

Sense







SENSE - 79 Coriander Close

Inspection report

79 Coriander Close
Rubery, Rednal
Birmingham
B45 0PB
Tel: 0121 457 8257
Website: www.sense.org.uk

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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 19 and 20 March 2015 and was unannounced. We last inspected the service in May 2014 when we found the provider had breached the Health and Social Care Act 2008 in relation to the care and welfare of people who used the service. This inspection found that the provider was meeting the regulations.

79 Coriander Close is a care home which provides personal care for three people who experience a range of learning disabilities and sensory impairments.

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

We found that people were safe. Our observations and feedback from staff and relatives who visited the home confirmed this. Staff we spoke with were knowledgeable about abuse. Staff told us they would not tolerate abuse

Summary of findings

or poor practice and were aware of their responsibilities to report it. Staff and relatives told us and records showed that people were supported to live the lifestyle of their choice. We reviewed the systems for the management of medicines and found that people received their medicines safely.

During the inspection we saw there was always enough staff to provide care safely. People's needs had been assessed and care plans developed to inform staff how to support people appropriately. Many staff had gained experience over time and all staff had been trained in providing care safely and how to meet the specific needs of the people they supported. Staff demonstrated an understanding of people's individual needs and preferences. They knew how people communicated their needs and if people needed support in certain areas of their life such as assistance with their personal care.

Staff had built up relationships with people and their families over many years. Relatives we spoke with confirmed staff were always kind, attentive and caring.

People were encouraged to help choose, purchase and prepare their own food. We observed that people were offered meals of their individual choice and preference. Staff supported people sensitively during meal times and in the majority of our observations gave the support people needed to eat safely in accordance with their risk assessments and eating and drinking guidelines.

People had been supported to stay healthy and to access support and advice from healthcare professionals when this was required.

People had been encouraged to be as involved in their own lives as far as possible. We saw staff use communication aids and signs to enable people to make choices and to know what was going to happen during the day. Staff we spoke with were able to describe how each person communicated and we found this was supported with written records.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications when needed to the local authority for approval to deprive someone of their liberty. The registered manager and staff we spoke with understood the principles of the MCA and associated safeguards. They understood the importance of making decisions for people using formal legal safeguards.

The provider had systems in place to capture the views and concerns of people who used the service to see if any improvements were needed. There was a complaints policy in place and people's relatives told us they knew how to complain.

There were systems in place to continually review and improve the quality of service people received. There was evidence that learning from incidents and investigations took place and changes were put in place to improve the service. This meant that people were benefiting from a service that was continually looking at how it could provide better care for people.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

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

There were enough staff to keep people safe and meet people's individual needs.

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

Good



Is the service effective?

The service was effective.

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

People's nutritional needs were met. Systems were in place to monitor people's health and they had regular health appointments to ensure their healthcare needs were met.

The registered manager and staff we spoke with understood the principles of protecting the legal and civil rights of people using the service.

Good



Is the service caring?

The service was caring.

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

During our visit we saw there was a relaxed and happy atmosphere in the home with staff having the time to care for people without rushing them.

Good



Is the service responsive?

The service was responsive.

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

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

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

Good



Is the service well-led?

The service was well-led.

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

There was a quality monitoring system which ensured action was taken to continually improve the quality of service people received.

Good



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Detailed findings

Background to this inspection

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

This inspection took place on 19 and 20 March 2015 and was unannounced. The inspection was completed by a single inspector.

We looked at information received from the local authority commissioner and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We met with three people who lived at the home. People who used the service were unable to tell us about their experience of living at the home so we observed how people were being cared for. We spoke with three members of staff and the registered manager. We looked at three people's care and health records and documents and records that related to the management of the home. After the inspection we spoke with three relatives of people who lived at the home and with one health and social care professional to gather information about their experience of the service. Following our inspection the provider sent us further information which was used to support our judgment.

Is the service safe?

Our findings

People's relatives told us that they had no concerns about the care people received or the way in which they were treated. We observed staff interacting with people who used the service and saw that staff acted in an appropriate manner and that people who used the service were comfortable with staff.

