

Sense

SENSE - 163 Newington Road

Inspection report

163 Newington Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

This inspection took place on 3 August 2016 and was unannounced.

Sense- 163 Newington Road is a care home for adults who have sensory impairment and learning disabilities. The service is run by the national charity Sense, and can provide care and support for up to four people. The service is situated in a residential area of Ramsgate. There were four people living at the service at the time of the inspection. Most people had lived at the service for a long time and some people had very complex physical needs. The accommodation was on one level. There was a communal lounge, conservatory, dining room/kitchen area and a small garden. Hallways were wide and accessible so people in wheel chairs could move around the service. Each person had their own bedroom which contained their own personal belongings and possessions that were important to them. The service had its own vehicle to access facilities in the local area and to access a variety of activities.

There was a registered manager working at the service and they were supported by a deputy 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The registered manager, deputy manager and staff supported us throughout the inspection.

The registered manager had been in charge at the service since it had opened 11 years ago. They knew people and staff well. The registered manager was passionate about giving people the care and support they needed in the way that suited them best. They were committed to improving people's lives. The registered manager was supported by a dedicated, stable staff team who had also worked at the service for many years.

People's medicines were not always handled and managed as safely as they could be. Temperatures where medicines were stored were not checked. When people needed medicines on an 'as and when' basis the guidance was not in place to make sure these were given consistently. Some medicines were decanted from their original packaging into containers. This increased the risk of mistakes being made. This was a breach of the regulations.

Risks to people's safety were assessed but the guidance on how to keep some risks to a minimum had not been recorded. Some assessments identified people's specific needs, and showed how risks could be minimised but other risk assessments did not contain all the information to make sure staff had all the guidance and checks needed to mitigate risks. Staff knew people well and had given the appropriate care and support. This is an area for improvement.

The registered manager and staff team carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. Audits and monitoring systems ensured that any shortfalls or areas for improvement were identified and addressed

promptly. There were systems in place to review accidents and incidents and make any relevant improvements as a result. Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Fire safety checks were carried out regularly throughout the building and there were regular fire drills so people knew how to leave the building safely.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People received care that was personal to them. People indicated and said they were satisfied and happy with the care and support they received. Staff understood people's specific needs well and mutual good relationships had developed. People were settled, happy and contented. Staff were caring and respected people's privacy and dignity. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally staff anticipated or interpreted what they wanted and responded quickly. Throughout the inspection people were treated kindness and respect. People were able to make choices about their day to day lives. Everyone had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. Care and support was planned around people's individual preferences and needs.

People were involved in activities which they enjoyed and were able to tell us about what they did. Planned activities took place regularly and there was guidance for staff on how best to encourage and support people to develop their interests, skills and hobbies. Staff supported people to achieve their personal goals.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people in a calm, friendly manner which people responded to positively. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent.

The registered manager and staff were effective in monitoring people's health needs and seeking professional advice when it was required. Staff followed the advice that they were given.

The provider had taken steps to make sure that people were safeguarded from abuse and protected from the risk of harm. Staff had been trained in safeguarding adults and were confident that the registered manager would take action in the event of any suspicion of abuse. Some staff were unsure of the agencies they could report abuse to outside the organisation. Relatives told us that people were cared for in a way that ensured their safety and promoted their independence.

Relatives felt their views were listened to and acted on. People and their relatives felt comfortable about complaining. If they raised a concern they would be taken seriously and felt confident that their concerns would be looked into and action taken to resolve them. There was a close relationship and good communication with people's relatives.

People were supported to have a nutritious diet. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and

liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLs applications had been made to the relevant supervisory body in line with guidance.

The management team made sure the staff were supported and guided to provide care and support to people enabling them to live fulfilled and meaningful lives. New staff received a comprehensive induction, which included shadowing more senior staff. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Some people used British Sign Language (BSL) to communicate and staff had received training so they could communicate effectively with people.

