

Sense

SENSE - 58 Featherstone Road

Inspection report

58 Featherstone Road,
Kings Heath,
Birmingham
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

58 Featherstone Road is an adapted domestic property. It provides accommodation and care for up to four people who have a learning disability and who are living with one or more sensory impairments. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

We found that people were safe. Our observations, feedback from staff, relatives and health professionals who visited the home confirmed this. Staff we spoke with were knowledgeable about abuse. Staff told us they would not tolerate abuse or poor practice and were aware of their responsibilities to report this in the event of it happening. Staff were aware of people's individual risk assessments and were working in innovative ways to promote people's freedom and reduce the restrictions which people's disabilities could place on them. Staff and relatives told us there were enough staff on duty to enable people to be supported to live the lifestyle of their choice.

We observed staff working skilfully to meet the specific and complex needs of the people they were supporting. Many staff had gained experience over time and all staff had been trained in providing care safely and how to meet the specific needs of the people they supported.

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

People had been supported to stay healthy. We found that people had attended a wide range of routine and specialist healthcare appointments and staff had worked innovatively to support people with their health, to ensure their disability didn't exclude them from attending healthcare appointments.

Staff we spoke with demonstrated compassion for the people they were supporting. Many of the staff had built up relationships with people and their families over many years. Relatives we spoke with confirmed staff were always kind, attentive and caring. The manager was able to demonstrate how they matched staff with people to ensure the best possible relationships were formed.

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

The manager and the provider both demonstrated a strong focus on the people living in the home. We observed that the manager had a very detailed and active knowledge about each person and we observed that they were involved in the day-to-day running of the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Care practices we observed and systems that were in place, including recruitment, staff training and risk assessments protected people while supporting them to be as independent as possible.

Good



Is the service effective?

The service was effective. Staff we observed had the skills and knowledge to support people with their needs and wishes. People were supported to eat tasty food that met their needs and preferences. People had been supported to attend a wide range of health services specific to their needs

Good



Is the service caring?

The service was caring. Throughout our inspection we observed and heard kind and friendly interactions between people and staff.

Good



Is the service responsive?

The service was responsive. We found that people were receiving a service that had been tailored to meet their own needs and wishes. People, staff and relatives were encouraged to share ideas and concerns to improve and develop the service.

Good



Is the service well-led?

The service was well led. We observed the registered manager demonstrating good practice and leading staff by example. People living, working and visiting the home had been encouraged to be as involved as possible in the day to day running and developing the service.

Good



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Detailed findings

Background to this inspection

This inspection was undertaken by two inspectors. We visited the home on 12 August 2014 and we observed the care and support provided to four people, we spoke with five care staff, the deputy manager and the registered manager. After the inspection we spoke with four relatives and two healthcare professionals who supported people living at the home. This inspection was unannounced. This meant that the staff and provider did not have notice that we would be visiting.

People living at this home all had a learning disability and were also living with single or multiple sensory impairments. People's needs meant that they were unable to verbally tell us how they found living at the home.

Providers are required to notify the Care Quality Commission about events and incidents that occur at their

home including unexpected deaths and injuries to people receiving care, this also includes any safeguarding matters. We refer to these as notifications. Before our inspection we reviewed the notifications the provider had sent us and the additional information we had requested. A document that we refer to as a 'provider information report' (PIR) was completed and forwarded to us by the manager of the home. This document provided information under the questions: Is the service safe, is it effective, is it caring, is it responsive and is it well led? We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we observed the care and support people were offered including the help people were given to eat their meals. We looked in detail at the care records of two people, we looked at the medicine management processes and at records maintained by the home about staffing, training and monitoring the quality of the service.

Is the service safe?

Our findings

We observed people being supported in ways that were safe while promoting their freedom and rights. We saw staff guiding people around the home and into a car using safe manual handling techniques. We observed staff supporting people when they were distressed in a way that was respectful of the person's feelings while reducing the risk of them hurting themselves or someone else. Three relatives we spoke with were confident their relative was safe at the home. One person told us, "My relative has progressed so much since they have lived there- they wouldn't do that if they were scared or uncomfortable." Another relative described how relaxed and confident their relative was with the staff who support them.

