

Sense

SENSE - 115 Gough Road

Inspection report

Edgbaston
Birmingham
West Midlands
B15 2JG

Tel: 01214466744
Website: www.sense.org.uk

Date of inspection visit:
28 November 2019

Date of publication:
14 January 2020

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

115 Gough Road is a residential care home providing accommodation and personal care for up to five people who have sensory impairments. At the time of inspection, the service was providing care and support to 5 people living at the service. The home is a large specifically adapted building with five rooms and open communal rooms.

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

We found the service to be safe and supportive of people's needs. There were sufficient staff employed to meet the individual needs of people and encourage independence as much as possible.

People were cared for by supportive and experienced staff that knew and understood the people in the and understood their needs and preferences. The staff were trained and supervised to ensure they had the knowledge and skills to perform their role.

People were supported to engage in a range of activities both inside and outside the service. People were supported to be as independent as possible with transitioning within the service and looking after themselves with fluids and personal care. Outside the home people were encouraged to try new activities by getting involved in an extensive range of activities from walking to boating to climbing.

People were put first, with a person-centred approach ensuring they were involved as much as possible in their care through goal setting. Their preferences were incorporated into their care plans.

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.

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

Rating at last inspection

The last rating for this service was Good (published 21 July 2017).

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 effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

SENSE - 115 Gough 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

The inspection was carried out by one Inspector

Service and service type

115 Gough Road is a 'care home'. People in care homes receive accommodation and personal care as 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

This inspection was unannounced.

What we did before the inspection

We reviewed the information we held about the service. We looked to see if statutory notifications had been sent by the provider. A statutory notification contains information about important events which the provider is required to send to us by law. We reviewed information that had been sent to us by the public and the local authority safeguarding team, we used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We observed the actions, reactions, body language, facial expressions and vocalisations of people who use the service because all people living in the service were non-verbal. We spoke with the registered manager and five support staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at accident and incident records, safeguarding records, training and staff rotas. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at complaints procedures and guidance for people using the service. We spoke with one professional who co-ordinates specialist input to the service.

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

- The service had systems and processes in place to keep people safe from the risk of harm.
- The provider's safeguarding and whistleblowing procedures gave guidance to staff. A staff member told us, "If I see abuse I report it."
- There were systems to monitor incidents and accidents which were used to identify trends and allow the manager to be proactive in keeping people safe from avoidable harm.

Assessing risk, safety monitoring and management

- The registered manager and staff team had a positive view of risk, whereby they implemented control measures which prevented people from being restricted because of risk while remaining safe.
- We saw detailed assessments and regular checks on the environment and building which enabled risk to be safely managed.
- People had specific individual risk assessments which identified specific risk of harm to them and identified measures staff must take to reduce this. These risk assessments were focused on epilepsy, falls, eating and drinking.
- A member of staff told us, "We support people to take risks safely because this allows people to find and do new things."
- We saw external areas of the home where there was a build-up of discarded furniture, fittings and garden waste. The registered manager told us they had identified this and taken steps to remove this in coming weeks.

Staffing and recruitment

- There were sufficient staff on each shift to meet the needs of people living in the service. There was an established staff team in place and while there were two vacancies the registered manager ensured there was no shortfall in care delivery on a daily basis.
- One member of staff told us, "There is suitable staff in place at all times. The majority of staff have worked here over five years."
- Staff recruitment procedures were in place to ensure the provider recruited staff safely. A staff member told us, "I had to get two references and have a DBS check before I could start, and we complete another DBS every three years." Disclosure and Barring Checks (DBS) are background checks on individuals to ensure they are safe to provide care to people.

Using medicines safely

- Medicines were managed safely. There were clear systems in place to ensure safe storage and

administration of medicines.

- Staff were trained to administer medicines and had regular competency checks completed by the registered manager to ensure they adhered to the provider's policy and procedure and good practice guidelines.

