

Sense

SENSE Andlaw House

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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Andlaw House is a residential care home for people who are deafblind living in Exeter. The home comprises two flats with separate staff teams. At the time of the inspection there were four people living in each flat. People who live there may also have additional complex and diverse needs, a learning disability, and/or a physical disability. The provider is Sense, a national charity organisation for people who are deafblind. Sense use the term 'deafblind' to cover a wide range of people, some of whom may or may not be totally deaf and blind.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good with an outstanding rating in caring.

The service provided exceptional ways to enable people to communicate effectively to ensure they were involved in decisions. There was an extremely positive approach to human rights to ensure equality and diversity was embedded into practice. 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.

People were at the heart of the service and supported to make decisions about every aspect of their care and support. Staff were creative and innovative in helping people to express their views and participate fully in the world around them. We observed that staff were kind and patient and treated people with dignity and respect. The service was proactive in ensuring people would be treated and cared for equally regardless of their sexual orientation, culture or religion. People were able to maintain ongoing relationships with their families, who were made to feel welcome and kept fully informed about the wellbeing of their family member.

People remained safe at the service. There were adequate numbers of suitable staff to meet their needs and support them to live their lives as they wished. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People continued to be protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to support them. Good communication in line with people's assessed needs was key to the support people received at Andlaw House, and the service was compliant with the Accessible Information Standards. People's healthcare was monitored by the staff and people had access to a range of healthcare professionals

according to their individual requirements .

The service remained responsive to people's individual needs. Care plans were comprehensive, person centred and easy to follow. This meant they provided clear guidance for staff, enabling them to meet people's needs according to their preferences. People could choose to participate in a range of activities. There was a clear complaints process in place. People's end of life wishes had not been documented, but action was being taken to ensure this sensitive issue was discussed with people and their relatives at their annual review.

The service was well led. There had been significant changes at the service since the last inspection. 80 per cent of the staff team had left and the provider and registered manager had been working closely with local authority quality assurance and improvement team to address the issues that had undermined the quality and safety of the service. There had been a change in the culture of the service, which had improved communication, openness and honesty and created a more flexible staff team. Staff, people and relatives were extremely positive about the service and the way it was now managed. The provider had effective quality assurance systems in place which enabled them to monitor progress and ensure the continued quality and safety of the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Outstanding ☆

The service is Outstanding.

The service provided exceptional ways to enable people to communicate effectively to ensure they were involved in decisions.

There was an extremely positive approach to human rights to ensure equality and diversity was embedded into practice.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

SENSE Andlaw House

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 comprehensive inspection took place on 3 and 4 December 2018 and was unannounced. It was carried out by one adult social care inspector and a specialist advisor with expertise in learning disability. We commissioned a British Sign Language (BSL) interpreter to facilitate communication with people living at the service. In the event this was not appropriate because people had their individual and unique communication methods. They were, with their consent, supported during the inspection by the member of staff best able to facilitate communication.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 looked at the information in the PIR and looked at other information we held about the service before the inspection visit.

We looked at a range of records related to the running of the service. These included staff rotas, supervision and training records, medicine records and quality monitoring audits. We looked at the care provided to people; observing how they were supported, looking at five care records and speaking with two people to help us understand their experiences. We received feedback from four relatives. We spoke with eleven staff including care staff, the operations manager, registered manager and deputy manager.

Is the service safe?

Our findings

The service continued to provide safe care. People told us they felt safe. Relatives told us how they could relax knowing their family member was safe, saying, "It's nice to think they are safe, with people they get on with...We feel happy when we come and walk away feeling content. We've got our lives back."

People continued to be protected by staff who understood what to do if they suspected anyone was at risk of harm or abuse. All staff undertook training in how to recognise and report abuse. Staff said they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people. Safeguarding concerns were managed appropriately, and the service worked effectively with the local authority and other agencies to ensure concerns were fully investigated and action taken to keep people safe.

Risks of abuse to people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the home. Appropriate checks were undertaken by the provider before staff began work. This included Disclosure and Barring Service checks (DBS). The DBS checks people's criminal history and their suitability to work with vulnerable people.

