

Sense

# SENSE - 35 and 37 Britannia Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection was announced. We gave the registered manager 24 hours notice of our visit because we needed to ensure those people being supported and key staff were available. SENSE – 35 and 37 Britannia Road is registered to provide accommodation and personal care for up to four people. The service is for people who are deafblind and a number of the staff team were also deaf. At the time of our inspection there were two people in residence.

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. They were available on the day of our inspection.

Both the registered manager and the support workers were aware of their responsibilities to protect people from coming to harm. They knew how to raise and report any concerns they had about people's safety and welfare. All staff received safeguarding adult training. There were safe recruitment procedures in place to ensure that unsuitable workers could not be employed by the service.

Risks to people's health and welfare were well managed. The presence of any risk was not seen as a reason to not do an activity as the service had a positive approach to risk. Medicines were well managed and support workers were competent to support people with their medicines.

People received the level of care and support that met their specific needs and staffing levels were arranged accordingly. People were supported to make decisions about their day to day life and were assessed for the ability to make more complex decisions. The registered manager was familiar with the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation to ensure people were not deprived of their liberty when they could not give consent. Both people in residence at the time of the inspection were subject to authorised DoLS restrictions to maintain their safety.

There was an induction training programme in place for new support workers and this was in line with the Care Certificate, introduced in April 2015. The Care Certificate is a set of standards that social care and health workers must work to in their daily working life. The staff team were well trained and were all able to communicate in British Sign Language.

People were provided with the meals and drinks they liked. Any preferences and dislikes of food were taken in to account but support workers ensured they had a good nutritional diet. Staff ensured safe guidelines were followed where there was a risk of choking whilst eating. Arrangements were made for people to see their GP and other health or social care professionals as and when they needed to.

The staff team had good relationships with the people they looked after and their families. They supported people to maintain contact with their family. The staff team were kind, caring and friendly and interacted well with people. People were encouraged to express their views and opinions, were listened to and

involved in making decisions about their care and support.

The service was well led and the registered manager had been in post for many years. They provided good leadership and management for the staff team. There were robust arrangements in place to assess, monitor and improve the quality of the service using a quality framework of audits. There was a service development plan in place in order to drive forward any improvements needed.

## 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.

The staff team were aware of their responsibilities to safeguard people and to report any concerns they may have. Any risks to people's health and welfare were well managed.

Staffing numbers were sufficient and organised around each person's daily activity plans. People's care and support needs were met.

Staff recruitment procedures were safe and ensured unsuitable staff were not employed. The management of medicines was safe.

### Is the service effective?

Good ●

The service was effective.

People were looked after by staff who had the necessary skills to meet their needs. The staff were well trained and supported to do their jobs.

People were offered care and support with their agreement. The service was aware of the principles of the Mental Capacity Act (2005) and the requirements of the Deprivation of Liberty Safeguards (DoLS) were met.

People were provided with sufficient food and drink. They were supported to access healthcare services and to maintain good health.

### Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect. They were at ease with the staff and communicated in their preferred method.

People's personal choices and preferences were taken account of and they were actively involved in making decisions about their care.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they required and wanted. Their needs were kept under review and they were fully included in making decisions about their care and support.

People were listened to and any comments or complaints they had were acted upon appropriately.

### Is the service well-led?

Good ●

The service was well-led.

People benefitted from a service where there was good leadership and management. They were kept at the centre of decisions made about the service and were looked after by a staff team who worked consistently with them.

There were quality assurance procedures in place to assess and monitor the service and ensure it met the legal requirements.

# SENSE - 35 and 37 Britannia Road

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

When we inspected the service in November 2013 we found there were breaches of the legal requirements. We returned in March 2014 and the breaches had been rectified.

We inspected this service on 2 August 2016. The inspection team consisted of one inspector. Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We had asked the provider to submit their Provider Information Record (PIR) and this had been completed in May 2016. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

We contacted three health or social care professionals and asked them to share their views about how people were looked after. You can see what they told us in the main body of the report.

During the inspection we spoke with both people who lived in the home. Neither person was able to verbally express their views and tell us about their experience of living in the service. However, the registered manager and the support workers used British Sign Language (BSL) and each person's own communication signs to ask them about their life and what they liked to do.

