

Sense

SENSE - 79 Coriander Close

Inspection report

79 Coriander Close
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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

79 Coriander Close is a care home for up to three people who have a learning disability and sensory impairment. At the time of our inspection three people were living at this home.

At the last inspection on 19 March 2015 the service was rated Good.

At this inspection we judged that the service provided remained Good.

Why the service is rated Good.

People received the support they required to live a full and active life, while maintaining their safety and well-being. There were sufficient staff to meet people's needs and the registered provider had established robust recruitment checks to ensure new staff were suitable to work in adult social care.

Risks relating to people's healthcare needs and lifestyle had been assessed. Staff were aware of the support people needed in these areas, and we saw staff providing support that was consistent with these assessments.

All of the people who lived at the home required the support of staff to manage their medicines. Staff responsible for administering medicines had been trained and assessed to be competent. The systems to manage and check the medicines were robust.

Staff had received training and support to ensure they were aware of people's needs and how to meet them. People received the help they required to maintain good health, to attend health appointments and have enough to eat and drink.

People were supported, as far as possible to have choice and staff supported people in the least restrictive ways possible. When restrictions on people's liberty were necessary the registered manager had ensured the correct applications had been made to protect each person's legal rights.

The staff we met knew people well, and were able to tell us about their needs and preferences. Staff had involved people that knew the person well and used their knowledge of the person to plan care that they felt was in the person's best interest and best fitted their known preferences and wishes.

A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. People had been supported to maintain links with people, places and activities that were important to them, and which they had enjoyed earlier in their life.

We received consistent feedback that the home was well run, and that the registered manager and deputy manager were supportive and promoted good practice.

The registered manager had stayed up to date with changes and developments in adult social care, and had ensured she had a good knowledge of the specific care needs that people living at this home experienced. The registered manager and registered provider had a wide range of checks and audits in place that ensured the on-going safety and quality of the service. These had been effective at providing assurances that the service remained good, and that the service was meeting people's needs.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 10 May 2017 and was unannounced. The inspection was undertaken by one inspector over one day. As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the provider had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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 reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the people who commission services from the home and contacted the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We visited the home and met two of the people currently living at the home. Both people were unable to speak with us due to their level of learning disability and sensory impairment. We spent time in communal areas observing how care was delivered to help us to understand the experience of people who could not talk with us.

During our inspection we looked at parts of two people's care plans. We looked at the systems in place to check medicines were managed and administered safely. We looked at the recruitment records of two staff. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs and the requirements of the law. We spoke with three relatives of people living at the home. We spoke with three members of staff, the deputy manager and the registered manager.

Is the service safe?

Our findings

We saw people received safe care that wherever possible promoted their independence. Relatives we spoke with told us they felt confident that people were safe. One relative told us, "Staff treat [person's name] well. Knowing [person's name] is there, I can sleep in peace."

Staff we spoke with explained to us how the care and support they provided focussed around helping people do the things that were both important to them, and kept them safe. Staff we spoke with were aware of people's needs and had received training to ensure they could meet these safely and in line with best practice guidance. Staff confidently described the action they would take in the event of abuse being reported or alleged. The registered manager understood their responsibility for safeguarding people who lived at the service. This would ensure people got the support they required and that the relevant agencies would be informed.

People had their individual risks identified through their care plan. We saw that steps had been put in place to minimise the risk for the person. This included providing staff with guidance on how to reduce the risk for the person. Monthly monitoring then occurred to see if any themes could be identified and any action taken to reduce the chance of them occurring again. We brought to the attention of the registered manager one incident that had been recorded a few days before our inspection visit. The record indicated that some follow up action may be needed in respect of the persons' health. The registered manager assured us that this would be done immediately.

Some people living at the home displayed behaviours as a means to communicate their feelings or to request support. Staff we spoke with were able to describe what a person was communicating when they displayed certain behaviours and how they supported them. We saw there was guidance for staff on how to support people with their behavioural needs to ensure a consistent approach was carried out for each person.

We saw that there were sufficient staff available to support people when they needed it. People's relatives told us there were enough staff working at the home and staff confirmed there were sufficient staff working at the service. Some staff told us that the service was short of staff who were able to drive people in the home's vehicle. Recruitment of an additional staff who could drive was underway to address this. The registered manager had access to bank staff who were available to cover any staff absence which ensured consistent staffing levels at the home.

