

Sense

# SENSE - 1 Ashley Green

## 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

### About the service

SENSE- 1 Ashley Green is a residential care home for people under 65 years old with learning disabilities or autistic spectrum disorder, physical disability and sensory impairment. The service was providing personal care and support to five people at the time of the inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People's relatives told us their family members were safe and well looked after by staff. Staff assessed and managed risks to keep people as safe as possible. They were aware of their responsibilities in relation to keeping people safe from the risk of abuse. Staff were recruited safely and there were enough staff to meet people's needs. The service was clean and well maintained and staff practised good infection control and prevention. People were supported with their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff assessed people's capacity to make decisions. People's consent to their care and support was sought and their choices respected. The design and layout of the service met people's needs. Staff supported people to maintain a balanced diet and monitor their nutrition and health. Staff were suitably trained and supported and had the skills, knowledge and experience to provide the support people needed.

Staff had assessed people's specific communication needs and were familiar with the ways people communicated. Staff were friendly and kind, and people's privacy and dignity were respected. Staff showed they valued people as individuals and had formed positive relationships with them. People's relatives were involved in planning their family member's care.

People had up to date support plans, which gave good guidance on how their care and support needs should be met by staff. Care was delivered in line with people's choices. People were involved in a variety of activities at the service and in their local community. People's relatives knew how to complain and felt confident any concerns would be listened to and responded to well.

The service was well led by a management team who led by example to ensure an open and honest culture. The management team monitored the service to check on quality and make sure staff were providing good care and support. The registered manager and staff team worked in partnership with other services and

organisations to make sure they followed good practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 20 June 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 - 1 Ashley Green

## 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

SENSE- 1 Ashley Green is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 on the first day and announced on the second day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse or when a person injures themselves. We contacted relevant agencies such as the local authority and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We were introduced to and spent time with four people who used the service who had limited or no verbal communication. We also observed staff interactions with people and observed care and support in communal areas. We spoke with the registered manager, deputy manager, operations manager, two members of staff and an agency staff member. We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A sample of records relating to the management of the service, including training and audits were also reviewed.

#### After the inspection

We made telephone calls to two people's relatives to gain their feedback on the service. We also continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We had contact with two health and social care professionals who regularly visit 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.

### Using medicines safely

- People received their medicines safely. Medicines were stored securely, and stock balance checks were completed to ensure medicine quantities were accurate. Audits were also carried out weekly and monthly to check all medicines procedures.
- People received their 'as required' medicines when they needed them. However, one of these medicines did not have a protocol in place to guide staff on their use. Management staff addressed this during the inspection.
- Staff were trained to administer medicines safely in line with current good practice guidance. This included an initiative called STOMP. (stopping over medication of people with a learning disability, autism or both with psychotropic medicines). Psychotropic medicines are medicines that affect how the brain works.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems and procedures were in place to protect people from the risk of abuse.
- Staff completed training in safeguarding adults. They understood their responsibility to report concerns and were confident these would be acted upon. Safeguarding was a high priority in the service, and frequently discussed with staff to check their understanding.
- People's relatives told us they felt their family members were safe and well supported. One relative commented, "[Name of family member] is happy and safe. That makes us happy and feel reassured."

### Assessing risk, safety monitoring and management

- People's care files contained detailed risk assessments linked to their support plans. Strategies used to minimise risks were documented. For example, support needed when eating to prevent choking. A health professional praised the staff team in their management of risk with a person who was supported to access hydrotherapy.
- Staff understood where people required support, and how risk was managed while still encouraging people's independence and privacy. One person was at risk from falls when getting out of the bath, so staff supervised them at this point. They were otherwise able to enjoy a long soak in the bath in privacy.
- Checks and servicing were carried out to the building and equipment to make sure it remained safe for use by people and staff.
- People had a personal emergency evacuation plan and staff were aware of what to do in the event of an emergency. Staff could describe fire procedures in the service and confirmed regular fire drills took place.

### Staffing and recruitment

- There were enough staff to meet people's needs. Staffing levels were flexible according to people's needs and activities and were kept under review to make sure people received safe care. People's relatives told us

they had no concerns about staffing levels. They said they always found there was plenty of staff available when they visited.