Staff said they could go to the registered manager at any time and they would be listened to. Staff fully understood their roles and responsibilities as well as the values of the service and the organisation. All staff worked hard and were dedicated to provide the best level of care possible to people.

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and receive the care and support that they needed. There were enough staff to take people out and to do the things they wanted to.

The registered manager had sought informal feedback from people, relatives and other stakeholders about the service. Not all the feedback had been analysed to drive improvements to the quality and safety of the service. This is an area for improvement. Relatives had recently been asked to complete a questionnaire so feedback could be analysed to improve the service. Staff surveys had been undertaken across the company and improvements had been made as a result of these.

Staff told us that the service was well led and that the management team were supportive. The registered manager was aware of and had been submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not completely safe.

People's medicines were not always managed as safely as they could be.

Risks to people were assessed but there was not always clear guidance in the care plans to make sure people were as safe as possible. The registered manager monitored incidents and accidents to make sure the care provided was safe.

There were enough staff to meet people's needs.

The provider had taken steps to protect people from abuse and operated safe recruitment procedures.

The service and its equipment were checked regularly to ensure that they were maintained and safe.

Is the service effective?

Good 

The service was effective.

Staff received induction, training, support and supervision to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make important decisions about their lives.

People were supported to prepare and eat wholesome and nutritious food.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good 

The service was caring.

People were treated with respect and dignity, and staff were helpful and caring. Staff communicated with people in a caring, dignified and compassionate way. There was a visible person centred culture and people were supported to express their views.

People and relatives valued their relationships with the staff team. Staff knew people well and knew how they preferred to be supported. People's privacy and dignity was respected.

People were encouraged to be as independent as possible and staff had promoted people's individual needs around privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care.

People were supported to make choices about their day to day lives. People were able to undertake daily activities they had chosen and wanted to participate in. People had opportunities to be part of the local community.

There was a complaints procedure in place. People were supported to raise any concerns. Their views were taken into account and acted on.

Is the service well-led?

Good ●

The service was well-led.

There was a clear set of aims at the service including supporting people to be as independent as possible.

Staff were motivated and led by the registered manager. They had clear roles and responsibilities and were accountable for their actions.

Checks on the quality of the service were regularly completed.

Staff, people, their visitors were asked for their views about the service. Stakeholder's views had not been asked for and analysed to drive improvements.

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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.

The inspection took place on 3 August 2016 and was unannounced. It was carried out by one inspector, this was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

As part of our inspection we spoke with and communicated with three people at the service. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We spoke with the registered manager, the deputy manager and four members of staff and the area manager. We observed staff carrying out their duties, such as supporting people to go out and helping people with their lunch and drinks. We spoke with two relatives.

We reviewed a variety of documents which included three people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Sense –163 Newington Road on 31 January 2014 when no concerns were identified.

Is the service safe?

Our findings

People indicated and said that they felt safe. They were happy, smiling and relaxed with the staff. People indicated or asked staff when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests.

A relative said, "We don't have to worry when we are at home. We have every confidence that the staff will look after (our relative)".

Medicines were not managed as safely as they should be. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff were not fully adhering to the policies and procedures. Staff were secondary dispensing some medicines. This meant that staff were re-packaging a medicine that has already been dispensed by a pharmacist or a dispensing doctor. In doing this there was an increased potential for drug errors to occur. The registered manager told us they had been advised to do this by a pharmacist.

People received their medicines when they needed them. They were monitored for any side effects. Some people received medicines 'when required', like medicines to help people remain calm. There was no guidance for staff to tell them when they should give these medicines and what they should do to support the person to try and avoid giving the medicine. There was a risk that people may be given their medicines inconsistently. The effects of the medicines people received was being monitored. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

Staff were not checking and recording the temperature of the cupboard where the medicines were stored. Medicines need to be stored at below 25 degrees Celsius. If temperatures go above this it can reduce the effectiveness of medicines. On the day of the inspection the temperature of the cupboard was 25 degrees Celsius. The registered manager took immediate action to address some of these shortfalls.

