

Sense

# SENSE - 138 Bradford Road

## Inspection report

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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

### About the service

SENSE – 138 Bradford Road is a residential care home providing personal care to 3 people living with a learning disability.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside the building to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service and what we found

There were enough staff recruited safely to meet people's needs and people were safeguarded from potential abuse.

People received their medicines as prescribed and infection control measures were in place.

People had access to health and social care services, and staff who were trained and supported appropriately ensured people's nutritious intake was balanced and their ongoing health and wellbeing monitored.

Staff were kind and caring, supported people's decisions and ensured their privacy, dignity and independence were maintained and promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Care plans contained good detailed person-centred information, and care plans were updated regularly to ensure people's needs continued to be met.

People were supported to maintain social relationships and actively partake in activities relevant to their social needs and interests.

Staff were confident in the leadership of the service and the provider had a clear set of values which

informed its purpose. There were good quality assurances processes in place to ensure the quality of the service delivered was continuously improving.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 28 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our safe findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our safe findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our safe findings below.

Good ●

# SENSE - 138 Bradford Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was conducted by an inspector.

#### Service and service type

SENSE – 138 Bradford Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also contacted local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spent time with three people who used the service and spoke to two relatives about their experience of the care provided. We spoke with three members of staff including registered manager and care workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were adequate systems and processes in place to safeguard people from the risk of abuse. Potential incidents of abuse were investigated and reported appropriately and in line with the local safeguarding team's guidelines.
- Staff received training in safeguarding vulnerable adults and were able to describe how they would identify and report potential abuse. There was a confidential whistleblowing line and staff knew how to access this.
- Relatives we spoke with said the home was safe.

Assessing risk, safety monitoring and management

- Risks to people were assessed and guidance provided for staff on managing risk. Risks were personalised to reflect people's different risks as a result of their choices and preferences, and actions for staff to take detailed and clear.
- There were regular internal and external health and safety checks of the environment and any equipment used to ensure people were safe. Records reviewed evidence these checks were up to date and effective in identifying required modifications.

Staffing and recruitment

- There were enough staff to meet people's needs, and staff were recruited safely. Staff we spoke with said that staffing arrangements had improved further as the service was no longer using agency staff due to recent successful recruitment to vacant posts.
- Relatives we spoke with said there were enough staff to meet people's needs.

Using medicines safely

- Records showed people received their medicines safely and as prescribed.
- The systems and processes for the ordering, storage, administration and disposal of medicines were safe.
- Staff received training in medicines administration and had their competency to do so assessed by qualified staff.

Preventing and controlling infection

- The premises were clean and well presented. Staff were observed wearing personal protective clothing (PPE) and had received training infection prevention and control.

## Learning lessons when things go wrong

- Accidents and incidents were reported and investigated appropriately, and any learning shared at supervisions and handovers.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs and choices before they used the service. People's needs were regularly reviewed to ensure they were continuously being met.

Staff support: induction, training, skills and experience

- Staff said they received the right support through induction, training and ongoing supervision to ensure they were able to meet people's needs, and records reviewed confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink enough to maintain a balanced diet. There was a weekly menu with nutritious home cooked food offered. People were supported where able to make their own food and drinks safely.

- Relatives we spoke with said people had enough to eat and drink. One relative said, "[Name] always has enough food, is always eating or having a hot drink when we are there!".

- Peoples choices and preferences were taken into account, for example one person enjoyed regular weekly fish and chips at a local takeaway.

Adapting service, design, decoration to meet people's needs

- The home was pleasantly decorated and personalised to people's tastes and preferences. People were supported to choose furniture in communal areas.

- The home was accessible. There were no signs or obvious external indicators that the home was a care home.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access health and social care providers in a timely way. Care plans clearly recorded people's interactions with health and social care providers, why they were needed, what actions were taken and what the next steps were for staff to take.

- Relatives we spoke with said people were well cared for and that they were always informed of any updates to people's health and wellbeing.