Support plans contained comprehensive risk assessments for a range of risks according to the individual needs of the person. The risk assessments were person centred, identifying what was important to the individual and what was important for them. They promoted people's independence, addressing potential risks in a range of settings and situations, at the service or out in the community. There were concise and specific instructions for staff to follow, to ensure people received safe care and support. For example, one person had been identified as being at high risk of choking. Their risk assessment guided staff to, "make sure I have finished what's in my mouth before giving me more food, as I may choke if there is too much in my mouth at once." Positive Behaviour Support plans were in place where required, which aimed to enhance people's quality of life while reducing behaviours that might put the person or others at risk. The risk assessments were due to be reviewed monthly to ensure they remained effective in meeting people's needs and the support remained appropriate. However, we found some were out of date. The manager was aware of this and told us the support plans were in the process of being reviewed and updated.

People received their medicines safely from staff who had completed medicines administration training. Additional training had been completed to allow staff to administer insulin, and their competency was regularly observed by the community nurse team. Staff had detailed knowledge about how each person liked to have their medicines. We observed people being given their medicines in a dignified way in line with their individual needs and preferences. Medicines were stored safely. There were robust systems in place to audit medication practices to make sure that practice was safe for the people using the service.

There were sufficient staff to meet people's needs and keep them safe, even though difficulties with recruitment meant the team was lacking three full time members of staff. Consistent agency staff were used to fill any gaps and the registered manager and deputy manager covered shifts if required. The registered manager told us, "It's fortunate that we have managed to maintain one to one levels. Everybody

goes out every day. It's important the guys are doing what they expect to do." Staff were carefully matched with the individual people they supported.

People were protected from the spread of infections. Staff understood what action to take in order to minimise the risk of cross infection, such as the use of gloves, aprons and good hand hygiene to protect people. There were safe systems in place for dealing with contaminated laundry.

People lived in an environment which the provider continued to assess to ensure it was safe and secure. Fire checks and drills were carried out in accordance with fire regulations. People had personal emergency evacuation procedures in place (PEEPs) which detailed how staff needed to support individuals in the event of a fire to keep people safe.

The provider had systems in place to ensure that lessons were learnt and improvements made. Systems were in place to monitor incidents, accidents and safeguarding concerns. The PIR stated, "Incident / Accidents are recorded and reported to Health and Safety. These are reviewed by the management to establish any patterns or learning." For example, a review of accidents and incidents had concluded that "stumbles and loss of balance were largely consistent with people having limited vision and sensory loss."

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Staff were competent in their roles and had very good knowledge of the individuals they supported, which meant they could effectively meet their needs. One person required a high level of skilled support to maintain their physical health. This was provided by a stable and consistent team of staff. A relative told us, "They know what [our family member] wants. If they weren't getting what they wanted they would be climbing the walls. The staff understand them well. Much better than we do."

People were supported by staff who had received training to meet their needs effectively. New staff undertook the Sense induction training which covered the providers values and policies; supporting individuals to have a voice, choice and control of their lives; communication skills; difficulties with swallowing; safeguarding and, positive behaviour support. They completed the Care Certificate; a detailed national training programme and qualification for newly recruited staff. They also spent a week in each flat shadowing more experienced staff, during which they were observed to see how they interacted and got on with the people living there.

Staff received ongoing support through training and supervision. Individual supervision was provided every six weeks, and an annual appraisal. The providers mandatory training included Medication Awareness, First Aid, Manual Handling, Safeguarding, and Equality and Diversity. This training was refreshed annually to ensure staff knowledge and skills remained up to date. Additional training allowed staff to understand and meet the specific needs of the people they would be supporting, and staff spoke very positively about this. This included training in conflict management and resolution; deafblind storytelling and autism awareness. However, some staff told us they found it difficult to access more specialist training due to funding issues. For example, British Sign Language, which they felt this was key to their role. They also said some training was out of date relating to conflict management. We discussed this with the registered manager who advised that this training had now been arranged.

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's legal rights were upheld and consent to care was sought in line with guidance and legislation. For example, support plans documented that people's consent had been sought in relation to all aspects of their care and we heard staff consistently asking for their consent before supporting them. There was clear information about people's decision making and the support they needed with this. A member of staff told us, "It's important for people's mental health that they are able to make as many decisions as possible. It's important that you're not taking decisions away from them that they would make themselves." Where people had been assessed as not having the capacity to consent to their care and treatment, decisions had been made in their best interests, involving family and health and social care professionals as required.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The service had referred people for an assessment under DoLS where required. Care plans contained clear information about any restrictions placed on people, which was reviewed to ensure it was necessary to prevent any likely harm and was proportionate to that harm.