We spent time with the registered manager and five support workers. We looked at both people's care records, three staff recruitment file and training records and other records relating to the management of

the service.

# Is the service safe?

## Our findings

People appeared at ease in the company of the staff who were supporting them. They were unable to tell us whether the service they received was safe because their communication skills were limited and they were pre-occupied with signing about what they were doing that day. They did not want to engage with too many questions. We spoke to two relatives after the inspection and they did not raise any concerns with us about the safety of their loved ones.

All staff received safeguarding training as part of their induction training and the refresher training plan. Safeguarding was a standard agenda item for all staff meetings. The registered manager was the lead for safeguarding and all the support workers we spoke with were aware of their responsibility to protect people from being harmed. They would report any concerns they had to the local authority, the Police or the Care Quality Commission. The contact details were displayed in the office.

We looked at the recruitment procedures to ensure people were safeguarded from being looked after by unsuitable staff. We found the procedures in place to be safe. An application form had been completed and written references obtained for each staff member. A DBS check (Disclosure and Barring Service) was in place. The DBS allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people.

Any risks that would affect the health and welfare of people were well managed. The level of risk was assessed and then a management plan put in place to reduce or eliminate that risk. The service did not consider that risk was a reason for not doing something and supported people to try new activities in the safest way. One person had several risk management plans in their care file in respect of social activities they liked to take part in. An assessment of the person's ability to respond to an emergency evacuation of the premises had been completed and recorded what support they would need in the event of a fire. These documents were kept with the person's care records and with the fire records.

Each person had a positive support plan. This looked at the person's triggers to behaviours and staff responses as well as the risk management of activities and any behaviours. Each member of staff completed MAPA training (Management of Actual or Potential Aggression). This was last completed in April 2016 by all staff and the physical intervention techniques were practised in the team meeting held in May 2016. All incidents of behaviour that required the use of a physical intervention were recorded and monitored. The provider had a dedicated behaviour team and they were sent a copy of the behaviour form and an account of the physical interventions used. The use of physical interventions was monitored on a monthly basis, as well as the number of behaviour incidents and use of PRN medicines. The staff team told us the number of behaviours for one person had significantly reduced and this was also confirmed by the relative. The measures in place had ensured the person and the staff team were safer.

Both people had behaviours which caused damage to their environment. The in-use parts of the premises were maintained and there were no obvious health and safety risks. This was because the staff team took prompt action to report any concerns and worked in a way so as to prevent the person becoming agitated



and unsafe.

Each person had their own self-contained flat and only the two ground floor flats were occupied. The two upstairs flats were vacant and one of them had sustained a significant amount of damage. The registered manager explained the empty flats would be redecorated and refurbished in consultation with any new person at that time. The staff team made visual checks of the premises every day and arranged for repairs and maintenance to be carried out when needed. A check of the maintenance request book showed that any requests had been met in a timely manner.

The fire records were all in order. Checks of the fire alarm system, the beacon lights, the extinguishers, fire blankets and emergency lighting had been completed as stipulated on a monthly or weekly basis.

Maintenance and servicing agreements were in place. The staff team received annual fire training (records confirmed this) and fire drills (practice sessions) were carried out regularly. The fire risk assessment had last been reviewed on 6 January 2016.

Records were maintained of all hot and cold water temperature checks, shower head descaling and water flushing of infrequently used water outlets. All electrical equipment in the service was PAT tested on an annual basis.

Staffing levels per shift were determined by the activities that each person had planned for that day. The staff team consisted of the registered manager and nine support workers. There were staff vacancies for two support workers and a deputy and regular agency workers were used to fill the shortfall. On the day of our inspection there was one agency support worker who had worked at the service on many occasions. They knew the people and other support workers well. This meant that people were looked after by staff who were familiar with their needs and preferences. When people went out in to the community they each needed two support workers with them at all times. Overnight there was one waking night support worker and one support worker who could be called upon if needed. Overnight there was an on-call rota of senior managers if the support workers needed additional support or advice.

