

Sense

SENSE - 20-32 Horton Street

Inspection report

20-32 Horton Street
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Date of inspection visit:
09 January 2019

Date of publication:
31 January 2019

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We undertook an unannounced focused inspection of Horton Street on 09 January 2019. This inspection was done to check that improvements to meet legal requirements planned by the provider after our previous inspection on 19 September 2018 had been made.

We inspected the service against two of the five questions we ask about services: is the service well led and is the service safe. This is because the service was not meeting some legal requirements. No risks, concerns or significant improvement were identified in the remaining Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them.

The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

At our previous inspection on the 19 September 2018, the provider was found to be in breach of Regulations, 13 and 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 and was rated as requires improvement overall. This was because the provider's audits and systems did not identify the shortfalls that we did. At this inspection we found that these regulations had been met. The providers overall rating has been changed to 'Good'.

Horton Street is a 'care home'. People in care homes receive accommodation and nursing or 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. Horton Street provides care and support for a maximum of six people. There were five people living at the home at the time of the inspection.

There was a registered manager in post at the time of our inspection. 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 were protected from risks associated with their health and care needs because risk assessments and associated care plans were developed, reviewed and monitored. Staff were aware of the risks to people when supporting them. Staff had a good understanding of safeguarding and where to report concerns.

Staff were caring and treated people with respect. There was a friendly, calm relaxed atmosphere within the home. People were supported by sufficient numbers of staff who had the knowledge and skills they required to care for people safely and effectively. People received support from staff to take their prescribed medicines. Systems and processes were in place to ensure medicines were managed safely.

Staff understood their responsibilities in relation to hygiene and infection control. There were systems in

place to monitor the quality of the service and areas needing improvement were acted on.

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 were protected from the risk of abuse and avoidable harm because staff were aware of the processes they needed to follow. Risks to people had been assessed, recorded and well managed.

People were supported by enough members of staff, who had been safely recruited, to ensure that they were kept safe and their needs were met.

People received their prescribed medicines as required and systems were in place to promote good hygiene standards.

Is the service well-led?

Good ●

The service was well led

There was a registered manager in post.

Staff felt supported in their role.

The provider had systems and processes in place to monitor the safety and quality of the service and these were effective.

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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 unannounced inspection took place on the 09 January 2019. The inspection team consisted of one inspector. This inspection was to check if the provider had made improvements following our last inspection and met the legal requirements.

When planning our inspection, we reviewed information we held about the service, this included information received from the provider about deaths, accidents/ incidents and safeguarding alerts which they are required to send us by law. We also contacted local authorities who provide funding for people to ask them for information about the service

During our inspection visit, we spent time with three people who lived at the home. People living at the home had complex care needs and were unable to tell us about the service they received. Therefore, we used a tool called the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five staff, the deputy manager and registered manager. We looked at records relating to the management of the service including care plans for two people, the incident and accident records, one staff recruitment records, Medicine Administration Records (MAR). We also looked at records which supported the provider to monitor the quality, management and safety of the service including health and safety audits and accidents and incidents records.

Is the service safe?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 September 2018. At our previous inspection, we found the provider had systems and processes in place but these were not always effective. Incidents that had occurred in the home had not always been recognised as a safeguarding incident by the registered manager and had not been reported to the local safeguarding teams and CQC. This resulted in a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also found that where incidents had occurred, trends were not always identified to reduce the risk of reoccurrence. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

Staff we spoke with had a good understanding of people's risks and were able to tell us what action they would take to make a person or situation safe. Staff we spoke with told us that since our last inspection improvements had been made at the home. Staff told us that the reporting procedures in place had been improved. They also told us about the measures in place to minimise incidents happening in the first place. For example, the transport arrangements had been reviewed, improvements made to the vehicles. Some people were now accessing a car rather than a mini bus to travel in and this had reduced person to person incidents. Staff told us that they were clear about their responsibility to record and report any concerns to the deputy or registered manager. A staff member told us, "[Registered manager name] has gone through the safeguarding procedures with us and made it clear what must be reported and who concerns are reported to. We report to the local authority and to CQC." Another staff member told us, "The last inspection has had a massive impact. There has been a lot of changes to the paper work, there is a lot more recording for us to do. But I understand the reason why and it's important that we have clear and accurate records so that things can be followed through."

The registered manager demonstrated a clear understanding of their responsibilities around safeguarding. They were able to tell us about the improvements that had been made within the home. They told us and we saw records to confirm that incidents of concern had been appropriately reported to the local authority. The registered manager told us that they were working more closely now with the local safeguarding team and this had helped ensure that the systems in place for safeguarding were robust.