We saw that the provider had robust recruitment practices to ensure staff employed were safe to support people. These checks included obtaining a Disclosure and Barring Service Check (DBS) and securing references from past employers. This helped to ensure people were supported by staff suitable to work in Adult Social Care.

People could be confident that their medicines were well managed. Staff had been trained and assessed as competent before they were given the responsibility of administering people's medicines. Staff we spoke

with consistently described the process they followed to ensure medicines were safely administered and managed. We saw that a range of checks were undertaken each day and periodically by the management team to check this.

Is the service effective?

Our findings

People could be confident that the staff team had been trained and supported to develop the skills they required to meet their needs. We observed staff supporting people using different skills throughout the inspection that indicated staff knew people well. One of the relatives we spoke with told us, "Staff know people's needs well." Another relative told us, [Person's name] is really contented there, they do not have all of the behaviour issues they used to have."

People were supported by staff who had received training to provide them with the knowledge of how to support people safely. When staff first started working at the home they received an induction which included training and working alongside an experienced member of staff. Staff informed us they had received sufficient training for their role. One staff member we spoke with told us, "I am happy with the training and support I received and I can always ask if I need more help."

The provider had ensured that the Care Certificate was available for any new staff starters that required this. The Care Certificate is a nationally approved set of induction standards that ensure staff have the knowledge they need to provide good, safe care. We saw that training had taken place in core subjects relating to care and specific training had taken place relating to the specific needs of the people living at the home. Training was monitored through monthly supervisions with staff where training needs were discussed. The registered manager also checked staff member's competency following certain training courses to make sure staff were safe to support people.

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 people lack mental capacity to take particular decisions, any decision made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We observed staff offering people choices and patiently taking time so that people could make choices regarding their own care. Where it had been assessed that a person did not have the capacity to make certain decisions best interest meetings had taken place.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager demonstrated an in depth knowledge of this and when restrictions on people's liberty had been identified as necessary to keep people safe, these had been discussed with the relevant professionals. Applications had been made to the supervisory body when required, and systems were in place to ensure these were applied for again, before they expired. Staff we spoke with had a reasonable knowledge of their responsibility to support people in line with the MCA but not all staff were confident in regards to the outcome of the DoLS applications. The registered manager told us the outcomes had been shared with staff but that they would ensure staff were reminded of these.

People had a range of specific needs in relation to eating and drinking. Staff had involved the necessary professionals to undertake assessments and to develop guidelines that would ensure people could eat and drink as safely as possible. During our inspection we saw people received support that was in line with these guidelines. Staff supported people to choose meals and drinks that they enjoyed and to be involved as far as possible in the preparation of these. One person's care plan indicated that fruit needed to be encouraged and that they should have a fruit smoothie drink every morning. We saw this was offered to the person during our inspection visit to help ensure the person was having a healthy diet.

People had been supported to maintain good health, and to access the healthcare services relevant to them. Relatives confirmed that people were supported with their health care. One relative told us, [Person's name] has regular health appointments and staff keep me informed about how they are."

Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required. Staff had developed health action plans for people which detailed people's individual support needs in relation to their health. These are recognised as good practice by the Department of Health. The use of these plans is a way of ensuring people with a learning disability maintain good health.

Is the service caring?

Our findings

We observed many kind, caring interactions between people and staff throughout the inspection. Staff were patient in their approach and gave people the time to communicate their needs. Relatives were happy with the care their relative received and one relative told us, "The staff are all very dedicated."

People were supported by staff that they had got to know well. Through our conversations with staff we found that staff knew people well and described people's personalities and likes and dislikes as well as their care needs. Staff we spoke with enjoyed working with the people who lived at the home. The interactions between staff and people living at this home showed that people had developed trusting relationships with staff. People looked relaxed and calm with the staff that were supporting them.

People had care plans developed with input from those who were important to them and staff who had worked with people over many years. We saw that care plans contained important information about how the person would like to receive their care. Guidance within care plans provided staff with information about people's likes and dislikes and how to support the person in a way they preferred.

People we met were not able to communicate their needs and wishes easily. We observed staff using their knowledge of the person, and their experience of what different noises, body language and gestures meant to help people make choices and express their wishes. We saw objects of reference and hand under hand signing being used to promote people's communication. Observations during the inspection told us that staff were able to skilfully interpret and respond to people's communication requests.

People were supported to have relationships with those who were important to them. The home had ensured contact was maintained with family members by taking people to visit families and had encouraged families to visit the home where they were able to. The use of technology was also under consideration to help support one person maintain contact with their family. The registered manager told us staff thought this would be a useful tool and they intended to discuss this with the person's family to establish if this was something they wanted to use.

