

Sense

SENSE - Community Services (South East)

Inspection report

Touchbase South East
12 Hyde Close
High Barnet
Hertfordshire
EN5 5TJ

Tel: 02084490964
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 ●

Summary of findings

Overall summary

The inspection took place on 27 September 2016. This was an announced inspection. We gave the provider 48 hours notice of the inspection as we wanted to ensure key staff were available in the office to meet us. We last inspected the provider on 15 January 2014 when we found the provider was meeting all the areas that we looked at.

Sense - Community Services (South East) provides community and outreach Intervenor service, which supports children and adults who are dual-sensory impaired or sensory impaired with additional physical or learning disabilities. The service also includes providing some personal care support to people in their own homes. The Intervenor service provides one to one support to children and adults born with sight and hearing impairments, known as congenital deafblindness. The role of the Intervenor is to help the deafblind person to interact and communicate with the family and the outside world. The Intervenor service was provided in a combination of places including people's homes, their local community and in an education setting. People receiving this service lived in a variety of settings, including with families, in an adult placement and in a residential home.

Sense - Community Services (South East) provides this service 52 weeks a year. The location of the service is at Touchbase South East day care service. The provider is Sense, a national charity organisation for people who are deafblind. The term 'deafblind' covers a wide range of people, some of whom may or may not be totally deaf and blind. At the time of the inspection, 15 people were being supported by the Sense - Community Services (South East).

The service had a registered manager in post. 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.

People using the service and their relatives told us they were very happy with the service and that staff were responsive to their health and care needs. They said staff communicated well and treated them with dignity and respect, and understood their likes, dislikes and preferences.

Staff demonstrated a good understanding of people's needs and abilities, and gave examples of how they supported them. For example, staff used various communication methods such as British sign language, music, light and sports to encourage people to develop their communication skills and gain new experiences. Staff knew the service's safeguarding procedures and explained how they would protect people from harm and abuse.

People's care plans were detailed and person-centred. Risk assessments were individualised and gave information on safe management of the risks. Care plans and risk assessments were regularly updated and reviewed. There were clear records of care delivery. The service maintained robust medicines policy and

procedures. Staff had a received training on medicines administration and felt confident administering medicines.

The service followed safe recruitment practices and carried out appropriate checks before staff started supporting people. There were sufficient numbers of staff to safely meet people's needs. Relatives and the health care professional we spoke with told us staff were very well trained and had the right skills to support people with their individual needs.

Staff told us they were very well supported by the registered manager and enjoyed working with the service. Staff received regular supervision sessions. Staff told us they attended a comprehensive induction and received extensive relevant specialist training to support them with their role.

Relatives and the health care professional we spoke with told us the registered manager was approachable, and their concerns were listened to and addressed in a timely manner. The service had robust systems and procedures in place to assess, monitor and improve the quality and safety of the service delivery. There was evidence of regular monitoring checks of the service. The registered manager worked collaboratively with organisations and external agencies in improving people's quality of life.

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. The service identified individual risks and managed them effectively.

Staff knew the correct procedures to follow if they suspected any abuse or poor care. People were protected from abuse and avoidable harm.

The service followed appropriate methods for staff recruitment to ensure people were supported by suitable staff.

There were systems in place to ensure where required people received their medicines appropriately.

Is the service effective?

Good ●

The service was effective. Staff received suitable induction and specialist training thereby ensuring people received effective care. Staff received regular supervision and annual performance reviews.

Staff understood people's right to make choices about their care and supported them in making decisions about their care.

People's nutrition, hydration, and health and care needs were met.

The service worked closely with health and care professionals and relatives to provide on-going health support to people.

Is the service caring?

Good ●

The service was caring. Relatives we spoke with told us they found staff caring and helpful. People were treated with dignity and respect and were supported in achieving their aspirations.

People and their relatives were involved in planning and making decisions about their care. Staff had a good understanding of people's communication needs and were able to identify the needs and preferences of the people they supported.

