

Sense

# SENSE - 509 Leeds and 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

This inspection took place on 25 and 30 January 2017 and was announced. At the last inspection in March 2015 we rated the service as requires improvement. We found the provider was breaching three regulations, which related to premises, management of medicines and governance. The provider sent us a report which told us what action they were going to take. At this inspection we found the provider had made improvements and addressed the issues identified at the last inspection.

SENSE- 509 Leeds and Bradford Road provides care for up to five people who have a learning disability. The service had 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.

At this inspection we found people were safe; risk was well managed and systems were in place to make sure they were safeguarded from abuse. People lived in a pleasant and homely environment which was well maintained. The provider had improved safety around water temperature in bathrooms. There were enough staff to meet people's needs and robust procedures were in place to make sure suitable staff were employed. Medicines were managed safely. The provider had improved systems since the last inspection which included different storage arrangements, clearer guidance for staff and more regular checks.

Staff were supported to do their job well and were appropriately supervised and trained. Principles of the Mental Capacity Act 2005 (MCA) were being adhered to. Systems were in place to promote choice and assist people to make decisions when they needed help. People's nutritional needs were met and a range of other professionals were involved to help make sure people stayed healthy.

People were well cared for. Staff were able to tell us about people's history, likes and preferences, and knew the people they were supporting well. There was a happy, friendly atmosphere and people were relaxed in the company of staff and others they lived with. They were comfortable in their home and freely accessed all areas. Information was displayed to help promote choice and keep people informed.

Care plans contained good information which guided staff around how care should be delivered. People had sections that identified; 'what's important', 'what people like and admire about me', 'how best to support me', 'what's working', 'what's not working' and 'my communication'. Person centred activities were provided within the service and the local community. Systems were in place which gave people opportunity to share their views and a clear procedure was in place to receive any formal complaints although none had been received in the last 12 months. The service had received several compliments.

The registered manager was knowledgeable about the service, its vision and values. They knew people who used the service well. We received positive feedback about the registered manager.

Everyone was regularly involved with the service, and encouraged to help drive improvement. The provider had effective quality management systems in place to monitor the service; these had improved and were more robust which ensured people received safe, quality care.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People lived in a pleasant and homely environment which was well maintained. The provider had improved safety around water temperature in bathrooms.

There were enough staff to meet people's needs. Arrangements were in place to make sure people received agreed one to one staffing and care from a consistent workforce.

Medicines were managed safely. The provider had improved systems since the last inspection which included different storage arrangements, clearer guidance for staff and more regular checks.

### Is the service effective?

Good ●

The service was effective.

Staff were supported to do their job well. They were appropriately supervised and trained.

Systems were in place to promote choice and assist people to make decisions when they needed help.

A range of other professionals were involved to help make sure people stayed healthy.

### Is the service caring?

Good ●

The service was caring.

People were comfortable in the home; they freely accessed all areas and chose where to spend time their time.

Staff spent time with people and it was clear they knew the people they were supporting well.

Within communal areas of the home information was displayed to help promote choice and keep people informed.

### Is the service responsive?

Good ●

The service was responsive.

Staff were confident and consistent when they supported people, and their approach reflected guidelines in people's care records.

Person centred activities were provided within the service and the local community.

Systems were in place to respond to concerns and complaints. The service had received compliments about the quality of care provided.

### Is the service well-led?

Good ●

The service was well led.

The registered manager was knowledgeable about the service, its vision and values.

Everyone was regularly involved with the service, and encouraged to voice their opinion and help drive improvement.

The provider had effective systems in place to monitor the service. Systems had improved because they were more robust which ensured people received safe, quality care.

# SENSE - 509 Leeds and Bradford Road

## **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 25 and 30 January 2017. Both days were announced. We gave the provider 48 hours' notice of the inspection because it is small, and management are often providing support at the service. An adult social care inspector visited the service.