At our last inspection we found that although there was a system in place for managing risks and risk assessments were in place. These were not always kept under review following an incident so that interventions could be developed to reduce the risk of incidents reoccurring. At this inspection we found that the risk assessment process had been developed and the required improvements had been made. Staff spoke with confidence about how they supported people with specific risks. They told us that their own understanding and awareness about specific risks related to people's health conditions had been improved. A staff member told us, "We have learnt a lot and we are a lot more aware now of potential risks to [the person's name]. We have lots of measures in place now to minimise the risks".

At our last inspection we saw that the safety and cleanliness of some furnishings were not always

considered and placed people at risk of harm. At this inspection we saw that where needed furniture and fittings had been repaired and replaced. Further work was taking place to continually improve the environment. We saw that both daily and weekly checks were carried out to identify any environmental risks and we saw that where this was the case action was taken in a timely way.

We saw that medication was given to people as prescribed. Protocols were in place, with guidance for staff to follow about when this medication should be given. We saw that people's records contained guidance for staff about how people liked to take their medication.

We saw that people were supported by sufficient numbers of staff. Most people required one to one support when leaving the home. The registered manager told us that there were flexible levels of staffing to make sure people could attend activities and appointments. We observed that staff had time to spend with people and were not rushed. The registered manager told us that they had continued to recruit to vacant posts and we saw that the use of agency staff had greatly reduced since our last inspection. This ensured greater consistency for people.

The provider had a human resource department who oversaw staff recruitment at their head office and the registered manager told us that the recruitment records were kept at head office. We identified no concerns with recruitment practice at our last inspection. Staff spoken with told us that they had completed recruitment checks prior to their employment. We looked at induction records for the most recently recruited staff member and we saw that the provider had a comprehensive system for the induction of new staff into the organisation.

Is the service well-led?

Our findings

We have inspected this key question to follow up the concerns found during our previous inspection on 19 September 2018. At our previous inspection, we found the provider's audits had not identified the shortfalls that we did or had failed to act in a timely way when issues were identified. For example, when risks in relation to people's care were identified the provider had failed to mitigate the risk. The failings we found resulted in a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued the provider with a warning notice. At this inspection, we found the provider was no longer in breach of this regulation.

At the time of our inspection 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. 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. The provider had notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.

Following our last inspection, the registered manager provided us with a detailed action plan. This told us what action they had taken in relation to the failings of the regulations. During this inspection we could confirm that what they had told us in their action plan had been put into practice. The registered manager was very open and transparent with us and they recognised that whilst improvement had been made these needed to be sustained and built on. They told us that a staff team away day event had taken place and had been a successful event. They told us that they had 'stripped back' their service development plan and recognised that they needed to have a strong foundation that they could then build on. The registered manager talked through some of the ongoing development plans with us which included ensuring that a full staff team was in place and this had almost been achieved. They were also promoting the development of staff members who would 'champion' key areas of development in the home. There was also work taking place with the landlords of the home to improve some of the environmental issues, for example the ventilation system.

We saw that the registered provider had a range of audits and checks to monitor the quality and safety of the service. Additional audits had been introduced since our last inspection and improvements had been made to existing audits. We saw that these were now more robust and we could see that issues identified were being actioned in a timely way. For example, we saw that there was a detailed weekly audit that monitored all key areas of the home including monitoring of a safe environment and the recording and reporting of incidents. This ensured that people lived in a safe, comfortable and homely environment. The audits we saw addressed all the key areas of the operation of the home.

Staff we spoke with spoke highly of the registered manager. A staff member told us, "[Registered manager's name] has been clear with us about what needed to be improved and we work as a team. Another staff member told us, "[Manager's name] is very responsive, they respond to things very well, they get things done

that needed doing and they are calm about it."

Some relatives told us at our last inspection that communication between them and the home could be improved. The registered manager was able to talk through this with us and told us what action they had taken to improve communication. They told us that a communication system had been implemented with the family members and we saw records of this.

We saw that regular staff meetings took place. Minutes of these showed that the outcome of the last CQC inspection, health and safety matters and the wellbeing of people that lived at Horton Street were all discussed.

The registered manager told us and records confirmed that the home worked in partnership with other key agencies and organisations such as the local authority and other health professionals to ensure there was provision of joined up care. Where required staff also shared information with relevant people and agencies for the benefit of the people living there.

The provider is required to display their latest CQC inspection rating so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had displayed their rating at the service and on their website as required. This showed the registered provider understood their responsibilities.