Medicines storage and administration was not consistently safe. This is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

The medicines cupboard was clean and tidy, and was not overstocked. There was evidence of stock rotation to ensure that medicines did not go out of date. Bottles of medicines were dated when they were opened so staff were aware that these items had a shorter shelf life than other medicines, and this enabled them to check when they were going out of date. When staff gave people their medicines they signed the medicines administration records (MAR). The medicines given to people were accurately recorded. Some items needed storage in a medicines fridge. The fridge temperature was checked daily to ensure medicines were stored at the correct temperatures. Regular checks were done on the medicines and the records to make sure they were given correctly. The staff recorded accurately and consistently when people had creams and sprays applied to their skin to keep it healthy and intact. Medicine audits were regularly carried out by staff and the local pharmacy.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available. When people had been diagnosed as having conditions like diabetes the risk assessments did not inform staff at what point they should seek medical advice if the person's blood sugar levels were too high. This had been discussed with health care professionals but no definite guidelines had been agreed. Staff knew people very well and were able to explain the action they would take if they had any concerns. Some people were at risk of developing pressure sores. They had all the equipment in place like special chairs and mattresses. People's skin was monitored and there was guidance in place to apply creams and sprays to people's skin if any deterioration was seen. People did not have any pressure sores. However, the risk assessments did not contain the information about what the staff were doing to make sure people were skin was kept as healthy as possible. Checks were not made on the mattress to make sure it was working effectively at all time. There was a risk that care and support might be inconsistent. These are areas for improvement and the registered manager agreed to address these.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were at risk of falling. When one person's risk of falling had increased at night the registered manager made sure there was extra staff on duty to keep them safe. As the risk decreased the extra staffing was reduced and other safety measures were introduced, like alarms to alert staff if people got out of bed. There were assessments in place for when people received their diet through a special tube going into their stomach and for when people had behaviours that were considered a risk. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were safe and protected from harm in these situations. This reduced the potential risk to the person. People accessed the community safely on a regular basis. When people were going out, they received individual support from staff that had training in how to support people in different situations. Most potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards. Accidents and incidents involving people were recorded. The registered manager reviewed accidents and incidents to look for patterns and trends so that the care people received could be changed or advice sought to help reduce incidents.

People looked comfortable with other people and staff. People said and indicated that if they were not happy with something they would report it to the registered manager, who would listen to them and take action to protect them. Staff knew people well and were able to recognise signs through behaviours and body language, if people were upset or unhappy. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy. Some staff were not able to say which external agencies they would report concerns to like the local authority if they felt situations were not being dealt with appropriately by the management team. This is an area for improvement.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and was only accessed by senior staff. People could access the money they needed when they wanted to.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they can be

safely evacuated from the service in the event of a fire. As people had sensory impairment they had red lights in their rooms that would flash and alert them to an emergency.

There was enough staff on duty throughout the day and night to meet people's needs and keep them safe. The staffing levels were kept under review to ensure people received the care and support they needed.

A staff member told us, "There are always enough staff around; we are never short of staff". When a person had to go into hospital a member of staff was with them all the time. A staff member said, "We never leave them, we are the ones who can communicate for our residents. Staff in hospital who do not know them and can easily misconstrue people's actions and behaviours". Staff covered for each other in the event of absence due to sickness or other reasons. Staff made sure that they were available and with people in the areas of the service where they wanted to spend time. The duty rota showed that there were consistent numbers of staff working at the service. If people were going out during the day or people had to attend medical appointments there was enough staff. On the day of the inspection the staffing levels matched the number of staff on the duty rota. When people's needs changed and they needed more care and support the staffing levels were increased.

Staff were recruited safely to make sure they were suitable to work with people who needed care and support. The provider's recruitment policy was followed. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were carried out with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. There was a bit of confusion as to where information about staff recruitment was kept. Some of the staffs' information was kept at the organisations main office and not on the staff files within the service. The area manager was going to clarify the arrangements so that it was consistent.