Before the inspection we reviewed all the information we held about the service, and contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider had completed a Provider Information Return (PIR) in May 2016. 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 gathered more up to date information from the provider during the inspection.

At the time of the inspection there were three people living at SENSE- 509 Leeds and Bradford Road. During the visit we looked around the service, observed care, spoke with two people who used the service, three members of staff and the registered manager. We only gained limited information from people who used the service about their experience of living at 509 Leeds and Bradford Road because of the different ways they communicated. We spent time looking at documents and records that related to people's care and the management of the home. We looked at two people's care records.

# Is the service safe?

## Our findings

At the last inspection we found people were not always protected because risk associated with the premises and medicines were not managed safely. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations.

When we asked two people if they felt safe living at the service, both said yes. Staff told us safety was well managed. One member of staff said, "We all have delegated tasks and this works really well. Many of them are about making sure everything and everyone is safe."

Staff we spoke with understood safeguarding procedures and confirmed they had received training around keeping people safe, which included protecting vulnerable adults from abuse. The registered manager told us they had no open safeguarding cases at the time of the inspection. We saw from notifications we reviewed before the inspection that safeguarding concerns had been dealt with promptly and appropriately.

Risks to people had been identified, assessed and managed through the care planning process. We saw from people's care records that measures were in place to keep people safe, for example, when they were in the community.

We looked around the service and saw people lived in a pleasant and homely environment which was well maintained. Certificates and records confirmed checks had been carried out to make sure the premises were safe. At the last inspection we found water temperatures were not regularly checked, and the hot water in two bathrooms exceeded the recommended temperature. The provider had taken action to address this by fitting water temperature control valves to hot water outlets and undertaking regular temperature checks.

Equipment for preventing the spread of infection, such as disposable gloves and appropriate handwashing facilities were readily available. In June 2015, the service had been awarded the top food hygiene rating of 'five' which means they were found to have 'very good' standards.

Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs and the same workers provided support so people received consistent care. The rotas identified where people received one to one staffing, and showed people received care from a consistent workforce. We looked at recruitment records for two members of staff who started working at the service in the last year. These showed appropriate checks to make sure candidates were suitable were carried out before employment commenced.

We checked the systems in place for managing medicines and found these ensured people received their medicines as prescribed. Several changes had been introduced since the last inspection which included improved storage arrangements, clearer guidance for staff and more regular checks. Most medicines were

dispensed from blister packs that were prepared by the pharmacist. We carried out stock checks of medicines that were dispensed from containers and reviewed medication administration records, which showed medicines had been administered correctly. People had PRN (as required) protocols to guide staff around administration; these ensured medicines were administered in a way that met people's individual needs and preferences.

Staff who were responsible for administering medicines had completed training and competency assessments. We saw medicine audits had been carried out by staff and management. In November 2016, a pharmacist visit was undertaken and the service was complimented on the way they managed medicines.

One person was prescribed a medicine that should be administered with food; however, guidance stated staff should offer the medicine before food. The registered manager said the person was receiving the medicine correctly and agreed to update the guidance to reflect this.



## Is the service effective?

### Our findings

Staff told us they were well supported by colleagues and the management team. They said they had completed training that gave them the skills and knowledge to do their job well. They also told us they received regular opportunities to discuss their role, personal performance and development. One member of staff said, "Supervisions and meetings are open forums to discuss what we have done well and reflect on things we could do better. They are good learning opportunities."

We looked at training records which showed staff received a variety of training to equip them with the right skills. Training courses included, autism awareness, positive interactions, living life, introduction to epilepsy, equality and diversity, safeguarding, medication handling, improving nutritional care, identity, sexuality and relationships, fire safety, health and safety, and moving and handling.

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 so that they can 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).

The registered manager said MCA and DoLS training was included in the provider's induction programme, and in addition to this staff also attended the local authority training. Staff we spoke with had knowledge of the MCA and DoLS and understood their responsibilities. For example, when a person lacked capacity decisions had to be made in their best interest. Staff felt confident the principles of the MCA were adhered to and people's rights were protected. They gave examples of how they involved people in decision making on a day to day basis, such as when to get up and go to bed.