- Staff monitored people's nutritional intake and general health and wellbeing. Where concerns were raised they were acted upon by staff.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had an understanding of capacity and received training in the principles of the MCA.
- DoLS were applied for appropriately by the registered manager, and where necessary MCA assessments and best interests decisions were completed

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- During our inspection we observed kind, respectful and caring interactions. People appeared well cared for and there was positive body language between people and the staff who provided care to them. Staff we spoke with had good detailed knowledge of people's routines, preferences and personalities.
- People replied positively when we asked if they were happy living at the home.
- Relatives we spoke with said staff were kind and caring. One relative said, "Staff have been really good with [name], seems to be getting a better relationship with certain members of staff, I do give Sense praise", "[Name] always looks really happy when we go to see them. Staff are very friendly".
- Staff had received training in protecting people's diverse needs, and care plans reflected people's religious and cultural preferences and how they wanted staff to support them. Staff were not actively supporting people with specific protected characteristics at the time of the inspection however the registered manager evidenced discussions they had with a person and their family exploring any religious needs they might have and how to support this if required.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views and be involved in making decisions about their care. These were recorded in care plans and at care plan reviews.
- The service understood the role of advocates (people who help vulnerable adults make important decisions about their care) and other appointed individuals when complex decisions were to be made. These roles were clearly defined in the provider's policies and procedures.

Respecting and promoting people's privacy, dignity and independence

- Relatives we spoke with said staff encouraged and protected people's independence. Comments included, "I think they encourage [name] to be independent, wherever possible they do activities, it's an encouraging environment", "Yes, [name] can be quite stubborn but they do try and encourage them".
- Staff were able to describe how they would respect and promote people's privacy and dignity.
- Care plans emphasised maintaining people's independence by offering choice. Staff described how even when people had limited capacity to make complex decisions, they would always provide people with options when delivering care to ensure they retained their independence, such as choosing activities, clothes, decorations and around food.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans contained highly detailed person-centred information, with clear guidance on people's routines, preferences, needs, and how staff were to ensure they were met.
- Care plans were reviewed regularly to ensure they remained relevant and up to date.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider clearly understood the purpose of the AIS and had embedded this into practice. We saw an example where a person was provided with their care plan review in braille format so they could clearly understand their plan and make informed decisions.
- Information was available in other formats, and care plans contained clear communications care plans which detailed people's communication abilities and how staff were to ensure effective two way communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to develop and maintain relationships that were important to them and to take part in culturally and socially relevant activities. This included internal and external providers, such as accessible bike events at a local sports centre, use of a regular day centre, trips to cafes and other activities in the community.

Improving care quality in response to complaints or concerns

- There was a complaints process and policy in place. Complaints were responded to in line with the provider's policy.
- Complaints forms were available in accessible formats. Relatives we spoke with said they were confident they knew how to raise a complaint, and that the leadership of the service would act quickly to any concerns raised.

End of life care and support

- There was an end of life policy in place. Staff had received training in end of life care. People's care plans contained information about their funeral plans and any wishes they might have around end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had a clearly defined set of values which were embedded in the staff induction process.
- Staff we spoke with said there was a positive and open culture, good teamwork and that the registered manager was approachable and transparent.
- Relatives we spoke with said they were confident in the openness and transparency of the leadership team.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy and process in place.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- There were clear quality performance checks and measures in place, consisting of regular internal audits conducted by the registered manager and larger scale audits conducted by the provider.
- Learning from audits and incidents were shared with team members and actions required followed up by the registered manager or other delegated staff.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Although there was no annual survey or questionnaire of people who used the service, we saw evidence that people's opinions were sought through the use of a whiteboard and photographic recording of their wishes and opinions as they wrote them down, or with other pictorial guides where options were presented and people pointed to the thing they preferred or how they felt.
- There was a regular survey of people's relatives. Feedback from this was universally positive.
- There were regular staff meetings and supervisions. Staff said they felt comfortable discussing their thoughts on the service and its leadership and that they would be listened to by leaders.

Working in partnership with others

- The provider worked in partnership with the local authority, social workers and external activity providers

to ensure people received a good standard of care and had access to available support networks and the community.

- Relatives we spoke with described how the provider worked to engage people in activities with people using other services registered by the provider, for example in charity fundraising events.