Is the service effective?

Our findings

The staff team was stable and consistent and many had worked at the service for years. Staff told us, "Training is good. We get the training that we need". "There is very good management support". "We can always ask for help and advice if we need it".

Relatives said that they were confident in the abilities of the staff to care for their loved one. One relative said, "The staff have definitely had the training they need to look after (my relative). They know what they are doing. There is very good communication between us all and we always know what is happening".

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff had the knowledge, skills and training to care and support people who had very physical complex needs. Staff were able to tell us about how they cared and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people were unwell, unhappy or if there was a change in their behaviour.

The organisation arranged training for all staff through the provider's training department. Staff completed essential training such as basic life support and safeguarding, and training in subjects related to people's needs, including behaviour management and MAPA. MAPA is a formal training programme where staff learnt how to deal with behaviours that could be challenging in a calm way that kept people safe. Specialist training had been provided in British Sign Language (BSL) and all staff had completed this and were able to competently and confidently sign with people who used BSL.

The registered manager had a training record which showed when training had been undertaken and when 'refresher training' was due. When shortfalls were identified the registered manager was going to make sure staff were booked onto the next available course. Staff had received training related to people's specific needs. Specialist training had been provided in feeding people with a PEG tube (percutaneous endoscopic gastrostomy). PEG is a tube that feeds directly into a person's stomach. Staff had also received specialist training in supporting people with diabetes and training in physiotherapy exercises to make sure people airways remained clear. Staff were knowledgeable about what they had learned. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles. Staff competencies were checked to make sure they undertook procedures safely and in accordance with specific guidance.

There were policies and procedures in place for when staff started to work at the service. If new staff started working at the service they completed an induction training during their probationary period which included working alongside established staff. The probationary period could last up to six months depending on the acquired skills and competencies of the new staff member. The induction training included covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The provider's training manager was introducing the new Care Certificate for staff as recommended by Skills for Care. This was an identified set of standards that

social care workers work through based on their competency. There had been no new staff recruited in the past two years and the majority of the staff had been working at the service for a long time.

Staff told us that they felt supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also a discussion on what people had planned and the support and care people needed during the next shift. Staff said that there was good communication between all the staff. Staff said, "We always handover to each other and we know what we are expected to do on each shift" and "We work well together as a team".

Staff had regular one to one meetings with the registered manager or senior member of staff. This was to make sure they were receiving support to do their jobs effectively and safely. This gave staff the opportunity to discuss any issues or concerns that they had about caring and supporting people. The performance of the staff was being formally monitored according to the company's policies and procedures. Staff appraisals were completed annually and gave staff the opportunity to reflect on their performance and set goals for improvement for the coming year. Staff were given feedback from their registered manager and when training and support needs were identified, plans were put in place with information about how this would be achieved, such as additional training or shadowing other staff. The staff were supported out of hours by one of the management team within the company who were based in the local area. The registered manager said, "The staff know that they can contact me or the deputy manager at any time". Staff said they were confident they would receive any support and help that they needed when they needed it.

Staff used different ways of communicating with people. They used BSL and talked to people in a way they could understand. Staff gave people time to respond and did not rush them. They were patient and kind. When people did not want to communicate staff respected their wishes.

The staff asked people for their consent before they provided care and support. If people refused something this was respected. During the inspection people were supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

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 lacked mental capacity to make 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 so that they can 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. People's capacity to consent to care and support had been assessed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or

any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest, including advocates. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest. People were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Applications had been considered, checked and granted for people ensuring that the constant supervision was lawful.

Staff positively supported people to manage their diets and drinks to make sure they were safe and as healthy as possible. People were supported to be as independent as possible when eating and drinking. On the day of the inspection one person had decided to have a late breakfast as they had wanted a lie –in. They got their own cereal, bowl and milk and staff prompted and directed them to complete the task with minimum support.

