

Sense

SENSE - 129 Neale Avenue

Inspection report

129 Neale Avenue
Kettering
Northamptonshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This unannounced inspection took place on the 30 March 2016.

SENSE - 129 Neale Avenue provides accommodation with personal care for provides accommodation and personal care for up to 6 people with sensory and physical disabilities. There were six people in residence when we inspected.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social care Act 2008 and associated regulations about how the service is run. The new manager in post was applying to register with CQC when we inspected.

People were safe. People were cared for by sufficient numbers of care staff that were able to meet the assessed needs of people living at the home. Care staff had received training in areas that enabled them to understand and meet the complex care needs of each person. Care records contained risk assessments and risk management plans to protect people from identified risks and helped to keep them safe but also enabled positive risk taking. People were protected by robust recruitment procedures from receiving unsafe care from care staff that were unsuited to the job.

People were safeguarded from physical harm or psychological distress arising from poor practice or ill treatment as care staff understood their responsibilities to protect people from harm. Care staff that knew what action they needed to take if they witnessed poor practice.

People's care needs had been assessed prior to admission and they each had an agreed care plan. Their care plans were regularly reviewed, reflected their individual needs and provided care staff with the information and guidance they needed to provide person centred care. People were enabled to do things for themselves by friendly care staff that were attentive to each person's individual needs and understood their capabilities. Care staff encouraged and enabled people to retain as much independence as their capabilities allowed. People's individual preferences for the way they liked to receive their care and support were respected. There were formal systems in place to assess people's capacity for decision making under the Mental Capacity Act 2005.

People's healthcare needs were met and they received timely treatment from other community based healthcare professionals when this was necessary. People's medicines were appropriately and safely managed. Medicines were securely stored and there were suitable arrangements in place for their timely administration.

People's individual nutritional needs were assessed, monitored and met with appropriate guidance from healthcare professionals that was acted upon. People had enough to eat and drink. People who needed

support with eating and drinking received the help they required.

People's representatives or significant others, were assured that if they were dissatisfied with the quality of the service they would be listened to and that appropriate remedial action would be taken to try to resolve matters to their satisfaction.

People received care from care staff that were supported and encouraged by the provider, registered manager and senior care staff to do a good job caring for people. The quality of the service provided was regularly audited by the registered manager and the provider and improvements made when necessary.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were kept safe by sufficient numbers of experienced care staff deployed to meet their needs in a timely way.

People's care needs and any risks to their safety were assessed before they were admitted to the home. Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People were protected by safe care staff recruitment practices.

Is the service effective?

Good ●

The service was effective.

People benefitted from being cared for by care staff that knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005) and in relation to Deprivation of Liberty Safeguards (DoLS).

People received care from care staff that had the training and acquired skills they needed to meet people's complex needs.

People's healthcare and nutritional needs were met and monitored and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good ●

The service was caring.

People's dignity was assured when they received support with personal care and they were treated with kindness and compassion. Care staff had developed good relationships with the people they supported.

People were individually involved and supported to make choices about their day-to-day care. Care staff respected people's preferences and the choices they were able to make about how they received their care.

People received their care staff that encouraged them to retain as much independence as possible by doing what they could for themselves.

Is the service responsive?

Good ●

The service was responsive.

People had care plans that reflected their individual needs and how these were to be met by the care staff.

People's needs were assessed prior to admission and subsequently reviewed regularly so that they received the timely care they needed.

People's representatives were assured that appropriate and timely action was taken to address complaints or dissatisfaction with the service provided.

Is the service well-led?

Good ●

The service was well-led.

People were supported and cared for by a conscientious care staff team led by an experienced registered manager.

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People benefited from receiving support from care staff that received the managerial guidance they needed to do their job well.

SENSE - 129 Neale Avenue

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 was carried out by an inspector and took place on 30 March 2016.

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. The provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed information we held about the provider including, for example, statutory notifications that they had sent us. A statutory notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who help place and monitor the care of people living in the home that have information about the quality of the service.

We took into account people's experience of receiving care and to help us do this we used the 'Short Observational Framework Inspection (SOFI)'; SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also undertook general observations throughout the home, including observing interactions between care staff and people in the communal areas. We viewed the accommodation and facilities used by people.

We looked at the care records of the six people in residence. We spoke with the registered manager, and three care staff. We looked at three records in relation to care staff recruitment and training, as well as records related to quality monitoring of the service by the provider and registered manager.

Is the service safe?

Our findings

People were safeguarded against the risk of being cared for by persons unsuited to, or previously barred from, working in a care home because care staff were appropriately recruited. Care staff employment histories were checked and their backgrounds were checked with the Disclosure and Barring Service (DBS) for criminal convictions before they were able to start work and provide care to people.

People's care needs were safely met by sufficient numbers of experienced and trained care staff on duty. People received timely care when they needed it. Care staff had the time they needed to focus their attention on providing people with safe care. Care staff were attentive and responded quickly to ensure people's safety when the need arose.

People's needs were regularly reviewed by care staff so that risks were identified and acted upon. Care staff also understood their responsibility to identify new risks, for example if people's behaviours or health changed.

People's risk assessments were included in their care plan and were updated to reflect pertinent changes and the actions that needed to be taken by care staff to ensure people's continued safety.

People were kept safe. People were safeguarded from abuse such as physical harm or psychological distress arising from poor practice or ill treatment. Care staff acted upon and understood the risk factors and what they needed to do to raise their concerns with the right person if they suspected or witnessed ill treatment or poor practice. Care staff understood the roles of other appropriate authorities that also have a duty to respond to allegations of abuse and protect people, such as the Local Authority's safeguarding adults' team.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their GP. Medicines were stored safely and were locked away when unattended. Discontinued medicines were safely returned to the dispensing pharmacy in a timely way. All medicines were competently administered by staff that had received the necessary training.

