Sense

SENSE Jenny Chapman 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?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection was carried out on 25 September 2015 and was unannounced.

Sense Jenny Chapman House provides accommodation and personal care for up to 7 people with sensory impairment and learning disabilities. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

When we last inspected the service on 19 June 2013 we found them to be meeting the required standards. At this inspection we found that they had continued to meet the standards.

Summary of findings

Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. At the time of the inspection applications had been made to the local authority in relation to people who lived at the service and some were pending an outcome. Staff were fully aware of their role in relation to MCA and DoLS and how people were at risk of being deprived of their liberty.

People had their individual needs met, physically and emotionally. Staff knew people well and provided support in a timely manner. There was sufficient food and drink available and people were encouraged to participate in the preparation where able. Activities provided reflected the hobbies and interests of people and staff knew people very well.

People had regular access to visiting health and social care professionals. Staff responded to people's changing health needs and sought the appropriate guidance or care by healthcare professionals. Medicines were managed safely to ensure people received them in accordance with their needs.

Staff were clear on how to identify and report any concerns relating to a person's safety and welfare. The manager responded promptly to any feedback, however, no complaints had been received.

Many staff had been employed at the service for a number of years and there was a low staff turnover. Staff were recruited through a robust procedure and provided with regular training to ensure their knowledge was up to date. Staff were clear on what their role entailed and were invested in helping people to live their lives. People and staff were positive about the manager and their leadership. Staff shared the manager's view on putting people first.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were supported to ensure their needs were met safely and risks did not limit how they lived their lives.

Staff knew how to recognise and report allegations of abuse.

People's medicines were managed safely.

Good

Is the service effective?
The service was effective.

People were supported appropriately in regards to their ability to make decisions and where they were unable, the appropriate process was followed.

Staff received regular supervision and training relevant to their roles.

People were supported to eat and drink sufficient amounts and involved in planning and preparing their meals.

Good

Is the service caring?
The service was caring.

People who lived at the home were supported to be involved in the planning and reviewing of their care by staff who knew them well.

People's individuality was promoted and celebrated.

Privacy and dignity was promoted throughout the home.

Good

Is the service responsive?
The service was responsive.

People who lived at the home and their relatives were confident to raise concerns. The manager took all feedback seriously.

People received care that met their individual needs.

The provision of activities reflected people's hobbies and interests.

Good

Is the service well-led?
The service was well led.

There were systems in place to monitor and continually improve the service

People who lived at the service, their relatives and staff were positive about the management team.

Good

SENSE Jenny Chapman 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This visit took place on 25 September 2015 and was carried out one inspector. The visit was unannounced. Before our inspection we reviewed information we held about the service including statutory notifications relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the inspection we observed the support people who lived at the service received from staff, staff facilitated a conversation with one person with sign language. We spoke with two relatives and an advocate, three members of staff and the registered manager. We received feedback from health and social care professionals. We viewed three people's support plans. We viewed two staff files. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us due to complex health needs.

Good

Is the service safe?

Our findings

Our observations in the home, which included staff interaction, indicated that people felt secure. For example, moving around the home freely, both in and outside, carrying out tasks and approaching staff with confidence. Relatives of people and professionals who support people who lived at the service told us that they thought people were safe.

Staff were aware of their responsibility in regards to protecting people from the risk of abuse and how to report concerns. They had to up to date training in the subject and information on how to contact external agencies, such as the local authority was displayed. One staff member told us, "There's no shortage of visiting health professionals to talk to if I needed to."

People's individual risks were assessed and plans were in place to minimise these risks without restricting people's lives. For example, to enable people to access the gym, swimming, go to the pub and complete general household chores, such as making a cup of tea. To limit risk and promote independence cups for people who were visually impaired had sensors that made a noise when the cup was almost full. Where people became distressed and their behaviour could be difficult for others, assessments were carried out to identity triggers to reduce the risk of any reoccurrence. Plans were put in place and this was discussed with staff who had signed to state they had read the updated assessments and plans. Staff were able to tell to us about people's individual risks and triggers. Risk assessments were reviewed regularly to ensure they were still appropriate and we saw from records that equipment used to support people was serviced to ensure it was in safe working order.

People were supported by sufficient numbers of staff to meet their needs and records confirmed staffing numbers were consistent. We saw that this included where there was a medical emergency as a person became ill during the inspection. In addition, staff were able to organise themselves to support a person who became anxious and needed to go out to relieve this anxiety.

People were able to go out every day with support. For example, people went to the day centre or shopping and then to a pub or club during the evening. Staff told us that they were able to meet people's whole needs, not just care or support needs, with the current staffing levels. One staff member said, "There's enough staff, we got an extra staff member when a new resident moved in." They went on to say, "We are all key workers for people but we support everyone with day to day things."

Staff employed were done so through a robust recruitment procedure. This included a full employment history and exploring any gaps, written references and a criminal records check. This helped to ensure that those employed to support vulnerable people were fit to do so.