Staff we spoke with had been trained in safeguarding, whistleblowing and the Mental Capacity Act. Records of training supported this. Staff were able to describe the various types of abuse people may experience. Staff were also clear about their responsibility in reporting abuse and other services they would contact if they had concerns about a person's safety. However, staff told us they had never felt concerned for the safety or welfare of the people they were supporting. We observed additional information was on display within the home that would provide staff and visitors with information about reporting abuse if this was required. This meant people were supported by staff who would not tolerate poor or abusive practice and would report it if necessary.

Some people used behaviour to communicate how they were feeling. Staff we spoke with understood this and could describe the way they would respond. Health professionals who specialised in supporting people with behaviour that could be challenging had been consulted and we saw written records that directed staff on how to support people during these times. Staff had received specialist training in meeting these needs. There were systems in place to review the frequency and types of incidents to ensure action was taken whenever possible to reduce the

likelihood of a re-occurrence. During the inspection we observed ways in which the home was working pro-actively to manage known risks that people may present to themselves or to others. This meant people were protected from avoidable harm where ever possible.

The manager was clear about their responsibility under the Mental Capacity Act (MCA) including the Deprivation of Liberty Safeguards. (DoLS) We found the home had been pro-active in reducing the environmental restrictions on people and where possible doors and cupboards were unlocked enabling people's independent movement around the home. The manager was aware of best interest assessments and was able to explain when they would hold these to support people to make difficult or complex decisions. Staff we spoke with were aware of the MCA and how this might effect the people living at the home.

We found people were being protected from discrimination. We observed that people were supported to express their individual style in the way they dressed the food they ate, and in their activity choices. The home was using innovative ways to help people express themselves and participate in planning and reviewing their own care needs. Staff and the manager explained to us some of the activities they had explored for people living at the home. These were activities that people with multiple sensory impairments could often be excluded from due to the potential risks to their safety. We found that staff had looked at the activities and risks creatively to help people stretch themselves and to live a full and meaningful life.

During our inspection we observed staff preparing and administering medicines for people. Our observations identified some potential concerns and we explored these further to ensure that medicines were being safely stored and that people were receiving their medicines in a safe way that met best practice guidance. After exploring medicine managements further we were confident that medicines were being stored safely, people were receiving the medicines they required and that consideration had been given to their right to refuse the medicine.

Is the service effective?

Our findings

During our inspection we observed staff using a variety of skills and knowledge to meet the needs of the people they were supporting. We observed staff working in a way that was caring, safe and demonstrated skill and experience. Relatives we spoke with told us, “They do a brilliant job. They are always looking for ways to move our relative forward” and “Staff are knowledgeable, they know all about our relative.”

Staff we spoke with confirmed that they received an induction when they joined the service and also received regular training and supervision. A member of staff told us, “Sense provides plenty of good quality, relevant training.” Another member of staff told us when they started work at the home they had been encouraged to spend time watching experienced staff provide care, then providing caring under the supervision of an experienced staff member and then caring on their own when they felt able. This was supported by speaking to the manager and looking at staff records. This meant people were being supported by staff they knew and who had been trained to meet their individual needs.

During our inspection we found that people had been supported to have sufficient to eat and drink. We observed people being offered their breakfast and lunchtime meals. Staff were aware of people’s individual preferences and the way people needed their food to be prepared to ensure it would meet their healthcare needs. People that required the texture of their food to be altered to enable them to swallow it safely had been seen by the relevant healthcare professionals, who had produced written guidelines for staff to follow. The meals we observed had been prepared following these guidelines. Staff helped people to eat when they were ready and we saw that meals were served over several hours to accommodate people’s activities, waking

times and preferences. Staff sat with people while they ate and we observed a relaxed and unhurried atmosphere over meal times. One relative told us, “My relative is well fed. She always enjoys the food they prepare.”