The management of medicines was safe. There were clear measures in place to ensure medicines were reordered, stored, administered correctly and disposed of appropriately. Each person had a locked medicine cupboard in their flat. Support workers were only able to support people with their medicines after they had completed safe administration of medicines training and been deemed competent.

Accurate records were kept of medicines received in to the service and of those sent back to the chemist for disposal. Medicine administration records were completed after medicines had been administered. There were PRN protocols in place for those medicines taken on an 'as and when needed' basis. At the time of the inspection neither of the people required their medicines to be crushed or concealed.

# Is the service effective?

## Our findings

The service looked after people who were deafblind therefore the training plan for the support workers included relevant training sessions. For example, positive interaction and communication, living life (previously called deafblind awareness), exploring listening and talking hands and audiology. It was essential that the staff team had the necessary communication skills in order to be able to effectively communicate with the people they supported. New staff completed an online British Sign Language (BSL) course as part of their mandatory training. One newer member of staff said they had been taught much of the signs used by the people they supported. All support staff and registered managers within the service were able to communicate using BSL with people and any staff who were deaf. Staff who were deaf had 'access to work funding' in place for interpreters. Induction training for new staff consisted of corporate SENSE training and a specific training programme to enable them to carry out their role effectively. The provider needs to ensure the induction training for staff is in line with the new Care Certificate. The government introduced the Care Certificate in April 2015 to be completed by all 'new to care' workers.

The whole staff team had a range of computer based and face to face training they had to complete. This included those already referred to plus first aid. The m=Mental Capacity Act 2005, care of medicines. Food safety and nutrition, health and safety and moving and handling (objects). The registered manager maintained a training matrix and this showed all staff to be up to date with their training. In July two support workers had attended their safeguarding refresher training.

The registered manager and the support workers had good working relationship and supported each other to do their jobs. When support workers came on duty they were advised of which person they would be supporting for that shift and any information and changes in their health and demeanour and what activities were planned. Each support worker received monthly supervision with the registered manager and felt well supported in their role.

The registered manager was knowledgeable about the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and had attended training. The support workers were aware of the principles of the legislation and how this affected their day to day work with people. MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to treatment or care. Each person had a DoLS authorisation in place and the continuance of one had already been applied for. The registered manager was booked to attend a DOLS champion workshop through South Gloucestershire Council. They saw this as an opportunity to meet other care providers in the area, to increase their knowledge and share good practice.

People were supported to maintain good nutrition and hydration. They were asked what they liked to eat and drink. Their support workers helped them shop for food items and ensured that each person's dietary requirements were met. The registered manager said each person had an allocated food budget per week. The support workers monitored people's body weight on a monthly basis, more often if necessary. Both people looked a healthy weight. Specific information was recorded in their care plans regarding their needs.

For example, in one person's plan there was an agreement about the spacing of snack foods throughout the week. Eating guidelines were in place for one person where a risk of choking had been identified in order to reduce or eliminate that risk.

Each person was registered with a GP and supported to see the GP whenever they needed to. They were also supported to see other health care professionals as required. For example, hospital consultants, speech and language therapist regarding swallowing difficulties, dieticians and psychologists. Each person had a health action file. This included a hospital passport. This is a document that the support workers had completed and contained information about what was important to the person, what was essential to happen and what the person liked and disliked. This document would go with the person should they need to be admitted to hospital. Support workers would always accompany people to medical appointments or meetings with health and social care professionals.

## Is the service caring?

### Our findings

People could not tell us whether the service was caring however from watching the support workers and the registered manager interact with people it was evident there was kind and loving relationships. The staff shared humour with the person they were supporting and it was evident well established non-verbal communication methods were used.

Both people had a core team of support workers but the way the duty rotas were organised meant that people could be looked after by support workers from the other core team. It was evident the support workers had strong working relationships with the people they supported. There was a good rapport between the support workers and people. The registered manager explained the whole staff team focused on maintaining this rapport after any incident of behaviour to ensure the trusting relationships were not damaged.

Each person was called people by their first name. The support workers provided help, assistance and supervision that took account of people's specific wishes and what was important to them. People were treated well and the staff team respected the decisions they made.

