had ideas of how he wanted to improve the service by introducing interactive technology to aid people's communication.

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.

People were supported by staff who were aware of the signs of abuse and the action to take should they be concerned.

Staff were recruited safely and there were sufficient staff available to support people's individual needs.

There were systems in place for the safe management of medicines.

Good

Is the service effective?
The service was effective.

Staff had received training to understand and meet people's individual needs.

People had access to healthy meals that met their preferences and individual dietary requirements.

Staff understood and carried out support in line with the Mental Capacity Act (2005).

Good

Is the service caring?
The service was caring.

Relatives told us that staff were caring in their approach. Staff knew people well and staff told us they enjoyed supporting people.

People's dignity and privacy was respected.

People had their individual needs assessed with input from people who knew them well.

Good

Is the service responsive?
The service was responsive.

People were encouraged to take part in activities based on their individual interests.

The service monitored whether people were happy with their care and relatives knew how to raise complaints should they need to.

Good

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

Relatives and staff said the management of the home were approachable and staff felt supported in their roles.

The registered manager monitored the quality and safety of the service to ensure the service was delivered safely.

Good

SENSE - 35 Hawthorn Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on the 28 January and was undertaken by one inspector.

As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences which put people at risk of harm. We refer to these as notifications. We reviewed the notifications that the provider had sent us and any other information we had about the service to plan the areas we wanted to focus our inspection on.

We visited the home and met the five people who were living at the home. People who lived at the home were unable to communicate verbally due to their health conditions. We spent time observing how people were supported in the communal areas of the home and we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We spoke with the registered manager and three members of staff. We looked at records including three people's care plans and two medication administration records to see if people were receiving care which kept them safe. We looked at three staff files including a review of the provider's recruitment process. We sampled records from training plans, staff meetings, incident and accident reports and quality assurance records to see how the provider assessed and monitored the quality and safety of the service.

Following the inspection we spoke with two staff and three relatives of people who lived at the service for their views of the service.

Good

Is the service safe?

Our findings

We observed people being supported to receive safe care that promoted their freedom and independence. We observed staff guiding people around the home and in the garden using safe manual handling techniques. People's relatives told us they felt their relative was safe and were able to describe action that staff took to keep their relative safe.

Staff that we spoke with were able to describe the possible types of abuse people were at risk from and told us about the action they would take to keep people safe. Some of the staff had worked at the home for many years and knew people well. Staff explained that this was important as they would be able to notice any small changes in behaviour that may indicate abuse. Staff had received training on safeguarding people and were able to tell us the providers safeguarding policy. Staff were confident that the registered manager would act on safeguarding matters but were also aware of other agencies they could contact if they felt the manager had not taken appropriate action. The registered manager was aware of their responsibilities for safeguarding people and described action they would take should they have any concerns. This meant people were supported by staff who had the knowledge to recognise potential abuse and knew what action to take should they be concerned to keep people safe.

We looked at the ways in which the service managed risks to people living at the home and found that individual risks to people had been identified and when necessary action had been taken to reduce the risk for the person. There was evidence that the home supported people to take appropriate risks to retain their independence. We saw that staff supported people in line with these risk assessments. People were being supported to remain safe.

We saw that where accidents or incidents had occurred appropriate action had been taken to check on the person's well-being. Accidents had been recorded and the registered manager told us that these were reviewed to analyse the cause of the accident and measures put in place to reduce the chance of reoccurring incidents to the person.

There were sufficient numbers of staff available to meet the needs of the people living at the home on the day of the inspection. Staff that we spoke with told us that there were sufficient staff available to support people. The registered manager informed us that staffing levels were increased to enable people to take part in certain activities that may have required higher levels of staff support. We looked at the processes in place for safe staff recruitment and found that these included obtaining Disclosure and Barring Service (DBS) checks to ensure people employed were safe to be working with people. Further checks carried out such as obtaining references from previous employers had also taken place to assess the person's suitability for the role. The service had access to known agency and bank staff to maintain designated staffing levels should regular staff be absent or unwell. This meant that people could be assured of receiving the support they required at all times.

People were being supported to receive their medicines safely. People living at the service required full support to take their medicines. We saw that medicines were stored safely and that systems around medication management were safe. We observed staff administer medicines safely in a way that promoted people's dignity and encouraged people's involvement as far as possible. Staff had access to information about the level of support people needed to take their medicines and knew what action to take should someone refuse their medicines that day. Only staff who had received training in medicine administration were able to support people with their medicines. Staff told us about checks the registered manager carried out to ensure they were competent to administer meds. The registered manager informed us that after a staff member had been deemed as competent, checks were completed regularly to ensure staff had retained their abilities to administer medicines safely.