- Agency staff were deployed due to staff vacancies. The registered manager ensured agency staff were consistent and knew the needs of the people who used the service. Agency staff were very positive about working at the service and said they were given time to get to know people and their needs. One said, "I love coming to this home."
- The provider had safe recruitment processes in place to minimise the risk of unsuitable staff being employed.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. Staff used disposable aprons and gloves when needed.
- The service was very clean, and staff worked hard to maintain high standards of hygiene. There were schedules in place to ensure regular cleaning.

#### Learning lessons when things go wrong

- The management and staff team took action to reduce accidents and incidents and learnt from these. There were very few accidents or incidents in the service.
- The registered manager reviewed any accident and incident reports to check if there were any trends of if additional support could be put in place to prevent any re-occurrence.



# 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 people's outcomes were consistently good, and people's feedback confirmed this.

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- People were not unnecessarily restricted, and staff understood the principles of the MCA and DoLS. People were asked for their consent to any care and support interventions. Staff gave full explanations to assist people to make choices and these were respected.
- Overall, the service acted within the legal framework of the MCA. People's capacity to consent to various decisions was assessed and where people lacked capacity, best interest procedures had been followed. However, some relatives had signed consent to the use of photographs for people. It was unclear if they had the legal right to make this decision for people. The registered manager told us the provider had recognised this issue and was currently reviewing this practice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and reviewed thoroughly, to ensure their needs could be met effectively and in response to any changes in needs.
- Information about people's strengths, preferences and needs was used to develop personalised individual support plans. These were based on recognised tools and guidance, such as dietary support plans from speech and language therapists and positive behaviour support plans, developed with health professionals. A health professional told us staff at the service worked positively with them when putting these plans in place. They said, "There was great support in place from Ashley Green, they were working with our service, rather than feeling separate."

Staff support: induction, training, skills and experience

- Staff received relevant training to support them in their roles. Training was a mixture of e-learning and face

to face training. Staff said this suited them and led to learning and sharing of good practice. One staff member said, "Training is very good, best I have ever had. I really enjoy it."

- New staff completed induction training and the Care Certificate. The Care Certificate is a set of standards for social care and health workers to adhere to.
- Staff said they were well supported by the management team. They received regular supervision and annual appraisal of their performance which promoted their professional development. Staff's competency in their role was also regularly assessed.

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

- People were supported to have a balanced, healthy and varied diet of their choice. One person had been encouraged to lose a significant amount of weight and maintain this through healthy eating. Their relative said, "[Name of family member] does much better with the weight loss; can walk further and has more energy."
- Staff were very knowledgeable about people's individual dietary needs and preferences.
- Snacks and drinks were available at any time for people.

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

- People were supported to access and receive a range of healthcare services when needed. Staff were prompt in identifying signs of ill health. This was based on their good knowledge of people and how people communicated any discomfort or distress.
- Staff liaised with health professionals when assessing a person's health needs, so they could provide information to them when needed.
- Health action plans were in place and people's health was closely monitored by annual health checks.
- People's oral healthcare needs were assessed. People visited the dentist regularly and had support plans in place to manage any oral healthcare needs.

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

- The service was well-equipped with adaptations to meet people's sensory impairment needs. This included bedroom door bells linked to flashing lights for people who were hearing impaired. Thoughtful planning had also gone in to the furnishings to ensure rounded edges on shelving and other pieces of furniture to assist people who were visually impaired to prevent injury.
- People's rooms were personalised to suit their individual preferences, personalities and culture.

# 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

- People were treated with kindness, compassion and respect by caring staff. People's relatives spoke highly of the staff team. One relative said, "I can't stress enough what nice people the staff are; very willing and lovely." All interactions we observed were kind, caring, positive and appropriate. People were relaxed and happy in staff's company.
- At the time of the inspection, the kitchen and dining room were under refurbishment. The registered manager and staff team carefully considered how this would affect people. Staff found suitable ways to work with people to ensure safety and reassurance during this time. We saw how they minimised distress for people.
- Staff knew people's needs and their likes, dislikes and preferences very well. Staff spoke with people with warmth and sensitivity and used reassuring touch appropriately.
- People's diversity was respected, and care plans identified people's cultural needs such as those related to skin and hair care.