Nutritional assessments were completed to make sure people were receiving the food they needed. Some people had complex nutritional needs and had been involved with health care professionals so that they received appropriate support with their condition to ensure they received a healthy diet. Some people had special tubes where they were fed directly into their stomach with a special liquid diet. (PEG). The registered manager told us that they gave the person the special diet three times a day so they could have the same routine as everyone else. Some people had specific needs like diabetes. Other people needed specific support when eating as they were a risk of choking. They had been assessed by the local specialist team and were encouraged and supported to have diet that best suited them.

People said and indicated that they liked the food and they were encouraged to get involved in shopping and planning menus. Staff used pictures of different meals and food so people could choose what they wanted to eat. People told us about their favourite foods. like spaghetti bolognese and they said they had this meal regularly. They said that they had lots of different choices. People were encouraged to help prepare their meals. People received the amount of nutrition that they needed and they were monitored to make sure their weight was stable.

There were reliable procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs. People also had a health plan which set out in more detail each person's health needs and the action that had been taken to assess and monitor them. This included details of people's medical conditions, specialist appointments, like physiotherapy, occupational therapy and speech and language therapy, dental visits and needs concerning people's mobility. One person needed regular physiotherapy throughout the day. The staff supporting the person had been trained to carry out the exercises to make sure the person's airways were kept clear and they remained as healthy as possible. Another person needed support with their mobility and they had been assessed by the occupational therapist and special adaptations and aids had been provided to support them to be as independent as possible when they were walking.

The people and staff had close, supportive links with health care professionals, including doctors, the local learning disability team and nutritional teams. When it was necessary health care professionals were involved to make sure people were supported to remain healthy / or as healthy as possible. Staff knew people and were able to tell when they were unwell by their behaviours and body language. When people had problems eating and drinking they were referred to dieticians. People who had swallowing difficulties were seen by speech and language therapists and they monitored closely for any changes. Staff had received specialist training to meet people's health care needs. Staff had been trained to give people insulin injections and check their blood sugar to make sure their diabetes remained stable. People were supported to undertake routine screening tests to make sure they remained as healthy as possible. People were

supported to attend appointments with doctors, nurses and other specialists when they needed to see them.

Is the service caring?

Our findings

People indicated and said they thought the staff were caring and that they liked the staff. People were very relaxed and comfortable in their home and with the staff that supported them. People communicated with the staff through speech, BSL, body language and gestures and staff knew what they saying and asking and responded to their requests.

Staff interactions with people were positive and the atmosphere within the service was lively, friendly and welcoming. Staff had a good rapport with the people they supported and there was social banter and discussion which people enjoyed.

Relatives told us that the service was caring. One relative said, "The staff love (my relative). They have two homes and two families" and "Since they have been here they have become more assertive and confident in making choices. They are more likely to say 'no' to things".

An activities person who came to the service twice a week said, "The staff are very good, they really look after people and make sure their needs are met. People are respected. Everyone is like a part of a family. I work in several other homes and this is one of the best".

Staff told us that they looked forward to coming to work, and that staff morale was high. One staff member said, "It does not feel like coming to work. I love my job".

Staff understood people's care needs and the things that were important to them in their lives, like family members, key events and their individual personal preferences, likes and dislikes. One person liked dogs and the staff were getting in touch with the local dogs trust to organise for the person to spend time there. Another person liked football and regularly went to football matches. A person liked a bath in the evening and records showed that this happened. When people did not like certain things this was documented, like 'being rushed' and 'wet days'.

The staff had a good knowledge of the people they were caring for. Staff said that they kept themselves up to date about the care and support people needed. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were assigned to people based on personalities and on people's preferences. Key workers and other staff met regularly with the people they supported to find out what they wanted to do immediately and in the future.