Preventing and controlling infection

- The home was visibly clean throughout. There was evidence of good infection control procedures in place, for example colour coding systems for equipment, temperature monitoring and staff use of personal protective equipment to control and prevent cross infection.

Learning lessons when things go wrong

- Lessons had been learned from incidents that had occurred. For example, there was a keypad on the exit door put in place due to learning from incidents. Minutes of discussions in the team meeting and amendments to care plans and risk assessments mitigated the risks.
- Learning was passed to staff via team meetings and discussions. People's care plans and risk assessments were amended based on learning.

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 outcomes for people 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

- Pre-assessments were completed by the registered manager before new people moved into the home. Thorough assessments considered all aspects of people's needs had been completed.
- These assessments were used to develop the person's risk management and care plans to ensure their needs were met; they also considered Equality and protected characteristics as required by Equality Act.
- Staff supported people to make choices relating to their needs through effective communication. For example, we saw people being supported to make independent choices regarding food and activities on the day of inspection.

Staff support: induction, training, skills and experience

- The staff in the service were experienced and long-standing. An induction programme of training and shadowing was used to support new staff to gain the necessary skills.
- Training records showed staff had relevant training in line with their role and staff currently held valid certificates in respect of relevant areas of training.
- One staff member told us, "We get ongoing refresher training every 12-18 months." Another member of staff told us the recently appointed registered manager, "Is supporting staff to gain new skills such as checks and understanding of legal requirements."

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

- Information about people's dietary requirements and where they required support to eat and drink because of their sensory impairments was clearly documented.
- During breakfast and lunch, staff had cut a person's food into smaller pieces and sat with the person and encouraged them to eat well. A staff member told us, "[Person] needs encouragement with eating, we support [person] with eating enough through encouragement and positivity. We cut their food up into pieces to make this more manageable."

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

- The registered manager told us about Person-centred Planning (PCP) meetings that were held monthly for every person living in the service. These meetings included discussion of development goals and choices and were attended by professionals involved in people's care including dietitians, occupational therapists and speech and language therapists.
- Care plans and daily notes carried information about health care professionals people needed to see, and this was included in their care plans and followed by the staff team.

- People were supported to be as active as possible both in the home and out of it. During our inspection we observed people accessed the community and were part of a neighbourhood watch scheme.
- People were supported to access healthcare when required and when people were unable access community healthcare the registered manager arranged for professionals to come in to the home.

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

- The environment was adapted to meet people's needs, for example there were handrails throughout the building. Hand rails were used by people in the home to be able to walk as much as they could and transition around the home as independently as possible.
- People's rooms were decorated to their preference and adapted where necessary to support their sensory needs and difficulties.

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.

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 which they were.

- The registered manager understood their responsibilities in relation to MCA and DoLS. The registered manager had made applications to the local authority for appropriate authorisation under DoLS and had a tracking system to chase these.
- The staff team were trained in MCA and had a good working knowledge of the principles.

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

- Staff treated people with respect and kindness during our inspection. A staff member told us, "Our guys all have their own personalities and we support them to be individual."
- People's daily records and care plans showed people were incorporated in the community irrespective of their physical and sensory difficulties.
- Staff told us they had good working relationships with the people living in the service. One staff member told us, "We give people a good quality of life."

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

- The staff were able to effectively support people to express their views through individual communication systems. The experience of the staff team enabled them to interpret people's decisions through means other than verbal. One staff member told us, "We are fortunate that we have experienced staff who know the service users well."
- A handover between staff teams showed detailed information was handed over regarding the events of the shift including details of people's views through their behaviours and responses throughout the day.
- We observed clear communication tools available around the home to facilitate and encourage people to express their views. For example, we saw communication methods using pictures of items and pictorial direction for sign language placed in communal areas to support people to make choices.