People were given information in accessible formats.

Is the service responsive?

Good 

The service was responsive. Staff worked with people in identifying their wishes and supporting them in achieving their personal goals.

People's care plans were personalised and followed. The service involved people and their relatives in planning their care.

The service encouraged people and their relatives to raise concerns and complaints. People and their relatives knew how to make a complaint.

Is the service well-led?

Good 

The service was well-led. People's relatives told us they were happy with the service and the service was well led by the registered manager who was friendly, caring and approachable.

The service had robust systems in place to assess and monitor the quality of the service and implemented improvements where needed. There were records of audits and checks

The service worked with other organisations to improve the quality of their service.

People, their relatives, staff and health and care professionals were formally contacted for their feedback.

SENSE - Community Services (South East)

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 27 September 2016 and was announced. We gave the provider 48 hours notice of the inspection as we wanted to ensure the registered manager was available in the office to meet us. The inspection team consisted of one adult social care inspector.

Prior to our inspection, we reviewed information we held about the service, including previous reports and notifications sent to us at the Care Quality Commission. A notification is information about important events which the service is required to send us by law. We looked at the information sent to us by the provider in the Provider Information Return. 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 also contacted local authority commissioners, health and care professionals and the safeguarding team about their views of the quality of care delivered by the service.

Sense – Community Services (South East) community and outreach Intervenor service's office is located at Touchbase South East day care service and is an independent service from the day care service. During the inspection, we spoke with the registered manager and four staff at their office. We observed interactions between staff and people (who accessed day care service) in communal areas across the day care service. We were not able to acquire much feedback about the quality of the service directly from people using the service due to most people having complex communication needs, and we could not understand their ways of communication. Following our inspection, we spoke to three relatives, one staff member and one health and care professional by phone.

We looked at four care plans and risk assessments, four staff files including recruitment and training, one months' staff rota, and supervision and appraisal records. We also reviewed the service medicines policy and procedure, accident and incident records, staff team meeting minutes, quality audits, spot checks, completed feedback surveys and care delivery records. We also reviewed the documents that were provided by the registered manager (on our request) after the inspection. These documents included the service's policies and procedures, statement of purpose and service development plan.

Is the service safe?

Our findings

People's relatives told us the service was safe. One relative told us, "They [the registered manager] carefully choose the staff who work with him". The service maintained effective operations to prevent abuse of people using the service. There were robust safeguarding adult and child protection policies that enabled staff, people and their relatives to raise safeguarding alerts and concerns efficiently. The service also gave out 'safe guide' and 'what to do if you suspect abuse' to people and their relatives. These documents entailed their rights and contact details of the registered manager, on-call support, director of services and head of safeguarding. Staff told us they had received training in safeguarding adults and were aware of the safeguarding procedure. They were able to describe the types and signs of abuse and their role in identifying and reporting abuse and poor care. However, the service had not experienced any safeguarding matters in the last two years. People's relatives told us that if they did not feel the service was safe they would contact the registered manager.

Some staff we spoke to were able to explain the service's whistleblowing procedure however, some staff were not sure of the procedure. We discussed it with the registered manager and they confirmed staff had received information on whistleblowing. Following the inspection the registered manager told us they had re-issued the whistleblowing policy to all staff and added it to the supervision session as part of the safeguarding section. They also confirmed the policy was on display on staff notice board for an easy access.

The service maintained clear and accurate accident and incident records along with detailed action points to reduce risk of further incidents. For example, we saw detailed records of an accident where one person hit their head against a car boot door whilst getting things out of the car boot with the support of a staff member. The registered manager had a discussion with the staff member around the importance of promoting independence by continuing to support the person with tasks, and as a safety precaution ensuring the control measures were implemented to reduce the risk of similar accidents occurring.