Staff communicated well with the people they supported. Staff knelt down beside a person to talk to them or to sit next to people so that they had eye contact. They also respected people's decisions when they did not want to communicate. Staff gave clear explanations to people about the care and support they were being offered in a way that the person could easily understand. Staff listened carefully to people and responded to their requests. Staff used different ways of communicating with people. Some people used British Sign Language and all permanent staff could sign and used this method to communicate with

people. They talked slowly, used gestures and signs. Staff put their hands out to touch people in a kind and gentle manner. They were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. Staff changed their approach to meet people's specific needs so they changed the ways they communicated to suit different people.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People's level of independence was developing and increasing and staff continually supported them to achieve more. People were encouraged to make day-to-day choices and their independence was promoted and encouraged where appropriate and according to their abilities. Staff had created a 'celebration tree' that was kept in the lounge. When people had achieved a goal this was written on a tag and hung from the tree so everyone to see what they had done. There were celebrations about what people had achieved like walking around the block, joining in activities, helping with washing and house work. Support plans explained what people could do for themselves and the areas they needed support with. Staff explained how they gave people choices each day, such as what they wanted to wear, what they wanted to eat where they wanted to spend time and what they wanted to do in the local community.

People and their relatives were actively involved in making decisions about their care and support. One relative told us, "The staff always involve us in the care planning of (my relative) to make sure everything goes smoothly. We visit regularly and are always kept up to date. The staff always contact us if there are any changes".

When people were at the service they could choose whether they wanted to spend time in communal areas or in the privacy of their bedrooms. When people wanted to speak with staff members this was done privately so other people would not be able to hear. People could have visitors when they wanted to and there was no restriction on when visitors could call. People were supported to have as much contact with family and friends as they wanted to. People were supported to go and visit their families and relatives. The staff had supported people to get in touch with relatives who they had lost contact with. Some people did not have relatives who could support them. The registered manager told us they accessed independent advocates to support people who did not have anyone to speak up on their behalf.

People had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. They had posters and pictures on the wall. People had equipment like computers, music systems and televisions, so they could spend their time doing what they wanted. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task. Staff knocked quietly on people's doors before they entered their rooms. They introduced themselves, asked if it was alright to come in and explained what they were going to do.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially.

Is the service responsive?

Our findings

People received individual care that was personal to them. Staff were responsive to all their needs. People received the support and assistance they needed and staff were aware of how they wanted their care to be provided and what they could do for themselves. People told us and indicated that the staff looked after them well and they had everything that they needed.

Relatives said that people lived very active lives and there was always something happening. They told us that the staff were responsive to their relative's needs. When relatives had identified that their loved one needed extra support in a certain area, they said the staff were already 'onto it' and had sorted it out.

People were supported to be involved in their care and support when they wanted. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done. Staff followed people's wishes.

People's needs had been fully assessed before they moved to the service. The assessments contained all the information needed to get a 'picture' of the person and the care and support they needed. They were easy to read and quickly helped to identify each person's needs and assisted the staff to identify whether they could provide the care required.

Each person had a care plan. The care plans were personalised and contained details about people's background and life events. Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. The registered manager and staff had endeavoured to re-establish contact with some people's families to re-build family relationships. This had been successful for some and they now had more involvement with family members. The staff made sure that people were supported to send cards and gifts for significant events like birthdays.

People's care plans clearly identified how people were to be supported to maintain their independence and how their needs would be best met in a safe manner. People's care plans covered areas like nutrition, personal care, medication and how to manage behaviour, medical conditions and likes and dislikes. When people needed support with their mobility the care plans had detailed guidance. There was detailed information about the different equipment needed and how to use it safely. There were details of support and input people had received from health care professionals. Their recommendations had been recorded and care plans updated to make sure staff had the current guidance to give people the care and support that they needed. There was information about what made people happy, what made them unhappy and what made them angry. When people could not communicate using speech there was guidance on the best way to communicate. Staff used pictures, special signs and symbols, objects of reference and BSL. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted.