Good

Is the service effective?

Our findings

Throughout the inspection we saw staff supporting people using different skills that demonstrated that they understood the needs of people. This included using communication techniques that were specific for each person. Relatives told us that staff had got to know their relative well and spoke positively of staff members. One relative commented, "I'd give them full marks they know him so well."

All the staff we spoke with told us they had received sufficient training to carry out their role effectively. This included specific training around the communication needs of the people living at the home. We saw that training was planned and systems were in place to alert the registered manager when training needed refreshing. Staff told us that if they wanted to complete work related training that was not routinely delivered then the registered manager would arrange this for them. The registered manager informed us that new staff had to complete the care certificate. This is a nationally recognised induction course for new staff and provides care staff with knowledge of good care practice. One member of staff that we spoke with confirmed that they were being supported to complete the care certificate presently. Staff informed us that they had regular supervisions and also felt confident in speaking to the registered manager at any time should they need support. People were being supported by staff who had the skills to meet their needs.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

We found that people were being supported in a way that reflected the principles of the MCA. We saw that people were offered choice in all aspects of their care. Staff were able to tell us how they offered choice and sought consent from people and we saw staff seeking consent before supporting people. Staff understood that people had the right to refuse support and one staff said, "I would respect her decision and come back later." Staff we spoke with had a good knowledge of the MCA and how to support people following the principles of this legislation. We saw that training in MCA had occurred some time ago and there were plans to provide staff with further training on this.

Applications for DoLS had been made for all the people living at the home. These applications had been sent to the appropriate authority to gain authorisation to support people in this way. Staff informed us that they had received some training in DoLS. Some staff were not aware that DoLS applications had been authorised. We observed practice that was not unduly restrictive. Despite some restrictions been in place, people were able to freely move around all areas of the home and people were encouraged to take part in activities outside of the home on a near daily basis to minimise the effect of restrictions on their care.

Assessments of people's capacity and DoLS authorisations were not available to view at the inspection. Following the inspection we received assurance that assessments of capacity for specific decisions had been carried out and that DoLS authorisations were in place for some people.

At meal times we saw that where people needed support to eat this was carried out in a dignified way and followed the level of support detailed within people's care plans. Where people had specialist dietary needs we saw that guidance had been sought from the appropriate professionals and that this guidance was available for and followed by staff. We saw that people were encouraged to remain independent when returning plates and cutlery to the kitchen once used. Where people had made requests for foods we saw staff respond appropriately. Menus were planned based on what the people living at the home liked to eat and drink and showed consideration of promoting healthy eating. People were being supported to have their dietary needs met.

People were receiving appropriate support to maintain their health. We saw that each person had a health action plan which detailed the level of support the person needed in different healthcare settings although this hadn't always been updated. One person hadn't attended healthcare appointments at the frequency stated in their health action

Good

Is the service effective?

plan due to specialist support not been available. We spoke to the registered manager about this and they assured us that they were seeking out support to remedy this. All other people's care records showed that they had accessed routine appointments with healthcare professionals to maintain their health. Relatives that we spoke with informed us that they were involved in healthcare decisions.

Good

Is the service caring?

Our findings

We observed staff working with people in a kind and caring way. People appeared relaxed and happy in the company of staff and through observing staff interactions with people we could see that staff knew people well. Relatives of people living at the home commented that their family member was happy living at the home. One relative said, "She gets very good care, they look after her well." Another relative said, "[name] couldn't be in a better place." Further comments included, "I have nothing but praise for the individual staff who have cared for her."

Staff told us that they enjoyed working at the home and one staff member stated that, "Working with people is great." Another staff member said that the best part of the job was supporting the people at the home and told us, "It's all about them" and "I want to get them involved in life." When we spoke with staff about the people they supported staff described people's personality and character firstly and then described the support they needed. People were being supported by staff who enjoyed being in their company.

All the people had lived at the home for many years. Relatives that we spoke to described the home as, "They are like a little family there." Although people living at the home could not communicate verbally there was evidence that people's preferences for support and likes and dislikes had been reflected in their care plan. Care plans detailed what was important to the person and described in detail how a person liked to be supported and the routines that were important to them. This information had been gathered from family and people who were important to the people at the service and from staff who had worked with people over a number of years.

Although people could not verbally communicate each person had developed their own communication style which staff knew well. Each person's style of communication had been described in detail within their care plans and staff were able to describe how to communicate with each person and how to respond in a way which was important to the person. The service had communication aids available for people to use that were individual to that person to help them communicate their needs. We saw staff respond to people's differing communication needs appropriately and consistently.