The Accessible Information Standard is a framework put in place making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Effective communication was key to the support people received at Andlaw House. Staff used a variety of communication methods according to people's individual needs and preferences. This included British Sign Language (BSL), Makaton, memory boxes, scrap books and widget symbols; which share information through pictograms rather than text. The service was continuously looking at how individual communication could be improved. For example, two people's hand held computers had recently been set up with widget symbols, which staff told us had been very liberating for them, and there were plans to make the support plans more 'widget friendly'.

People were supported to access external healthcare services as required to ensure their continued health and wellbeing. Support plans documented the support provided by a wide range of external health and social care professionals including, Speech and Language Therapists (SALT), Epilepsy Liaison Specialist nurses and, the Intensive Assessment and Treatment Team (IATT) (who support adults with a learning disability experiencing or causing in others high levels of distress). People could also be referred to specialist professionals employed by Sense, such as 'Multi Sensory Impairment (MSI) Practice Advisors' and 'Behaviour Support Advisors', who offered support to people and the staff working with them.

People were supported to eat and drink and maintain a balanced diet. Any individual dietary needs, preferences or risks were identified at an initial assessment, written in support plans and regularly reviewed. People were offered choice of when, where and what to eat, and were supported to be involved in preparation as far as possible. For example, one person had a smoothie twice daily. They were given a box containing two fruits and chose one, which they cut up. They then pressed the button on the blender, which a member of staff told us provided a sensory experience as it vibrated, and showed the person 'cause and effect', ie what happened when the button was pressed.

The people living at Andlaw House had significant learning disabilities and sensory disabilities together with additional special needs. The accommodation in both flats was designed, adapted and decorated to meet their needs and expectations. The maintenance of the home had been neglected by the company that owned it. At the time of the inspection this was being addressed and a refurbishment programme was in progress, both inside and outside of the building. People had chosen the décor in their rooms. There was a sensory room and one person had different essential oils in a diffuser every day. People's pottery had been hung on the walls, creating a tactile trail for people to follow with their hands. The outside space included a BBQ and hot tub which people enjoyed using. Plans had been submitted to improve this area with a sensory garden and integrated trampoline, but progress had been slowed by funding issues.

Is the service caring?

Our findings

The service was exceptionally good at enabling people to communicate in an effective way that had a positive impact on their lives. The staff team were fully committed to helping people to express their views. This meant staff and managers had a clear understanding of what the person thought of the support provided, and their individual preferences and choices.

Staff told us, "My role is all about making people feel empowered and making choices. It's important for them to have control over their lives." One person had developed their own sign language, and a member of staff was working with them to develop a video library of the signs they used. This resource supported communication between the person and any new or agency staff, who might not have an understanding of their unique language. 'Choice boxes', had been recently introduced, containing objects of reference meaningful to the person that they could refer to in order to communicate their choices.

Staff had attended a workshop called, 'Memories, Moments and Me' to consider how information is captured which was meaningful to the individual, to express what was important to and for them. This was evident in one person's review, which included a photograph of them enjoying their 'perfect day'. Staff told us everything the person wanted to say was expressed in the photograph, so additional text was not required. In addition, the service made good use of technology to support communication, helping people to express their views. For example, two people's hand-held computers had recently been set up with widget symbols, and a computer was being obtained for another person which enabled them to use their eyes to control the mouse.

The support provided by the service was highly personalised and caring. For example, one person, who was passionate about football, had become an ambassador for the local football team, and did a 'meet and greet' with fans as they arrived at the match. The registered manager said, "The guys [people supported by the service] are giving as well as receiving. [Person's name] loves sports and likes to feel they can help. Everything is done to them. It's good for them to do something for other people. Something that is meaningful for them."

People had been consulted about what kind of person they wanted to support them, what their skills and personality should be like, and whether they had any shared common interests. The registered manager told us, "People can choose who they want in their care team. If their behaviours and body language suggest they aren't comfortable we will move that member of staff. We need to provide consistency and continuity with the person at the centre."

People were provided with a caring and person-centred service. People told us they liked living at Andlaw House and staff were kind and helpful. A relative described their family member as "exceptionally happy" there. Written feedback from another relative said, "It gives us, as ageing parents, such confidence for [family member's] future and we want you to know that we are proud of the staff; their energy, kindness and forward thinking which has made such a difference to them as a person."