Risks to people were identified and measures to reduce identified risks were developed and managed effectively. People's risk assessments were individualised and included instructions for staff on how risks to people could be minimised or managed. This included activities at home and within the community. There were also health related risk assessments such as moving and handling, nutrition, choking, epilepsy and mobility. We saw risk assessments were reviewed quarterly, and as and when people's needs changed, and involved people's relatives in this process. Staff we spoke with demonstrated a good understanding of people's health and care needs, and associated risks and their management involved in their care delivery.

People's relatives told us their family members had a stable staff team and arrived on time and stayed the agreed duration of the visit. Their comments included, "She has had the same staff for over a year so that is useful." "He can get attached to people so he now has a staff team of four who works with him." and "Staff arrive on time and stay throughout the duration." People had a core team of staff specifically matched to them. This ensured people were familiar with the staff who supported them and the staff understood their needs, abilities and preferences. We looked at staff rotas and there were clear records of staff allocation. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they

supported. The provider operated an on-call system for staff to access for additional support. Staff told us they had used the on-call support service and found it helpful and reliable.

The provider checked staff were suitable to work with people at the service. We looked at staff personnel files and saw records of the application form, interview assessment notes, Disclosure and Barring Service criminal record checks and reference checks. This confirmed that the provider carried out appropriate checks before staff began work. The service followed safe recruitment practices.

The service did not have people that required regular medicines administration. One person using the service required a PRN (as-needed) medicine however; staff had never needed to administer it. The service trained all their staff in medicines administration and using specific medical equipment such as tracheostomy. There were detailed risk assessments on medicines and medical equipment in people's care plans. The service maintained medicines administration record (MAR) chart and a robust medication policy. We looked at one person's MAR chart for PRN administration; it included person's allergy information and clear instructions on how and when to administer PRN. Staff told us they had received medicines administration training and would feel confident in administering medicines if there was a need. The service maintained effective systems to ensure people received their medicines safely when required.

Is the service effective?

Our findings

People were supported by staff that were highly trained, skilled and knowledgeable. People's relatives told us staff provided the right support and understood people's individual health and care needs. Their comments included, "It is important that they [staff] are right sort of people. It is about the right people with right training. I have every confidence in the staff's ability." and "I feel staff have enough skills and knowledge." We spoke to one health and care professional who spoke highly of staff calibre. They said, "The staff are trained to a very high standard and the results they achieve are amazing." Staff demonstrated a very good understanding of people's health, care and communication needs and the impact it had on people's abilities, behaviour and quality of life.

People's relatives told us staff gave people choices and asked their consent before providing care. One relative said, "They [staff] give him choices and encourage him to choose activities and food. Staff never says no but they discuss things with him."

The registered manager told us it was crucial for them to get the right staff matched with the person. They achieved this by creating staff job adverts that were specific to the person's needs and wishes and aspirations. The registered manager told us they would not allocate a staff member unless they were sure that the staff member was ideal for the person. Staff were introduced to the person before they started supporting them. This gave the person an opportunity to see the staff and ensured compatibility.

Staff induction records confirmed they received comprehensive induction training. The induction included face to face and e-learning sessions on areas such as care plans, risk assessment and safeguarding. Staff were required to shadow experienced staff as part of their induction programme to help them understand and meet the needs of the individual people they would be supporting. On the completion of the induction staff were provided with additional and specialist training such as epilepsy, swallowing difficulties and tracheostomy. The service also provided a course on the role of the Intervenor and MAPA (the management of actual or potential aggression) that gave staff the knowledge and skills to work with people and their families. Staff training matrix detailed staff names and training courses staff were booked on and had completed. We saw records of staff attending refresher training courses. Staff told us the training was brilliant and very helpful. One staff said, "I have had immense training from Sense and it is fantastic."