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

- People were involved in making their own decisions and their choices were respected. Staff were very clear that people made their own decisions using a variety of different communication methods such as sign language and objects of reference. We saw staff were skilled in their communication with people using these methods and had found objects of reference that were relevant to people and their needs.
- People's relatives were involved in planning their family members care. Some people had access to independent advocates who were also involved in this process to ensure people's views were listened to. A relative told us, "We are always asked about things and kept informed. We have regular review meetings and can speak up about things. We feel listened to."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect and maintained their privacy and dignity. Staff asked people's permission before entering their rooms or providing any assistance. A member of staff told us, "I always keep people covered, respect confidentiality and make sure others do too."
- Staff encouraged people to be as independent as possible. One person was encouraged to take responsibility for their own purse and money when going out to the shops. Others were supported to participate in household tasks such as clearing and wiping tables. Staff told us they saw people's achievements around independence as a cause for celebration.
- People were supported to maintain relationships with those close to them. The registered manager told us

some people had purchased their own mobile telephones to enable them to keep in touch with their relatives through sharing of photographs and messages.

# 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; End of life care and support

- People's support plans were very detailed, personalised and easy to read. These clearly identified what was important to people and how they communicated their wishes and preferences.
- Staff, including agency staff, said they found support plans were accessible and gave them a good picture of how to support the person in the way they preferred.
- Support plans covered all aspects of people's daily living, care and support needs. They were reviewed on a regular basis to ensure they remained up to date. Daily records showed people received their support as planned.
- Staff had sensitive conversations with people's relatives about end of life plans and some people had these in place.

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.

- People's individual communication needs were assessed and recorded in their support plans. These provided staff with detailed guidance on how best to communicate with people. We saw all staff followed this guidance consistently. For example, using hand under hand signing to give a person information.
- People were unable to verbally communicate. There was a positive and enabling focus on the use of meaningful objects of reference for communication with people. Each person had their own objects that were accessible in different parts of the service to enable them access to this means of communication.
- Staff could describe the ways in which people communicated their needs. They knew what different sounds meant to people. For example, they could identify by the pitch whether a person was expressing happiness or discomfort.

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

- People participated in a range of social and leisure activities including meals out, bowling, carriage riding, days out at the beach and holidays. People used the local community facilities such as pubs and cafes. The registered manager said people were known by name when they went to these.
- One person who enjoyed walking, had joined a walking group. They spent a full day out every week. Another person was about to commence a pottery class. Staff said they felt the person would enjoy and benefit from the sensory experience of touching the clay.

- People also enjoyed activities in their own home. These included, arts and crafts, massage and relaxing, sensory baths with bath bombs. A relative told us they were pleased their family member had an active life. They said, "[Name of person] is kept busy and happy."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure. People's relatives knew how to raise concerns and complaints and told us they felt comfortable doing so.
- Actions had been taken in response to any concerns raised.

# 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; 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 and staff team were very open and transparent. They made sure people they supported were their priority. The registered manager frequently worked alongside staff to encourage and support them to give their best for people.
- Staff and relatives spoke highly of the management team. They described the service as well managed and organised. A relative said, "The manager is a very nice person indeed."
- There was emphasis on supporting people to communicate and express their views. Records gave detailed information on how best to support people to communicate.
- The registered manager and provider were aware of their responsibilities to apologise to people when mistakes were made and act on their duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and provider had effective systems in place to ensure the service was safe and quality care and support was delivered.
- The registered manager and provider completed regular audits on all areas of the service. When shortfalls were identified, an action plan was put in place to drive improvements. Most of the time, these were reviewed and signed off when completed by the registered manager. The registered manager was in the process of introducing a priority rating system to ensure the most important issues were addressed first.
- There were systems in place to record feedback received about the service. This included surveys; which showed a high degree of satisfaction with the service.
- The provider and registered manager understood the responsibilities of their registration. Notifications had been sent to us appropriately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were kept informed of important issues that affected the service. For example, staff told us following incidents, there were discussions at staff meetings and one to one meetings.
- Relatives said they could talk with the registered manager or any of the staff team at any time and they listened and acted on suggestions made. One relative said, "I feel very comfortable talking to any of them at the home; they are all so lovely. I have complete faith in them." Relatives also told us the registered manager

telephoned them for regular 'catch ups' and they appreciated this approach.

- Staff said they were able to share their ideas and felt listened to. Staff meetings and team days were held, which gave staff the opportunity to raise issues and make suggestions to improve the service. Staff told us they found the management team very supportive.

Working in partnership with others

- The registered manager and staff team maintained good working relationships with partner agencies. This included working with commissioners and health and social care professionals.

- Health care professionals were complimentary about the service. One health professional described the staff team as 'successful' and 'exemplary' in managing positive risk and understanding people's complex needs.

- The management team and staff were involved in the local community and made sure people were part of this.