Staff spoke passionately and with a sense of pride about their roles. A member of staff described how they had accompanied one person on a holiday abroad, saying, "It was amazing. They really loved it!" Another member of staff told us, "You could do the bare minimum, but we can make a real impact on people's lives. Plus it's fun as well!"

People were supported by staff who treated them with patience, kindness and understanding. We saw many positive interactions between people and staff. For example, during the inspection staff were sitting quietly with people, talking and giving hand massages. They were very attentive to people's needs and understood when they needed reassurance or guidance. They supported people at their own pace, encouraging them to take their time in completing the activities they were engaged in.

The service was proactive in ensuring people would be treated and cared for equally regardless of their sexual orientation, culture or religion. The providers equality and diversity policy stated, "We are committed to providing services which embrace diversity and promote equality of opportunity. We recognise, celebrate and promote the positive contributions that are made by people who are deafblind, have sensory impairments and those with complex needs, in shaping the support they receive and the direction of our organisation." Staff had completed relevant training and were committed to putting their learning into practice.

Support plans contained information about people's religious or cultural needs and identity, respecting their right to choose. For example, an 'Equality, Diversity and Inclusion Plan', considered how people might "participate and contribute to their citizenship, meeting their equality and diversity needs" and, how they might "broaden their knowledge, and experience the diversity of other cultures in their community." The manager told us how people had attended a local festival about diversity, and they were looking to support people to develop links with relevant community groups and organisations. People were supported to learn more about sexuality and relationships if necessary.

People were able to maintain ongoing relationships with their friends and families. The PIR stated, "One family requested that they are emailed weekly and the individual is supported to put in the email what they would like their family to know, for example the activities they have participated in." The relatives we spoke to told us they were invited to play an active role in the support of their family member. One relative told us, "They always keep me informed. I go to all the reviews. I can call in whenever I want, it's never a problem." Another relative said, "There is always brilliant communication with the family. There is an ethos to parents, we are allowed to come any time of day or night."

People's privacy, dignity and independence was respected and promoted. Staff gained people's permission before entering their personal space or providing support, and assistance with personal care was given in private. Support plans contained details of people's preferences with clear guidance to ensure these were respected by staff. For example, one support plan said, "If I am awake it is important that I am given the choice to have a lie in (give timeframe of when you will be back or support me to get up)."

Is the service responsive?

Our findings

People continued to receive care and support which was responsive to their needs. For example, a relative told us how the service had responded effectively as the needs of their family member changed. They had reassessed the person's needs and reviewed their support plan with them, their family and specialists and, "a new support plan was now up and running." During the inspection we saw that staff responded effectively when a person was showing distress. They knew the person well and what strategies to try to reassure them for example, considering whether the person was too cold, too hot or was hungry.

The operations manager told us that any new referrals to the service were considered carefully, to ensure the service was able to provide the support the person needed and manage any risks. One person had recently moved to Andlaw House from another location. Relatives told us it had been a long process which was "well thought through by everybody involved". The service had ensured the person was fully involved and informed and the move had gone well.

Support plans were comprehensive. The information in them was organised, and staff, including agency staff, told us they were clear and easy to follow. This gave them a clear understanding of people's individual needs and preferences. People's views were reflected throughout; describing, how, when and where they wanted to be supported, how they should be communicated with and, important things to remember about them.

The support plans were reviewed at monthly core team meetings, with the person and the staff team members they had chosen. This was an opportunity to reflect on what had been tried, what was working well, what had been learnt and any concerns. People were supported to make a meaningful contribution to these review meetings, according to their preferred method of communication. These meetings informed the development of an action plan, which might contain suggestions for new activities to try or a referral for specialist support. In addition, annual person-centred reviews were held with the person and their individual circle of support. The PIR described this meeting as an opportunity "to celebrate what the individual has achieved over the past twelve months and what the individual's focus will be for the next twelve months."

People had individual activity timetables, which included activities within Andlaw House and out in the community. This had been developed with them according to their interests and aspirations and was reviewed regularly. One person told us they liked going to the gym and making pizza. Another person enjoyed sorting out the recycling for their flat. Other activities included attending a local music project, visits to the pub, shopping trips, holidays and an annual camping trip for people supported by SENSE in the southwest.

The service had a clear complaints process and posters were displayed in communal areas, publicising this. People were supported to express their views and raise any concerns or complaints both formally at their review meetings, or informally with staff. This was done in line with their individual method of communication. There had been one complaint in the last 12 months which had been effectively managed using this process.