People's care records had information around decision making and identified when people could make decisions and when they required support. For example, we saw people had care records titled 'how to support me well' with activities such as 'my morning routine'. These were very detailed care records and identified when staff provided support and when staff promoted choice and independence. We saw when people were unable to make specific decisions, for example, medicines and finances, capacity assessments were completed and various people were involved in the best interests process.

We joined people at lunch which was a pleasant and relaxed experience. People received appropriate support and were encouraged to make choices about what they had to eat and drink. One person told us earlier in the day they enjoyed cheese sandwiches and we saw this was what they had for lunch.

Each person had an individual food record which showed what they had to eat and drink throughout the day. These showed people ate a varied and nutritionally balanced diet.

Staff told us people received good support with their health needs and gave examples where other professionals had been consulted when concerns around health had been identified. One member of staff said, "We think it's important to ask the right people and have a multi-disciplinary approach."

We saw from people's care records they had attended regular health appointments. At monthly meetings, keyworkers checked health appointments had been recorded and appointments were followed up. We noted in one person's health record, it had been recommended they attend a dental appointment in October 2016, however this had not happened, and the next appointment was recorded as 'due' in April 2017. The registered manager said they would review the health records, hold a discussion with staff and look at how they could improve the system to ensure appointments were not missed.

## Is the service caring?

### Our findings

We asked two people if they were happy living at the service. Both said yes, one person added, "I like it here. It's nice here."

Staff told us people were very well cared for and the service delivery was designed around people's needs and preferences. One member of staff said, "The staff team are passionate. We're an experienced team and know people's routines. Consistency really shows." Another member of staff said, "Everyone is really well trained and experienced. Staff have clear guidelines and know people well. We work with and listen to other professionals and families because we want to do what is best."

The registered manager gave examples of how they ensured the service was caring. They told us they provided person centred care, and had an approachable, consistent staff team who had a good understanding of people's needs, wishes, choices and preferences. They told us the team was skilled to meet people's needs and successfully promoted independence. Our inspection findings confirmed this.

During the inspection we observed people were comfortable in the home; they freely accessed all areas and chose where to spend time their time. Staff spent time chatting to people and discussed activities, and plans for the day. One person was waiting for a therapy session but due to unforeseeable circumstances, the therapist was unable to attend. Staff explained the situation, kept the person informed, and provided reassurance that another appointment would be arranged; the person chose an alternate activity.

Staff spent time with people and it was clear they knew the people they were supporting well. Staff were able to tell us about people's history, likes and preferences. Staff were kind and caring. There was a happy, friendly atmosphere and people were relaxed in the company of staff and others they lived with. It was evident relationships with staff were very important.

Two people showed us their room. These were personalised, and it was evident thought had gone into decoration, fixtures and furnishing to make sure they reflected people's preferences. We saw people had photographs of holidays, outings and their family members displayed in their room. Within communal areas of the home information was displayed to help promote choice and keep people informed. For example, we saw programmes of activity which identified what people were doing throughout the day.

# Is the service responsive?

## Our findings

We saw staff were confident and responsive when they supported people. They were consistent in their approach and these reflected guidelines in people's care records. For example, one person's care plan stated staff should 'answer questions even if they are repeated'; we saw staff followed this guidance throughout the day.

Care plans contained good information which guided staff around how care should be delivered. People had sections that identified; 'what's important', 'what people like and admire about me', 'how best to support me', 'what's working', 'what's not working' and 'my communication'. People had formal reviews which were attended by people who were important to them. We saw everyone discussed how care and support should be developed, and progress on actions that had been identified at previous reviews. We saw in one person's review everyone had agreed an action point- 'helping with tasks around the home'. We saw staff encouraged this during the inspection.