Respecting and promoting people's privacy, dignity and independence

- Staff explained how they supported people to maintain their privacy and dignity especially when supporting people with personal care, for example closing doors and curtains. A staff member told us, "We ensure that doors are closed, and everyone is respected."
- Staff encouraged people to be independent. For example, a person who used the service made their own hot drinks. Staff supported them and encouraged them do as much for themselves as possible.
- Where necessary people were supported by advocates. The registered manager knew how to support people to have an advocate if needed.

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 was personalised through monthly service user meetings and PCP meetings, which supported people to be involved in their care. This ensured people had choice and control.
- Care plans were person-centred. In the reviews of care plans amendments had been made based on people's choice. For example, one person would change their mind and not want to shop. The registered manager amended the care plan to help staff support this.

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 registered manager and the staff team understood AIS ensuring the staff were skilled in effectively using the preferred communication systems of people. Staff and people effectively communicated through sign/verbal language and objects of reference.
- Care records clearly identified the type of sensory loss a person had and detailed how they communicated effectively.
- Staff were very observant and skilled in interpreting gestures and vocalisations used by people who lived in the service to communicate their wants and needs.

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

- The provider supported the development and maintenance of relationships through an extensive activity programme in the community. For example, people could go walking, boating or climbing, amongst a wider range of activities.
- The registered manager told us they also supported the local community by being involved in the community watch scheme.
- People's daily records showed people were supported to maintain their family relationships and there was a 'wow board' in the home to acknowledge the successes people achieved.

Improving care quality in response to complaints or concerns

- There was a complaints system whereby the people in the service were supported to complain. The ability of staff to recognise through behaviour and individual communication methods was key. A staff member told us, "We are the eyes and ears of our guys."

- The registered manager explained how complaints are used to develop the service to better meet the needs of the people using the service.

End of life care and support

- There was no one who received end of life care at the time of our inspection.
- The provider had end of life plans in place for each person who used the service. These plans were detailed and personalised with input from families and ensured people's future wishes were captured.

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 registered manager promoted a positive culture where they supported and empowered the staff team to be able to deliver person-centred care. A staff member told us, "The manager is brilliant, makes you feel good and gives you praise. [The registered manager] highlights things you might not see in yourself."
- The registered manager and the staff team encouraged a homely atmosphere. A staff member told us, "If the guys are happy you know you are doing something right."
- The registered manager had a good understanding of their legal responsibilities towards the people they supported in the service and were committed to delivering person-centred care.

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

- The registered manager understood their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The registered manager was working in accordance with this regulation within their practice.
- Where incidents had occurred, these were investigated, and apologies given where the service was found to be at fault. Any learning from incidents was shared with staff to reduce the risk of reoccurrence.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure within the home from the registered manager, deputy manager and support staff. A staff member told us, "We work together as a team and we work to our strengths."
- The provider had policies and procedures in place to promote and direct the smooth running of the service. For example, there were policies on complaints, equality and diversity, safeguarding and whistleblowing.
- The registered manager completed competency checks on the staff to ensure their practice remained within regulatory requirements. The provider had processes in place when things were failing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics. Continuous learning and improving care

- There were systems and processes to monitor, assess and evaluate the service.
- Surveys the registered manager sent out to people's families, stakeholders and staff were used to highlight

areas for development and learning. They also allowed people to be equally involved in sharing their views.

- The registered manager also told us, "We are preparing our first newsletter which will be shared monthly with families to keep them informed of the activities their family member has been doing as well as giving them a chance to feedback to us."
- The registered manager kept clear auditing records and evidenced when action had been taken to develop or change the service.
- The registered manager chaired regular staff meetings which focused on engaging and involving the people that use the service in the development of the service.

Working in partnership with others

- The staff worked with other appropriate services to ensure people received care that met their needs. The home provided support to people who had complex sensory needs. The staff took advice from specialist services to ensure people received appropriate support to meet people's needs.
- The advice given by specialist services that supported people who lived in the home had been included in their care plan to provide guidance and best practice for the staff team.