People were supported to maintain relationships with family members who were important to them. Most of the people living at the home had family members who lived some distance away. Relatives told us about the visits people made, accompanied by staff, to family members homes to maintain relationships with those who were important to them.

People's right to privacy and dignity was respected. Relatives told us that staff treated people with dignity and one representative of a person said, "Staff treat and respect her as an individual person in her own right." People who had sight impairments had systems to alert them when a staff member was entering their bedroom. This demonstrated that the service had recognised and acted on the person's right to privacy.

People were supported to remain as independent as possible. Care Plans detailed the tasks that people could complete independently and what areas they needed support in. We saw that independence was emphasised throughout people's care plans. We saw that the service had purchased specialist equipment that supported people's independence. The decoration of the building had been altered to meet the needs of the people living at the home. This included painting doorways a more prominent colour so that people with sight impairments could differentiate between the wall and a doorway. This aided independent movement around the home and reduced the need for people to rely on staff for assistance with movement.

Good

Is the service responsive?

Our findings

All the people had lived at the home for many years and we saw that people living at the home interacted positively with each other. One relative told us that their family member had become close with another person living at the home and that they were friends. People's life histories had been recorded in their care plans with specific mention of family members and friends who were important to them.

Throughout the inspection we observed staff acting responsively to people's requests for support. This included following guidelines for supporting people when they may have been upset about something and using different communication aids to offer choices.

We saw that people had reviews of their care with people who were important to them. These person centred reviews were attended by the person and discussed what had worked well for the person and what would be suitable plans for the next twelve months. Following a person's review action plans were put in place to ensure that any action identified was carried out. Peoples care was also reviewed on a monthly basis by staff within the home to monitor any changes in a person's support needs and we saw there were systems in place to address any issues that needed following up. Although a named member of staff took responsibility for the meeting, other staff could contribute to the review.

The registered manager explained that activities were planned with the person, based on their known preferences, and staffing levels were altered to meet people's requests. We saw that people had participated in a wide range of activities which had been planned around people's preferred activities. Staff explained that they found out what people liked and didn't like by trying out different life experiences with people and then noting their reaction to the experience. One staff member described how they reviewed the activity in stages to determine which part the person liked and why. This meant that people had the opportunity to participate in new life experiences but staff were actively aware in evaluating whether this experience should be repeated or not. Staff told us that people were supported to go on holiday, often abroad, where this had been identified as important to the person.

There were systems in place for staff to share important information between themselves to ensure continuity of care for the person.

People living at the home were unable to make official complaints or recognise any form of written or pictorial information. People's care plans detailed ways in which a person would demonstrate that they were unhappy and staff were able to tell us what they would do to resolve the situation. The service had also developed key worker reviews which happened regularly as a way of monitoring if people were happy with the care they received.

There was a formal complaints procedure available for relatives, staff or visitors to the home. Relatives told us that they were aware of the procedure but had had no reason to raise a complaint with the home. The registered manager informed us that there had been no formal complaints in the last year.

Good

Is the service well-led?

Our findings

Relatives of people living at the home were happy with how the service was managed. One relative said, "I think he's brilliant. He's the best manager she's had."

The registered manager was aware about requirements to inform the Care Quality Commission of specific events that had occurred in the home although we had not received notification of all approved applications to deprive someone of their liberty. The registered manager had some knowledge about what changes in regulations meant for the service.

There was a clear leadership structure in place that staff understood. The registered manager was supported by a deputy manager which ensured continuity of leadership should the registered manager be unavailable to offer support and guidance to staff. The registered manager told us that they received support from managers of the providers other homes and from their area manager.

Staff that we spoke with felt supported in their role and comments from staff about the registered manager included, "[name] creates a happy, positive environment" and "He's really easy to talk to, really good." One staff member gave examples of how the service had made adjustments to their work to allow this staff member to work more effectively. Staff meetings took place regularly and staff told us they were able to suggest items for discussion. Staff felt able to make suggestions for improvements in the service and were able to cite examples of when suggestions had been implemented to provide people living at the home with a better service.

Relatives commented that the service always kept them up to date and involved them in decisions about their family members care. The registered manager informed us that they were due to carry out monitoring questionnaires about the service in the next couple of months. These would be sent to family members to seek their views on the quality of the service. This meant the service involved others to monitor the quality of the service.

We saw that there were further systems in place to monitor the quality of the service. The provider carried out quality audits at different time intervals during the year. These audits measured different aspects of the quality and safety of the service. We saw that action plans with time schedules were drawn up after these audits. This meant that the provider could be assured that the quality of the service was meeting their expectations.

The registered manager told us how they wanted to develop the service. Future developments which were in the process of being actioned included introducing technology to help people communicate and to stay in touch with family members.