Monthly keyworker meetings were held where people's care and support was reviewed. We saw keyworkers checked areas such as; activities, if the person had chosen anything different to their usual routine, who they had visited, what they had purchased and how their health had been.

Staff recorded events on a 'daily record chart'. The charts covered a period of a week; staff ticked relevant boxes, such as, getting up, medication and choosing what to wear. At the end of the week, staff wrote an overall statement. We found these provided a summary of what the person had done and if any significant events occurred additional documentation was completed. We noted on one record, staff had ticked and crossed the boxes but the wording of the task was not clear so it was confusing whether staff had delivered the care. The registered manager said they would discuss the daily record charts with the staff team and look at how they could improve their daily recording system.

During the inspection we spoke with staff and people who used the service about activities and lifestyles, observed interactions and reviewed activity programmes and daily records, and found people carried out person centred activities. One person enjoyed sensory activities; their records showed they were offered a variety of person centred activities within the service and the local community. Another person enjoyed pampering sessions and going out for coffee; their activity programme met their individual preferences. People had individual activity boxes which contained items that reflected their personal preferences and needs. For example, sensory objects.

We saw people were encouraged, where appropriate to engage in domestic activities. We observed one person assisted with laundry and after lunch another person cleared pots from the table. This helps promote independence and daily living skills.

Systems were in place which gave people opportunity to share their views, which included checking at formal reviews and monthly keyworker meetings if the person or their family had shown any concerns. A clear procedure was in place to receive any formal complaints although none had been received in the last 12 months.

We saw a number of compliments had been received and included the following comments: 'I was most impressed by the exceptional kindness, utmost compassion, and loving attention shown to [name of person] by her carers. She could not have been in better hands'; 'Thank you for the welcome atmosphere and your attentiveness. It was an absolute pleasure seeing you all again and lovely to see all the hard work put into ensuring safe practice with regards to medication'; 'Thank you for taking such good care of [name of person]'.

# Is the service well-led?

## Our findings

At the last inspection we found quality management systems were not always effective. The provider sent an action plan and told us how they were going to make improvements. At this inspection we checked and found improvements had been made, sufficient to meet regulations.

The service had a registered manager who registered with CQC in May 2015. Staff provided positive feedback about the registered manager and told us the service was well led. One member of staff said, "We are well supported and it's definitely well managed. [Name of registered manager] is very approachable." Another member of staff said, [Name of registered manager] will always make time for us.

The registered manager discussed improvements that had been made to the service and areas they had identified to develop. It was evident during these discussions they were knowledgeable about the service, its vision and values. We saw from interactions they knew people who used the service well.

Everyone was encouraged to voice their opinion and help drive improvement. People had keyworker meetings and formal review meetings which included involving others who were important to them; both types of meetings were used as individual and service development opportunities.

Staff attended regular meetings where they discussed topics that related to quality, safety and service delivery, for example, medication and support guidelines. At each meeting they checked actions from previous meetings were in progress or had been completed. The provider had a staff forum where nominated members of staff were encouraged to participate in the operational development. They also carried out a staff survey in 2015, however, this was not service specific so we could not determine what feedback was provided about 509 Leeds and Bradford Road.

Quality management systems were in place which ensured people received safe quality care. For example, monthly workplace safety checks were carried out around the home and included first aid boxes, flooring, clear stair wells and water temperatures. A quality service development plan was maintained and the registered manager had completed a range of assessments where they had reviewed systems and processes, including nutrition, eating and drinking, keeping safe and supporting staff.

Provider representatives had visited the service and completed 'individual support and service management' audits to make sure standards were being achieved. We reviewed these reports completed by the operation's manager which showed they had spoken with people, carried out observations, and reviewed people's care records and management records. At the last visit in January 2017, the service was complimented for completing all the actions set at the previous visit.

The local authority told us they, 'Continue to work closely with the provider as part of the contract management process to look at continuously improving performance and quality. The provider is engaged in this process and meetings are six monthly.'