People were treated with respect to their dignity and need for privacy. The registered manager and support worker spoke about people in a kind and respectful manner. They were aware of the different ways people liked to be looked after. One staff member said "I have worked here a long time and I consider (names of the two people) part of my extended family". Another support worker said, "We have to advocate for people when we are out in the community because the public is not always very tolerant and can be unkind".

People were supported to have holidays away from the services. In order to help them make their own choices, options were put into an accessible format for the person to understand. The registered manager explained they had used paths/maps/holiday boards to aid decision making. People were supported to maintain contact with their families. This was either by welcoming them to visit the person in their home or helping the person to travel to visit family.

The support workers ensured they looked after each person with a person centred approach. For one person their approach needed to include big exaggerated smiles, large signing and mirroring his communication. It was essential care plans were kept up to date to ensure support workers had a consistent approach to maximise the person's sense of well-being.

Care plan meetings were used to evaluate people's happiness and desires for the future. An IMCA (independent mental capacity advocate) had been involved with one person to review their happiness (this was in relation to the DOLS restrictions that were in place). Their support plans identified triggers to behaviours with tried and tested ways to support the person's anxiety, distress or comfort. This meant the staff team were able to use a consistent approach and support the person to be 'happy and content'.

Personal care was documented in their care plans, and support was giving to promote independence in this

area. Staff were respectful of the person's wishes and abilities and worked with them to promote their well-being.

The service was also caring towards the staff team who worked for the service. Support was available to staff with any health needs or disabilities. They had access to occupational health appointments and a staff counselling line. There were robust sickness management procedures in place and meetings were held with staff members to ensure they were supported to reduce their absences. The impact for people being supported meant they were looked after familiar staff who knew them well.

## Is the service responsive?

### Our findings

We looked at the care and support plans for both people. They provided detailed information about how the person's particular care needs were to be met. They were clear and concise and provided a practical guide to enable the support workers to work with the person as part of a team but with consistency. The care plans were a working document used by the staff, the person themselves, their families and any health and social care professionals involved with the person. The plans included details regarding the person's own communication system, their routines and support they needed. People's care files included timetables, staff pictorial rotas, portable planners, the use of five key signs, person centred daily logs, photos, objects of reference, communication assessments, functional hearing and vision assessments.

It was evident from our observations and looking at the care plans that people were provided with a person centred service. They were very much involved in making decisions about their care and support. Support workers were led by the person they were supporting in what they wanted to do and when they wanted to do activities. These activities included personal care tasks, activities of daily living and social activities. The service supported people to have a voice and to express their wishes, preferences and goals for the future.

Each person had a monthly personal care planning meeting. The registered manager told us that one person liked to "lead their meeting" and having met the person I could see this would happen. During these meetings there would be a review of the weekly plan of activities, discussions around what activities they did and didn't wish to do, holidays and family contact. The person made decisions about who attended these meetings, when it took place and when the meeting was finished. We saw records of these meetings where it was recorded the person had wanted to make changes to their weekly timetable, what they had wanted to do in the future and when they requested the meeting was finished.

The other person was less able to communicate their desires and wishes however the staff team supported them in making choices. They used pictorial references, leaflets of community activities and venues, brochures about day trips and holidays. The person's family was involved and there was regular contact. The relative told us, "(named person) is getting the service he needs and therefore the incidence of behaviours has reduced". For this person it meant they could again have short stays with their family.

The registered manager told us they used the various assessments completed by internal and external professionals to increase staff knowledge and skills. The service responded effectively to recommendations made by professionals in order to improve and develop the way they worked and supported people. Examples of this included the management of behaviours.

At the time of the inspection the two people being looked had chosen not to interact with each other and their care and support was arranged on an individual basis. Both were however supported to maintain contact with their families, to access community activities, and meet any of their peers. They were supported to attend a SENSE holiday 'Woodlarks' held every summer. This enabled them to meet people using other care services provided by SENSE. There were also various SENSE day trips arranged where they could meet friends from all over the country and build relationships, share new experiences and socialise.

The service supported people to experience new activities. For example rock climbing, dry slope skiing, roller skating, massage, go karting, swimming and water slides. Reactions to activities were recorded with the aim of improving the persons experiences based on what worked well, what didn't work well, what could be done to improve.