Staff told us they were very well supported by the registered manager. Staff supervision and performance review records showed staff were receiving appropriate and regular support to enable them to do their job effectively. One staff said, "She [the registered manager] is very helpful and supportive. I do receive supervision on a regular basis." The registered manager told us they arranged both planned and responsive supervisions to ensure staff were fully supported.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff told us they received training in MCA and DoLS and demonstrated understanding of MCA principles. They were required to complete e-learning assessment following their MCA training. Staff who did not pass the e-learning test were given additional training session. The registered manager understood their responsibility under the MCA and had supported people in their best interest meetings. The service had signed consent forms for people using the service including using photo and videos, receiving care, going out in the community and sharing of personal information. There were clear records in the care plans on people's ability and capacity to make decisions and how staff should support people to make decisions. People's care plans stated who could make legal and financial decisions on people's behalf should they lack capacity to make a decision regarding their care.

People who were supported with their nutrition and hydration needs went through dysphagia screening to minimise risks associated with swallowing difficulties. We saw clear eating and drinking guidance were drawn up that identified measures to reduce associated risks including any health condition such as diabetes. Each person's care plan had a food chart that had a highlighted choice of person's dietary needs for example, one person was able to feed themselves however needed assistance with food being cut up into small bite size pieces as they were at risk of choking. This was clearly specified in the food chart and there was an image of how the meal should look once it was cut up. One person was on a soft diet and had their food mashed up. Staff were able to explain specific diet needs of people they supported. People's care records were detailed, clear and easy to follow. They detailed meals and drinks people had, activities they had undertaken, medication and any other comments.

The service worked closely with health and care professionals, family members and care home managers to support people with their needs. For example, one person with complex communication needs living in a care home was not engaging with care home staff. The registered manager developed a communication strategy and provided additional staff support to the care home in establishing ways of engaging with the person. We saw records of this involvement and the progress person made with the service's additional input. Relatives were happy with the service's involvement with other professionals. One relative commented, "Staff work well with other professionals." There were records of correspondence with professionals and family members.

Is the service caring?

Our findings

People's relatives told us their family members liked staff and enjoyed spending time with them. Relatives told us staff were caring, kind and friendly, and were very happy with the service. Their comments included, "Intervenor service has been god send for us." "All staff are nice, they listen to him and he loves [staff name]." "When he is not well, they [staff] call to ask how he is. Staff are very sensitive and caring." "Staff are very helpful, friendly and caring." and "Staff treat him with respect and dignity. They treat him like an individual and an adult."

During the inspection, we observed staff supporting people in a caring and compassionate way. Staff were seen having positive interactions with people. For example, one person was enjoying their afternoon sensory and music therapy session where the staff member was seen playing the person's favourite music videos.

Staff worked closely with people's families in supporting their relative at home and in the community. Staff also kept relatives fully involved and informed about the support their relative received. Relatives told us their family members and they were involved in planning their family members' care. This included food, activities and education. The relatives met with the registered manager for their family members' care needs review. Relatives' comments included, "The registered manager and I always discuss things and I feel involved in his care planning." and "I participate in planning her care and risk assessments. I get an update and I sign reviewed documents."

Staff gave examples of how they ensured people were treated with dignity and respect. For example, staff told us they communicated with people in a dignified way and with respect, gave them choices and assisted them with their personal care in a sensitive manner. People were encouraged to be as independent as they were able to be. People were encouraged to voice their wishes and preferences. For example, people were encouraged and supported to choose what they wanted to eat when out in the community, choose what activity they wanted to do such as going shopping, walking, playing blind tennis. Staff told us communication was vital in gaining people's trust and empowering them in trying different activities and gaining new experiences.

Staff recognised people's individual needs in regards to race, religion, sexual orientation and gender. For example, one staff member told us they acknowledged and respected one person's religious beliefs and would join in singing religious songs. The registered manager told us, people were being supported with their culturally specific needs, such as ensuring people's culturally specific diet needs were met when they were out in the community. For example, some people maintained a halal diet.

People had access to the service's information in accessible formats, and the information was made available at people's request. This enabled people to express their views, opinions, and likes and dislikes and to maintain their involvement and independence. For example, one person's evaluation sheets were made available in Braille to encourage them to evaluate weekly service sessions and complete evaluation sheet.