There were clear policies and procedures in place so staff had guidance about how to protect people in the event of an allegation or suspicion of abuse. We spoke with three members of staff; they told us they had received training in keeping people safe and could explain different types of harm and behaviours which may indicate a person was subject to abuse. Staff told us that they were confident to report any suspicions they might have about possible abuse of people who lived at the home. All staff were aware of how to raise a concern within the provider's organisation and with external agencies.

Since our last inspection there had been an incident of a safeguarding nature. This had been reported to the local authority and the Commission by the provider. Actions were also taken by the provider to protect a person from the risk of similar incidents re-occurring.

Care plans contained guidelines and risk assessments to provide staff with information that would protect people from harm. Some people used behaviour to communicate how they were feeling. Staff who specialised in supporting people with behaviour that could be challenging had been consulted to produce guidance which directed staff on how to support people during these times. There were systems in place to review the frequency and types of incidents to ensure action was taken whenever possible to reduce the likelihood of a re-occurrence.

Risk assessments and checks were carried out regarding the building. Examples included checks of hot water temperatures and the fire alarm systems and fire-fighting equipment. The home had in place personal emergency evacuation plans for each person living at the home. These identified how to support people to move in the event of an emergency.

The staff we spoke with told us that the provider ensured there was the appropriate number of staff on each shift and during our visit we observed that there were enough staff available to ensure people's needs were met. Staff had the

time to give care in a calm relaxed, manner at a pace which suited the individual. We saw that staff spent time with people supporting them to undertake daily independent living tasks and social activities away from the home. This showed there were sufficient numbers of appropriately trained staff on duty to support people to be independent and participate in their personal interests.

We discussed the staffing levels with the registered manager who told us that there was one staffing vacancy which they were going to recruit to. However when necessary they were able to use their own casual staff who were trained to the provider's standards and had the skills to communicate with people who lived at the home. A care staff told us, "The casual staff we use are all regular ones, people have not had to get used to any strangers for a long time."

The registered manager was supported in the recruitment and selection process by the provider's human resource department. The provider had not recruited new staff for some time however we saw that the provider had a robust recruitment processes when necessary. This included obtaining character references, confirming identification and checking people with the Disclosure and Barring Service (DBS). A DBS check identifies if a person has any criminal convictions or has been banned from working with people. Evidence was available to show that all staff working in the home had a DBS check completed. This showed that checks had been completed to help reduce the risk of unsuitable staff being employed.

We looked at the systems in place for managing medicines in the home and found overall there were appropriate arrangements for the safe handling of medicines. Staff had completed medication awareness training and medication competency assessments.

Administration Records had been completed to confirm that people had received their medicines as prescribed. We found the administration and recording of tablets were accurate and our checks suggested that people had received their medicines dispensed as prescribed. Medicines were stored safely. People were supported so that they received their medication safely.

Is the service safe?

We saw that there was a system of regular audit checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

All of the staff had worked at the home for some time and had got to know people's needs well. During our inspection we observed staff using a variety of skills and knowledge to meet the needs of the people they were supporting. We observed staff working in a way that was caring, safe and demonstrated skill and experience. Relatives we spoke with were positive about staff who worked at the home. One relative told us, "All the staff are brilliant."

We asked staff about their training and development to see whether staff had the appropriate skills to meet the needs of people who used the service. Staff told us that they had on-going training and regular supervision. One care staff told us, "Training is very regular." Staff told us and records showed, they received training in subjects which ensured they had the skills needed to meet people's needs. Where refresher training was needed for staff this had been scheduled to take place. The provider also had a multi-sensory team who were available to visit the service and support staff on how to work with individuals to help them achieve their goals.

Staff we spoke with had a good understanding of how to offer people choices and the need to involve family and professional representatives if a person was unable to make a decision for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The associated safeguards to the Act require providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We looked at whether the service was applying the safeguards appropriately. The registered manager understood the principles of the MCA and associated safeguards. They told us there was no one living at the home who was currently subject to a Deprivation of Liberties Safeguard (DoLS) although previous DoLS applications which had been made to the local authority demonstrated that the provider knew how to ensure that the human rights of people who may lack mental capacity to make decisions were protected when necessary.