People had their dignity and privacy respected and we saw that staff respected people's dignity and privacy such as ensuring doors were closed when carrying out personal care.

Is the service responsive?

Our findings

When people could not fully contribute to their care planning or review process, staff had involved people that knew the person well and used their knowledge of the person to plan care that best fitted their known preferences and wishes. One relative we spoke with told us, "I'm involved in the care and get invited to all the review meetings."

Care plans contained good information which guided staff around how care should be delivered. People had sections that identified; 'what's important', 'what people like and admire about me', 'how best to support me', 'what's working', 'what's not working' and 'my communication'. People had formal annual reviews which were attended by people who were important to them. We saw everyone discussed how care and support should be developed, and progress on actions that had been identified at previous reviews. The home had also developed a keyworker system where staff reviewed people's care on a monthly basis. These reviews reflected on the person's experience of care over the last month.

People had access to activities on a daily basis and the relatives we spoke with were happy with the activities their family member took part in. One person's relative told us, "There are lots of activities, I am really pleased about that." A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. The registered manager and staff told us that following people's recent annual reviews that their activity schedules had been reviewed to help make sure people had the opportunity to participate in things they enjoyed. The registered manager told us that the home was also hoping to install a new summer house this year that would be equipped with sensory equipment that people enjoyed using.

People were provided with the opportunity to have a holiday and these were planned around the things people enjoyed. Staff gave an example of one person liking sun, sea and sand and so a holiday abroad was being planned.

People who lived at the home were unable to make complaints due to their communication and health care needs. People's care plans stated how the person would communicate whether they were unhappy. One relative told us, "I can approach staff if I have any concerns. I have 100% trust in them." Another relative told us, "Any problems, I only have to ring and know they will get to the bottom of it."

The registered provider had an established complaints procedure that would ensure complaints were recognised, investigated and responded to robustly. This service had received no complaints since our last inspection.

Is the service well-led?

Our findings

Since our last inspection a new registered manager had been appointed. The registered manager was committed to make improvements within the service. The registered manager was supported by a deputy manager, however both the registered manager and the deputy manager also worked at another of the provider's homes. Whilst staff told us they were both available for support when needed some staff did comment that it would be better if the managers were at the home more often. The registered manager told us that a new deputy manager had been employed for the provider's other home and that it was intended for the current deputy manager at Coriander Close to increase their hours at the home. This will enable both manager to spend more time at the service.

The registered manager had developed staff champions for different areas of the service. These included medication, safeguarding and meal planning. The aim was for staff to take ownership of these subjects and share expert knowledge with the staff team. Staff attended regular meetings where they discussed topics that related to quality, safety and service delivery, for example, medication and support guidelines. At each meeting they checked actions from previous meetings were in progress or had been completed. The registered manager told us that they had not yet had the opportunity to attend a staff meeting but had read the minutes of the meetings and received feedback from the deputy manager. They told us they intended to attend some future meetings to help ensure they had a good 'visible presence' in the service.

All of the staff and relatives that we spoke with indicated that the service was well led and that the managers were approachable. However two of the relatives we spoke with were unaware of the new management arrangements and our discussions with them showed they were under the impression that the deputy manager was the manager of the home. Prior to our discussions with people's relatives the registered manager had already told us they intended to write to relatives informing them of the new management arrangements at the home and on reflection they had acknowledged they could have done this sooner.

The registered manager had stayed up to date with changes and developments in the field of adult social care, as well as the specific needs of the people living at this home. This ensured she was able to lead and support staff in providing care that was consistent with best practice guidelines. The registered manager was aware of their responsibilities to the Care Quality Commission such as notifying us of specific events that had occurred at the home and was aware of changes in regulation and what it meant for the service. Registered providers have a duty to display their inspection ratings to enable people to have information about how well the service is performing. We saw that the registered manager had ensured this information was displayed at the home.

The registered manager and the registered provider had developed and utilised a wide range of audits and checks to ensure that the service being offered was meeting people's needs, was safe and meeting the requirements of the law. These had been effective at providing assurance that this service was still good. Discussions had been held and ideas were being explored about how the home could continue to develop in ways to meet people's needs and to achieve the rating of Outstanding. The registered manager had developed an individual development plan for the home with areas that the manager wanted to improve

further that would improve outcomes for people.