We saw people's personal information was stored securely which meant that their information was kept confidentially. Staff were able to describe the importance of maintaining people's confidentiality.

Is the service responsive?

Our findings

The service was responsive and provided person-centred care whilst continually involving people in their care and encouraging them in decision making. Staff demonstrated a very good understanding of people's needs, abilities, behaviour and preferences. For example, during our inspection, we observed a staff member whilst interacting with one person noticed a change in the person's behaviour due to feeling anxious, the staff member reassured the person in a caring way and supported them by changing the activity they were doing.

People's relatives told us the service was excellent and played an important role in people's development. Their comments included, "Staff communicate and engage very well with him. They follow his lead. He does various activities with staff and has even been on a holiday with staff. This is such a good service."

People's care plans had detailed information that enabled staff to provide individualised care. The service conducted a comprehensive initial assessment to determine people's needs, wishes and abilities. The registered manager carried out initial assessments where they gathered information about people's lives including any significant events. During the initial assessment people were asked about their perfect day and the qualities they wished from their staff. The information was then translated into care plans. The care plans had a one page profile that included information on 'what is important to me' and 'how best to support me'. There was information on people's personal details, diet and allergies, social and medical history, communication and behavioural needs, information about their background, religious and cultural needs, and wishes and preferences.

The care plans were reviewed six monthly and as and when people's needs changed. Staff told us they referred any changes to people's care to the registered manager, and plans were reviewed and updated so they had the updated information to continue to meet people's individual needs. Staff knew people's individual health and care needs, abilities and preferences. They told us they found the care plans helpful. People and their relatives were included in the care review meetings, and were supported and encouraged to express their views and wishes regarding their care.

The service worked with people in their own homes, in the community and in educational settings. People had a personalised programme of activities delivered at various venues that enabled them to achieve targeted goals. The registered manager told us when the person started using the service they were initially supported at their own homes before moving the support to the community. This enabled trust building between people and staff. For example, one person when they were initially referred to the service was no longer accessing the family garden and would stay in once home after their day service provision. During which time they would want their mother to stay with them. Since receiving an Intervenor service they had started to initiate accessing their garden with their Intervenor and was comfortable with their mother not be present as well as making choices to access the local community with their Intervenor.

People were supported with activities that enhance their independent living skills. For example, one person wished to gain cooking skills, we saw records and images of them being supported in cooking and baking

sessions. We saw education, health and care plan records of people being supported at an educational setting. For example, one person was supported by the service to continue their mobility assistance training over the summer school holidays.

People's relatives told us their family member's support needs had been discussed and agreed with them including activities they wanted to undertake. Staff encouraged and supported people to follow their interests and take part in social activities. For example, two people that met at a day centre and became friends wished to meet for a meal at their home. The registered manager arranged staff rotas to ensure both people were supported by their staff during the social visit. We saw records and images of this social gathering. They enjoyed it so much that they asked the registered manager to arrange another social gathering. The registered manager told us they were in the process of organising it. Their relatives were extremely impressed with the arrangements and the support staff provided.

Staff carried out evaluation of the sessions with the people they supported. Staff would complete the evaluation sheets and leave one copy at people's homes. The registered manager told us they recently started encouraging people to complete their own evaluation sheet. We saw records of evaluation sheets.

The registered manager told us they gave information on how to make a complaint to people using the service and their relatives during the initial assessment. They encouraged people and their relatives to raise concerns and complaints when they called them for feedback and during spot checks. The provider's complaints policy and procedure was available to people and their relatives. The policy detailed guidance on how to complain, and specific timescales within which people should expect to receive a response. There were clear processes in place to effectively respond to complaints. We saw records of compliments. People's relatives told us they knew who to contact if they had concerns or wanted to make a complaint. One relative said, "I have never complained. I cannot fault anything and highly recommend this service."

Is the service well-led?