During our inspection we found that people had been supported to have sufficient to eat and drink. Staff were

aware of people's individual preferences and the way people needed their food to be prepared to ensure it would meet their healthcare needs. People that required the texture of their food to be altered to enable them to swallow it safely had been seen by the relevant healthcare professionals, who had produced written guidelines for staff to follow. The meals we observed had been prepared following these guidelines. One person was assessed as requiring staff supervision whilst they ate however we saw that staff did not stay with this person throughout their meal. We discussed this with the registered manager who told us staff should have stayed with the person and that this would be addressed with the member of staff concerned.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. Records showed that people had access to doctors, dentists and chiropodists to manage on-going healthcare needs. During our inspection staff were concerned about one person's health and took the person to see their GP. The outcome of the appointment was shared with other staff who were on duty so they knew how to meet the person's current care needs.

Staff had access to national best practice guidance about helping people with a learning disability to stay healthy. We found that the home was following this guidance and that each person had a health action plan. Our last inspection identified that people's weight was not being monitored regularly. People at the home now had their weight monitored regularly, in line with their care plan. The records of people's weights showed there was significant weight loss and weight gain from month to month for each person. The registered manager told us there had been an issue with the weighing scales and that new scales had now been ordered to enable effective weight monitoring to take place.

At our last inspection we identified that improvement was needed in how staff were meeting the needs of a person in regards to a specific health condition. At this inspection we found that monitoring of the condition had improved and the introduction of a care plan which promoted a healthy diet had reduced the person's dependency on medication to manage their condition.

Is the service caring?

Our findings

We observed a friendly and relaxed atmosphere in the home throughout the time of our inspection and we observed and heard staff working with people in a way that was kind and compassionate. People were unable to tell us their experiences of the care they received but during our visit we observed people smiling and appearing relaxed and calm. All the relatives we spoke with said they felt staff were kind. One relative told us, “The staff are all caring. They know the person’s needs and can read their moods.” Another relative told us, “There is a lot of care and love from the staff. I have a good rapport with the staff and they all make me feel welcome when I visit.”

People’s right to privacy and dignity was respected. People were able to spend some time alone in their bedrooms if they chose to. Staff were aware that sometimes people could compromise their own dignity due to their specific behaviour. This happened during our inspection and staff took action to protect the person’s privacy and dignity. This showed that people who used the service were supported by staff who were kind, caring and respectful of their right to privacy.

During our inspection we met all three of the people who live at the home. People had been supported with their personal care and we saw people had been supported to dress in clothes that reflected their age, culture, gender and the weather. Care records indicated that people were supported by staff to make choices about their clothes.

People were supported to communicate their needs in a way which met their specific communication needs. We saw a number of communication methods being used, for

example, reference objects or individual signs. A care professional told us that staff knew people well and the communication methods in use were good. We made the registered manager aware that we had observed two interactions from staff where the appropriate communication methods had not been used. The registered manager told us that communication by some of the staff was an area that needed further development and that training to help achieve this had already been scheduled.

During the inspection we observed staff assisting people in making choices about what they would like to eat and drink, when they wanted to go out, and the activities they wanted to do. Records showed people were encouraged to make choices about their daily lives.

The home had developed a “WOW” board which they used to record and share people’s achievements. This was a way that people’s developments were recognised. People’s relative told us that people were supported to develop new skills. One relative told us, “They have taught [person’s name] lots of things, they have developed and are now more capable of doing more things for themselves.”

During our inspection we observed staff encouraging people to do things for themselves. This included involvement in making a drink and taking their empty cups back to the kitchen. A care professional told us that staff had encouraged and developed the independence of the person who they had recently visited. They gave an example that since the recent refurbishment of the kitchen there had been improved opportunities for the person to be involved in meal and drink preparation.

Is the service responsive?

Our findings

Staff told us there were no set times for people getting up and throughout the day we observed people having their breakfast, lunch and snacks at times that they wanted. Care was individual to each person and provided at the time and in the way they preferred. One relative told us, "I'm very satisfied overall with the service."