Relatives told us that people received excellent support with their health care. Relatives comments included, “I am overwhelmed by the effort the home makes to help my relative with their healthcare.” This was confirmed when we looked in detail at two people’s care plans. In each file we found evidence that the person’s health had improved since they had lived at the home. We found that the home was exploring ways to ensure people got the best healthcare possible. Staff and relatives explained how the home had supported one person to have “practice trips” to the hospital prior to a scheduled appointment to ensure on the day of the actual appointment they would feel confident to attend the appointment. We observed staff contacting a person’s doctor and community nurse to obtain information about a healthcare matter that was unresolved. This all provided evidence that people were being supported to maintain good health.

Staff had access to national best practice guidance about helping people with a learning disability to stay healthy. We found that the home was following this guidance and that each person had a health action plan. People’s sensory impairments made communicating with people about their health needs difficult. We saw that the staff had been innovative in the ways they had recorded and shared people’s health care needs to enable people to be as independent as possible in this area.

We were able to observe a “handover” of information between the morning and afternoon staff. We found that people’s needs and information about people’s care and support needs was discussed to ensure people got continuity of care throughout the day and that good practice was shared amongst the staff team.

Is the service caring?

Our findings

We observed a friendly and relaxed atmosphere in the home throughout the time of our inspection. We observed and heard staff working with people in a way that was kind and compassionate. People were unable to tell us their experiences of the care they received but during our visit we observed people smiling and appearing relaxed and calm. We spoke with people's relatives who confirmed our findings. Comments from relatives included, "I know my relative is very happy there, staff are always very friendly and my relative is always pleased to see them" and "All the staff are caring, we have no concerns about the care or any doubts that our relative is happy there at all."

During our inspection we met all four of the people who live at the home. People had been supported with their personal care and we saw people had been supported to dress in clothes that reflected their age, culture, gender and the weather. Relatives we spoke with gave positive feedback about the care provided, which included, "My relative is always helped to stay clean and to look nice" and "My relative is immaculate every time I pick them up. They are supported to go to the barbers and have their hair cut, they see the chiropodist and their clothes are always smart." People had been supported with their hair care and to maintain their nails. We observed that the men had been supported to shave. Therefore people were supported by staff who were attentive to people's personal needs.

The manager explained that they tried to "match" staff with people who were using the service to ensure people had common bonds with the staff who supported them. Staff we spoke with were enthusiastic about the people they were supporting and were able to share a lot of information about people's needs, preferences and personal circumstances. People were supported by staff who were knowledgeable about their needs and enjoyed being in their company.

The home had developed a "WOW" board which they used to record and share people's achievements. This was a way that people's developments were recognised and were a way of helping people to feel that they mattered.

The home had developed and been involved in a number of initiatives to enable people to express their views and to be as active in their care as possible. We saw that care records had been developed using a "person centred planning tool" which aimed to put the person at the centre of their care. The home had recently received a compliment which praised the way the staff team worked, describing them as positive, empowered and engaged. The person recognised the "person centred" approach the staff were using and could see how it had benefitted the people living at the home. The person went on to list individual achievements that each person had recently made. We were also told, "The effort that goes into each person's review is amazing. They get out photos and evidence of what each person has done. It is a real celebration of the person."

We saw people were supported by staff who wanted to protect and maintain people's dignity. Staff explained that people received most of their care in their own room and en-suite which maintained their dignity. Systems had been developed to alert people that someone was at their bedroom door when people were unable to hear staff knocking. We found that staff had used equipment such as pressure mats to enable people to safely spend time alone in their rooms. The pressure mats meant staff could be confident they would know when the person was ready to move and could provide the support they needed and not disturb their privacy unnecessarily. Some people had behaviours that could put their own dignity at risk. Staff were able to explain how they maintained people's rights to express themselves while they helped people to maintain their dignity. We found that specialist advice had been sought and the guidelines that the healthcare professionals had written were available and being followed. This meant people had their dignity and privacy protected by the staff supporting them.

Is the service responsive?

Our findings

We found that care was individual to each person and provided at the time and in the way they preferred. When we arrived at the home people were being supported to get up and get ready for the day. Staff told us there were no set times for people getting up and throughout the day we observed people having their breakfast, lunch and snacks at times that they wanted.