Our findings

The service had a registered manager in post. They had worked as a deputy manager at the service before being promoted to the registered manager's post. The registered manager is a qualified Intervenor and continues to work directly with people in that role at the service. They are working towards completing their Qualifications and Credit Framework (QCF) level five leadership and management course in Health and Social Care. They told us this gave them an opportunity to work directly with staff, people and their relatives. They demonstrated a good understanding of the service delivery and managerial responsibilities. The service focused on people's well-being, and delivered care that promoted people's physical and mental well-being. The registered manager told us they were focused on developing the service that met the provider's vision of the world in which all deafblind children and adults can be full and active members of society. Sense has 8 'I Statements' which are relevant to staff's behaviours and attitudes, the registered manager supports staff to set targets against these. For example, 'I will be open and honest', staff are encouraged to be open when something has gone wrong and honest with those this has affected. We saw 8 'I Statements' formed part of staff supervision and service delivery's evaluation form.

People's relatives, commissioners and health and care professional told us the service was well-led. One relative said, "I cannot think of any negatives of the service, it is a marvellous service. The service is flexible and adjusting." People's relatives told us the registered manager was approachable and their messages and calls were always returned on time. One relative commented, "The registered manager always returns my calls and messages. She is very approachable, flexible and always listens to me."

At the time of inspection, we saw the registered manager interacting with people using the service and staff in a positive manner. We saw the registered manager listening to staff's queries attentively and supporting staff with their queries with patience.

Staff told us they were well supported by the registered manager. One staff said, "The registered manager is reachable over the phone and in the office. I can also write to her. She is a brilliant line manager, the best one I have had in this sector. She is approachable and listens to me and can rely on her for support. She offers me opportunities." Staff told us they enjoyed working at the service. Their comments included, "I enjoy working here and absolutely love the time I spend with people, supporting them achieve their goals. It is rewarding when you receive great feedback from the relatives on how the person has developed." and "I love working here. My line manager is lovely, takes my suggestions on board and I haven't worked with such a good line manager."

Although, the service organised two team meetings in a year, the registered manager told us as staff worked different hours and supported people in the community it was difficult for them to have regular team meetings. We saw the staff development meeting minutes that recorded discussions around health and safety, safeguarding, communication workshops, MCA and DoLS, staffing issues and care reviews. The registered manager said they saw staff regularly on a one-to-one basis when they would visit the office to drop off the paperwork. They also informed staff on any changes via emails and telephone calls. Staff told us they felt informed on matters related to the service and people they supported.

The service maintained efficient systems and processes to assess, monitor and improve the quality and safety of the service delivery. The registered manager carried out regular spot checks and quarterly quality monitoring audits for various aspects of the service delivery for example MCA and decision making, keeping safe and support planning, where they recorded the current practice and targets for improvements, evidence of the achievement and dates when they were completed. Any issues around service delivery were discussed with the staff concerned in their supervision and as a learning outcome in the staff meetings.

The service gathered feedback from the people using the service and their relatives. We saw records of completed feedback survey forms and their analysis. The registered manager told us they had started securing formal feedback from the staff and health and care professionals, something they had learnt from reading CQC's reports of other services. People's relatives told us they were asked for informal feedback on a regular basis and formal feedback via questionnaires once a year. We saw completed staff, relatives, people and health and care professionals' questionnaires for the year 2016. The feedback was very positive. We saw that the registered manager had started drawing up an action plan following the results of the questionnaire. The registered manager told us they would start implementing the action points as soon as the deadline for the return of the questionnaires was completed.

The registered manager worked in collaboration with local authorities, schools, care homes and health and care professionals in improving the quality of care delivery and people's quality of life. They had nominated one of their staff team for 'Dedication Early Years' award category at the Towergate Care Awards 2016. The staff member was successfully selected as a finalist from over 400 applicants and went on to winning the award. The Towergate charity also donated money to the service during the celebration of National Carers week. We saw records of correspondence and joined up work.