The complaints procedure was shared with each person and their families and discussed in the person's care plan meetings. The service have not logged any formal complaints in the last year and CQC have not received any complaints. From our observations of how people interacted with the staff team, it was evident they would feel able to raise any concerns they may have. The registered manager's ethos was to "keep small issues small, before it becomes a bigger issue".

In June 2015 the service was nominated for the SENSE Award for Excellence. The nomination was made by the providers behaviour support team and their nomination read the following: I am nominating the staff team at Britannia road for a team award, because they have supported one individual (whose placement was at risk in 2013 due to the level of challenging behaviour shown) to reduce the number of times they became upset by helping them to make choices about their day and be able to predict what was happening during the day and at home. This was because there had been a significant reduction in the use of the agreed restrictive interventions, in place to keep the person, other people and the staff team safe.

## Is the service well-led?

### Our findings

The registered manager had worked at the service since 1999, initially as a support worker, then deputy, then the registered manager. They have obtained the registered managers award and levels three and four in health and social care and leadership and management. They were qualified in level one and two British Sign Language. The registered manager had recently attended a five day management course. This had included embedding coaching skills in their leadership and management style, given them new skills to lead the team through change and to manage the performance of the team. The staff team were very positive about the registered manager and their comments included the following, "leads by example", "listens to comments we have to make" and "very approachable and part of the team".

The staff team were expected to follow the SENSE I-statements. The eight statements underpinned the values of the service and were used as a basis for conducting quality assurance audits. The values included listening, understanding and responding, respect, honesty and openness, taking informed risks and no decision being made without the involvement of the person being supported. These values ensured people were at the centre of service, were involved in decisions and their choices and aspirations were met.

The staff team had monthly meetings. The records evidenced the support workers were encouraged to make suggestions and these were discussed by the staff team and implemented where appropriate. Support staff were encouraged to contribute to the development of the service, bring new ideas, discuss what's working, not working and what we could do to improve. Prior to the inspection the registered manager had placed three posters up on the wall with those three headings and the support staff had recorded their comments and solutions. The registered manager attended regular meetings with other managers and received management briefings which were shared with the team. This enabled good practice to be shared between different services.

Regular team days were arranged and these focused on the people they were supporting and included positive support plans, care plans, activities and behaviours. Guest speakers attended these team days and have included psychologists, parents, the community learning disability team behaviour specialists and the SENSE behaviour support team. The registered manager said they have had sessions about 'happiness' focusing on baseline happiness (for both people) and the use of intensive interaction therapy with one person. These measures ensured the people being supported received a well-led service that was tailored to their specific needs.

There was a programme of audits and 'self-assessments' to be completed in line with their quality framework. In March 2016 the registered manager had completed a 'keeping safe' assessment and had scored an overall rating of good with some actions and recommendations made. In May 2016 the audit had been in respect of supporting staff. Where these audits identified any shortfalls remedial action and improvements were made. Audits yet to be completed in 2016 included the management of medicines, MCA choice and decision making, and support planning. The framework enabled the service to target areas of improvement and plan action to address any quality issues or concerns. The pharmacist who supplied people's medicines had visited the service in June 2016 and completed an external audit. This had raised



no concerns but three suggestions were made. We saw that the appropriate action had been taken to make these improvements.

On a monthly basis the registered manager reported on a number of key areas. Accident, incidents and any near misses were recorded and reported to the health and safety team. Any complaints received, safeguarding issues, staff and people issues were reported to the service manager. This ensured that the provider was kept informed of how the service was performing and could support the registered manager and support workers where necessary. An analysis of these events enabled the service to make changes to reduce or eliminate a reoccurrence.

There was a service development plan in place. The items on that plan included a review of each persons health action plan and medicines, a review of the staff supervision matrix, the development of the DoLS champion role and improvements to the environment. This evidences that the service was continually striving to make improvements and better outcomes for the people they supported.

The registered manager was aware when notifications had to be sent to CQC. A notification is information about important events which had happened in the service and providers were required to send us by law. CQC used the notification process to monitor the service and to check how any events had been handled. In the last 12 months, notifications had only needed to be submitted in respect of the DOLS authorisations that were in place.