People using this service had difficulty expressing their needs and wishes verbally, however staff had worked with people (and others who were important to them) to support people to express themselves through non-verbal communication. During our inspection we saw staff using objects, touch, and specific communication aids to help people understand the choices available to them. We found that other health care professionals who had specific skills in helping people communicate had been involved and the guidelines they had developed were being followed.

We found that there was a wide variety of activities available for people each day based on what people had expressed they liked doing. People had the opportunity to undertake activities as a group and to pursue specific activities that were of individual interest to them. We saw that the staff team had been used flexibly when necessary to enable people to undertake activities that met with people's waking times and activity preferences. An example of this was one person who was supported to swim early in the morning at a local pool. Relatives told us, "My relative

has a really full diary! The activities are very well organised" and "My relative has an active programme of things to do each day." Therefore people engaged in activities they liked to do because the provider had identified people's preferences and was able to support people to engage in activities when they wanted.

The home had supported people to stay in touch with their family and people who were important to them when they wanted. We saw photos and were able to read thank you cards and compliments received from family members thanking the home for the support they had offered in maintaining family relationships. We found that the home had regular social events to promote these relationships that family were invited to. Some people were also supported to take holidays near relatives who did not live locally if this was appropriate.

We found that the home's manager and staff had worked hard to develop positive relationships with people's family, friends and the healthcare professionals who support people that live in the home in order to get their suggestions and comments on the service. People we spoke with told us they felt able to raise any concerns or ideas at any time and that they felt an integral part of their relatives care and support. We observed that information about how to raise a concern and who to contact was available within the home. Staff we spoke with were aware of how to deal with a complaint. Therefore the care people received would continuously improve as the provider had processes to obtain and review people's views and opinions of the quality of the service.

Is the service well-led?

Our findings

People we spoke with were complimentary about the management and the organisation of the home. Comments included, “The manager is so motivated and very intuitive” and “I feel really positive about the home. There is nothing bad I could say.” During our inspection we observed that the manager was very involved in the day-to-day running of the home and we observed her demonstrating good practice to staff when people were distressed for example. During the inspection we observed and were informed of numerous initiatives where the manager was trying to enable people to meet their full potential. We found that the manager worked pro-actively with all other agencies to secure the best opportunities for people living at the home. The manager was working locally with other managers to develop opportunities for people such as “Come dine with me” evenings and road safety awareness for people with multiple sensory impairments. This demonstrated that the manager had developed a forward looking culture

Staff we spoke with told us they felt well supported by the manager and confirmed our findings that the home was well led. Their comments included, “She is very passionate and ensures people get the very best” and “This is a well-run home. The manager is organised, and I appreciate that she values us, she says thank you.” In addition to this CQC inspections in recent years had assessed the home to be compliant with legal regulations and found that they were meeting the needs of the people who live there. This meant that people were supported to receive care which met their needs because the manager had regards to good practice and reports from other organisations about the quality of the service.

During our inspection we found that the culture within the home was entirely focussed on the well-being and wishes of the people living there. We found that staff had worked creatively to find ways to involve people in their life, the development and the running of the home. The manager and staff team had developed a set of values that put people at the centre of their work. We found the home had regular meetings and staff had individual supervisions where they could raise ideas and suggestions. We found that the home was delivering high quality care and continually looking for ways to improve. Representatives from the staff team attended a variety of external and provider based groups where they had chance to learn about good practice initiatives and developments within the field of care that they were working.

The manager had developed a range of evaluation tools that ensured she was well aware of how the home was operating and these enabled her to identify any ways in which the service could be improved. The provider inspected the service to assure themselves that people were receiving care to the standard expected. This meant people could have confidence in the service and that shortfalls or changes would be identified and that prompt action would be taken to resolve them.

The positive staff practice had been noted by the provider and home had been nominated for an award within their organisation. We also read compliments that had been received from health care professionals and relatives. This provided evidence that the home was well managed and meeting the needs of the people who lived there.