People were assured that regular maintenance checks were made on essential equipment used by care staff throughout the home to ensure people received safe care.

Is the service effective?

Our findings

People received care and support from care staff that had acquired the experiential skills as well the training they needed to support people with a range of complex needs. People's needs were met by care staff that were effectively supervised and had their day-to-day job performance regularly appraised. New care staff had received induction training that prepared them for their duties.

People's care plans contained assessments of their capacity to make decisions for themselves and consent to their care. Care staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions for themselves. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Care staff acted in accordance with people's best interests. One of the care staff said, "It's really important that we 'pick up' on what they [people being supported] want us to help them do and what they can and want to do for themselves. Sometimes that's quite hard to achieve but as a team we work well together to make sure they [people being supported] are encouraged to make their own daily living choices and benefit from that."

People received timely healthcare treatment from appropriate community based professionals. Care staff acted upon the advice of healthcare professionals that had a role in people's treatment. Suitable arrangements were in place for people to receive prescribed treatment from their GP when they needed it. People had regular healthcare check-ups to ensure their physical wellbeing.

People's nutritional needs were met. Whenever necessary care staff acted upon the guidance of healthcare professionals that were qualified to advise them on people's individual nutritional needs, such as special diets or food supplements. People had enough to eat and drink. Their diet was varied and the choice of meals was appetising and catered for a wide range of tastes. We saw that portions of food suited people's individual appetites. Where people were unable to express a preference care staff used information they had about the person's likes and dislikes as well as their nutritional needs.

Is the service caring?

Our findings

People were supported by care staff that were compassionate and attentive. People were supported at their own pace and they were not rushed to do things. Care staff responded promptly, however, when people needed assistance or reassurance and they were familiar with people's individual behaviours and what to look out for with regard to whether the person was unhappy and needed their attention. People were approached by care staff that took time to explain what they were doing without taking for granted that the person understood what was happening around them.

Care staff used people's preferred name when conversing with them. People's individuality was respected by care staff that directed their attention to the person they engaged with. Care staff spoke with people calmly, used words of encouragement, and their good humoured yet purposeful manner was in keeping with sustaining a relaxed ambience. One of the care staff said, "This is their [people being supported] home and we try to make it a happy place."

Care staff were able to discuss how they facilitated people's choices in all aspects of their care, for example what they liked to wear, when they wanted to retire to bed, or how they preferred to occupy themselves. Relatives and other visitors were encouraged and welcomed.

People's dignity and right to privacy was protected by care staff. People's personal care support was discreetly managed by care staff whenever such assistance was required. Care staff made sure that toilet and bathroom doors were kept closed, as were bedroom doors, when they attended to people's personal care needs.

Is the service responsive?

Our findings

People's ability to care for themselves was assessed prior to their admission to the home and subsequently reviewed on a regular basis. Changes to people's care plan were made in their best interest. People's preferences for how they liked to receive their care and support, as well as their past history, interests and behaviours were taken into consideration when their care plan was set up and monitored thereafter.

People were encouraged to make choices about how and where they liked to spend their time. People had a range of activities that were organised to suit each individual's abilities and varied on a daily basis. These activities suited people's individual likes, dislikes and were tailored to their capabilities and motivation. Care staff also coordinated and organise outings to community facilities in Kettering, such as shops and recreational venues. People were protected from social isolation because care staff made an effort to engage with them individually whilst still maintaining a sense of community within the home.

There was information in people's care plans about what they liked to do for themselves and the support they needed to be able to put this into practice. Relatives, or significant others, were appropriately consulted as sources of valuable insight for care staff to utilise when providing people with the support they needed. People received the care and support they needed in accordance with their care assessments, whether on a day-to-day basis or over a longer period as their dependency needs changed.

People's representatives were provided with the verbal and written information they needed about what do, and who they could speak with, if they had a complaint. The provider had an appropriate complaints procedure in place, with timescales to respond to people's concerns and to reach a satisfactory resolution whenever possible.

Is the service well-led?

Our findings

People benefitted from having an experienced registered manager in post. They were assured of receiving care in a home that was competently managed on a daily basis. The registered manager had the necessary knowledge and acquired experience to motivate the care staff to work well together as an effective team. One of the care staff said, "[Registered manager] is always 'there' for us [care staff]. That's important because the job is not always easy and we want to be sure we are doing things 'right' so they [people being supported] are happy and looked after."

People were assured that the quality of the service provided was appropriately monitored and improvements made when required. Care staff had been provided with the information they needed about the 'whistleblowing' procedure if they needed to raise concerns with appropriate outside regulatory agencies, such as the Care Quality Commission (CQC).

People's care records were fit for purpose and had been regularly reviewed by the care staff team. Care records accurately reflected the daily care people received. Records relating to care staff recruitment and training were also fit for purpose. They were up-to-date and reflected the training and supervision care staff had received. Records relating to the day-to-day management and maintenance of the home were kept up-to-date. Records were securely stored when not in use to ensure confidentiality of information. Policies and procedures to guide care staff were in place and had been routinely updated when required. People's entitlement to a quality service was monitored by the audits regularly carried out by the registered manager and care staff team.

People were assured that timely repairs were made to the premises and that equipment was appropriately serviced and kept in good working order. Records were kept of maintenance issues and the action taken to rectify faults or effect repairs.