People were encouraged and supported to join in activities both inside and outside the service. A variety of

activities were planned that people could choose from. Some activities were organised on a regular basis, like massages, individual exercise sessions and horse-riding. People regularly went to discos, local clubs and places of interest. One person really enjoyed sport and had been to a grey hound race and wrestling event, which they had enjoyed. In the past people had attended college courses and had been supported to have work experience. People were supported to book holidays every year and staff said people really enjoyed this. One person was really excited about going to the New Forest in a few weeks. One member of staff had recently rented an allotment near-by and their plan was to involve people in planting and growing their own food. They said, "I think it would be really good that people realised where some of their food really comes from and they can get involved and watch things grow". People often went to stay with their relatives. People met up with friends from other 'Sense' services and enjoyed doing activities together.

There had been no complaints in the last 12 months. Relatives said they would have no problems about complaining if they needed to. They were totally confident that the registered manager would act to resolve any issues. A relative told us when they had raised a concern it had been dealt with quickly and efficiently with a positive resolution and outcome. The service had a written complaints process that was written in a way that people could understand. It was available and accessible and people had a copy in their bedrooms. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong. They said if people were unhappy about something they would resolve the issue.

Is the service well-led?

Our findings

The registered manager had worked at the service for many years. They were supported by a deputy manager and other senior staff who had also worked at 163, Newington Road for a long time. There was a strong stable, core staff team. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. On the day of the inspection people and staff and visitors approached the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered manager. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation and supporting people to reach their full potential.

Staff told us that they received very good support from the registered manager and deputy manager and that they felt valued. The registered manager and staff had clear expectations in regard to staff members fulfilling their roles and responsibilities. They were able to describe these well. The staffing structure ensured that staff knew who they were accountable to. Regular staff meetings were held where staff responsibilities and roles were reinforced by the registered manager.

Staff said, "I love working here. The staff get on well and there are good relationships with the staff team, people and their relatives. The manager is really good, we can take issues or concerns to her and she will sort it out. She is passionate about what we do here" and "The manager is very supportive. Everyone is open and honest. We can disagree and it is all professional".

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. The registered manager was visible within the service and informed that in their absence there was a deputy manager that looked after the service and kept them up-dated of all the changes and concerns. The registered manager had a very good knowledge of all the people and their relatives. Staff handovers between shifts highlighted any changes in people's health and care needs. Relatives told us the service was well led and they had total confidence in registered manager and the staff team.

The people and staff had good links with health and social care professionals, such as doctors and the local team who supported people with learning difficulties. There were links with the local and wider community and people had friends locally. People had built relationships with people locally and were supported to keep in touch with their friends and family and to make new friends.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. A wide range of audits were carried out. The registered manager, deputy manager and staff audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. When any areas for improvement had been identified, these had been acted on. There was also an area manager who visited regularly and carried out audits and checks and supported the registered manager. An audit had taken place in June 2016 on 'I statements' which were the organisations mission statements. They were at the centre of the care and support people received. 'I

will listen to others, I will understand and respond, I will respect others, I will be honest and open, I will participate and communicate, I will take informed risks, I will find things to celebrate. No decision about an individual will be made without involving them'. Throughout the inspection staff adhered to and followed these key principles. The audit identified areas of good practise and achievements. Any areas for improvement that had been identified were being addressed. The area manager would return to the service to check that improvements had been made.

A relative told us, "The only area that I think needs improvement is for the service to have another car. Sometimes if people have appointments or going out on their own it means that someone else might not be able to go out. The staff do 'work around' this but it would make things easier".

The provider surveyed staff annually; this was a general staff survey and not specifically about 163 Newington Road. When shortfalls had been identified the provider developed an action plan to make improvements. People, relatives and visiting professionals were regularly asked for their views about the service. They told us that their views were taken seriously and acted on. The registered manager had recently sent surveys to relatives so their views could be analysed to drive improvements to the quality of the service. Stakeholder's views had not been analysed to identify good practise and areas where progress could be made. This is an area for improvement.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This is so we can check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Notifiable events that had occurred at the service had been reported.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines storage and administration was not consistently safe.</p> <p>This is in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.</p>