People's end of life wishes were not consistently documented in the support plans. This meant there was a risk their wishes would not be known and respected. We raised this with the registered manager who was aware of this risk, and the need for discussions with people and their families about this issue. They told us, "We need to find the right way to present the subject without relatives worrying. It will become part of people's annual review, as one of the things we need to discuss."

Is the service well-led?

Our findings

The service continued to be well led. Relatives commented, "They are caring and dedicated people led by an excellent manager. Our family are very grateful" and, "The manager is amazing. They gave up their Christmas Day to cook dinner for staff and residents. They are a hands-on person. You can always tell when you've got a good leader."

The registered manager registered with the Care Quality Commission to manage the service in April 2017. 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.

There had been a period of significant challenge and change at the service since the last inspection, during which 80 per cent of the permanent staff team had left. The registered manager told us they had come to work at Andlaw House when it was at its 'lowest point', saying it was like, "starting again really." They had worked with the local authority quality assurance and improvement team to identify and address the issues which had contributed to the deterioration of the service. This included the staffing culture, training, quality assurance systems and requesting support appropriately from external professional bodies. A review by the quality assurance and improvement team in June 2018 found the service had made significant progress in all of the areas identified, and this was confirmed by what we found on this inspection. For example, care records provided evidence of input from external health and social care professionals, such as Speech and Language Therapists (SALT), Epilepsy Liaison Specialist nurses and a psychiatrist. This showed that the service was now working in partnership with external professionals to meet people's needs. There had been a 'cultural change', which the registered manager and staff told us had improved communication, openness and honesty, and created a more flexible staff team. A service development plan was in place detailing the actions still required, including expanding the training provision, updating and enhancing support plans and recruiting permanent staff. The registered manager said, "We needed to be clear about where the service was going. At the heart are the people we support. They need the right support from people with the right skills and knowledge."

The provider had continual oversight of the progress being made. There was a comprehensive quality governance framework based on the CQC's key lines of enquiry. This looked at all aspects of the service and the environment to ensure people's needs continued to be met safely and effectively. The quality of the service was also measured against the 'I' statements which describe Sense's values. These statements are, "I will listen to others; I will understand and respond; I will respect others; I will be honest and open; I will participate and contribute; I will take informed risks; I will find things to celebrate and No decision about me without me." This ensured that the service consulted and involved people and staff in all aspects of service provision, for example at their review meetings or at staff meetings.

There were monitoring systems in place with clear lines of accountability. The operations manager and area manager were proactive and supported the manager in their role. The management team at Andlaw House consisted of the registered manager, deputy manager and two team leaders, providing support across both

flats. The registered manager and deputy manager were highly visible in the service, working alongside staff, monitoring the quality of the care provided and supporting staff as required. This meant they could observe staff practice and give feedback on the spot. They said, "I will bring it up in a team meeting if staff have done well."

Staff spoke positively about the registered manager and the changes at the service. They told us, "It's so much better, more organised and more stable. We have regular agency staff. It's one of the nicest staff teams I've worked with" and, "It's managed a lot better. There are no hierarchies, no cliques. Working between the two flats it feels more like one entity. There is a lot more equilibrium. It's a lot nicer and a lot more supportive." The registered manager told us there had been a greater focus on valuing and utilising the skills and experience of staff. They said, "We want them to feel valued and that they are making a real contribution to something. They have helped to move the service on." Staff had contributed to the service development plan, through discussion at team meetings. The operations manager was particularly proud of the fact that Andlaw House staff had contributed to a new strategic plan for the organisation. They had contributed their views on a range of questions including, "What would you like Sense to achieve by 2022?" and, "Which areas of work should Sense start to deliver, or do more of in the future?"

The provider was proactive in keeping their and the staff team's skills and knowledge up to date. Monthly briefings were provided and discussed at team meetings, which provided an opportunity for staff to reflect and learn. These included updates about legislation, and guidance from the National Institute for Health and Care Excellence (NICE), which provides national guidance and advice to improve health and social care. Staff were also kept up to date with regulatory requirements via publications such as 'a CQC Guide for Staff' and a recent study by the Kings Fund, evaluating the impact of CQC on providers performance. There was a focus on considering 'best practice', with staff invited to contribute 'good news' stories and the sharing of an 'outstanding' CQC report from another of the provider's locations. The registered manager kept their own knowledge up to date by subscribing to relevant publications and participating in various forums for exchanging information and ideas, and fostering best practice, for example the local authority provider engagement network.