We looked at three people's care files. These gave detailed information about people's health and social care needs. We saw they were individual to the person and included lots of information about people's likes and preferences for staff to identify how people wanted to be supported. Staff held a meeting on a monthly basis to review the person's well-being and if they needed to change how people were supported.

People living at the home had difficulty expressing their needs and preferences, however staff had liaised with people who were important to them, such as relatives, in order to ensure their care plans would reflect their wishes. Relatives confirmed that they were in regular contact with the staff and were invited to annual care review meetings. We checked the outcomes for one of these meetings and found that actions suggested to improve a person's life had been acted upon. This meant that the home was focussed on the needs of the people who lived there.

The wellbeing of each person was documented in a daily diary. These recorded the person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing and how staff supported people's expressed preferences. This supported our observations that staff were responsive to people's needs.

We found that there was a wide variety of activities available for people each day based on what people had expressed they liked doing. People had the opportunity to undertake activities as a group and to pursue specific activities that were of individual interest to them. People's activity needs were discussed regularly by the care staff and this enabled options of new activities to be considered.

We saw people were supported to maintain relationships which were important to them. Staff accompanied people on visits to their family home when needed and one person had been supported to take holidays near relatives who did not live locally. One relative told us that staff took the person to their home to visit when requested.

There was a risk that people at the home were unable to make a complaint directly due to their communication needs and level of understanding. However people's care plans contained information about how staff could support them to communicate if they were unhappy about something.

Relatives we spoke with told us they felt able to raise any concerns or ideas at any time and that they felt an integral part of their relative's care and support. One relative told us they had previously raised a concern and that the issues had been rectified. There was a complaints policy in place however, the registered manager confirmed they had received no complaints in the last year. We observed that information about how to raise a concern and who to contact was on display in the office but this may not always be accessible to relatives or visitors to the home.

Is the service well-led?

Our findings

The relatives of people we spoke with were complimentary about the management and the organisation of the home. One relative told us, "There is a new manager in post and I like him a lot. He is doing his absolute best for people." Another relative told us, "The new manager has been a change for the better. He is very down to earth and very understanding."

We found the home had regular meetings and staff had individual supervisions where they could raise ideas and suggestions about the quality of the service and the manager could express their vision and plans for the service's future. Staff we spoke with told us they felt well supported by the registered manager. One care staff told us, "I feel very supported here. There are no problems with raising any concerns. The manager listens to staff." Another care staff told us, "The manager is approachable and is always asking how I am. I can raise any concerns if needed."

The registered manager told us they were supported by an area manager and had regular meetings with the registered managers of the provider's other homes in the area in order to share ideas and examples of best practice. The registered manager had responsibility for managing another care home located in the same road. He told us that managing two home's had sometimes been difficult as he did not have a deputy manager in post. He told us that the provider had taken account of his suggestions for improvement and that recruitment of a deputy manager was underway. This showed that the provider took account of the views of the views of the registered manager about how the service could be improved.

Our last inspection in May 2014 found a breach in regulations and that improvements were needed and we

noted that the provider had taken action to address these. We found that the registered manager had also taken account of the findings of a recent medication audit completed by a pharmacist. This meant that people were supported to receive care which met their needs because the manager had regards to good practice and reports from other organisations about the quality of the service.

Some staff had not had their competency assessments conducted every 12 months in accordance with the provider's policy. The registered manager told us they would ensure this was rectified.

We found that the registered manager and staff were continually looking for ways to improve. The registered manager told us that since our last inspection they had sent out surveys to people's relatives to seek their views on the service provided. The registered manager told us that none of the surveys had been returned and that one relative had commented they did not feel the need to complete this as they could raise any issues they wanted at any time.

The registered manager had access to help and assistance from an area manager to develop and drive improvement and a system to regularly audit the quality of the service was in place. . Records showed that the regional manager visited the home on a regular basis to monitor, check and review the service and ensure that good standards of care and support were being delivered. Action plans had been developed when improvements had been identified as needed and we saw that actions were monitored and completed on time. Where there had been incidents we found that learning had taken place and actions taken to reduce the risk of similar occurrences.