Accidents and incidents were recorded and reviewed. The manager reviewed as part of a health and safety audit to ensure the appropriate records were completed, but also monthly to ensure all appropriate actions were completed. This included up dating risk assessments, this information was also shared with the regional manager to enable them to assess for trends and themes. We saw that all appropriate risk reduction actions had been completed for people. For example, staff member's positioning and ensuring people did not have their personal space compromised by others.

Medicines were managed safely. Staff worked in pairs to administer, sign and count medicines at each medicines round. We saw that all handwritten entries were countersigned and open bottles or boxes of medicines were dated to enable accurate stock control. We counted quantities of medicines and these were found to tally with the records of those in stock and administered. Staff had received training and regular audits were carried out. This helped to ensure that people received their medicines in accordance with prescriber's instructions.

Good

Is the service effective?

Our findings

People were supported by staff who had received the appropriate training. This included safeguarding people from abuse, moving and handling and training specific to their role, such as epilepsy. A professional who had provided training at the home told us that it was well attended and the staff were very interested in learning. Staff told us they were happy with the amount of training and felt equipped to carry out their role. This included further vocational qualifications to develop their knowledge. We observed staff communicate with people through sign language, this was an additional skill that the manager told us they had introduced into the training. The manager also told us that they were enrolled on the Care Certificate Assessor's course to enable them to support staff through the workbook. They said, "This will just formalise the supervision of practice I do already."

Staff told us they received regular one to one supervision. One staff member said, "It's an opportunity to speak about anything we want, for both of us." The manager completed a regular self-assessment to ensure that all appropriate steps had been taken to ensure staff were supported, had access to training and further development and that staff knew where to access additional support. Where shortfalls were identified, an action plan was developed. For example, provide staff with a health and safety leaflet.

People were supported to make their own decisions and consent to care and support and their choices were respected. There was a communication profile for each person so staff and professionals knew how to support them to express their decisions and choices. However, where people have been unable to make informed decisions, mental capacity assessments were carried out. Best interest's decisions were made and recorded and where needed, a DoLS application had been made using the appropriate process. When people did not have a relative or friend to support them, an advocate was appointed. We noted that there was regular contact with advocates and they were part of all care related meetings.

People were supported to enjoy a balanced diet. They were able to get involved with preparing lunch and dinner with staff and prepare light snacks and drinks freely. Weight was reviewed regularly and where there were concerns, this was monitored through intake charts and referred to the appropriate health professionals such as a GP or speech and language team (SLT). We saw that some people had thickener provided for drinks to reduce the risk of choking and aspiration. We noted that where a person had expressed that they wanted to be a healthier weight, they were supported to try and achieve this through exercise in conjunction with healthy choices of food. However, we were told that at times there was inconsistency in how they were supported with this. For example, promoting the person's choice for enjoying unhealthy choices of food while acknowledging their goals and noted that staff tended to lean towards respecting their choice rather than their goal weight. This was a challenging situation and staff acted in the person's best interests on a day to day basis.

There was regular involvement with health and social care professionals and people were supported to attend appointments both in and out of the home. We saw recent reviews from social care professionals were positive and where needed, recommendations were made. One professional told us that the service would benefit from seeking additional resources in relation to further education for people that wished to pursue additional courses. A health care professional told us that staff followed their guidance and asked for their advice if needed.

Good

Is the service caring?

Our findings

People were involved in planning and reviewing their care. Pictorial reviews were used so that people who were unable to verbalise their preferences could express themselves with ease. There was a record of their involvement at all reviews with the appropriate others involved too. For example, their key worker, family member or an advocate.

People's individuality was celebrated. Their care plans included a sheet titled, 'What I like about…' Staff had recorded little things that were great about a person such as their sense of style, smile, laugh and kindness they showed others. We noted that a staff member had recently got a tattoo and one person wanted to join in with this so tattoo transfers were bought and they helped the person put them on. The manager also completed a self-assessment entitled 'Involving and Engaging people'. This asked how the home ensured people were involved and asked for examples. Examples listed included a person being taken to the shops to pick their bedroom furniture, a person choosing the colour of the shower curtain and supporting people to complete their own household tasks to keep them active in the running of the home. There was also a section that asked how this was facilitated and examples recorded were using technology such as a tablet and encouraging relationships which supported people with getting involved. This demonstrated that people were valued for their whole self and encouraged confidence in people.

People were not able to verbally tell us about their relationships with staff in the home due to their complex needs. However, the way in which people responded to the staff was positive. A health care professional told us that staff they had dealt with was always kind and caring. There was mutual smiles and warmth between people which demonstrated a beneficial relationship between staff and people they were supporting. We also saw survey results which described staff as 'welcoming, happy and friendly' and as a result people were happy and they had no concerns.

Staff spoke fondly about everyone, each one being able to describe what was important to people. For example, the relationship with their family members and being included in celebrations. This included ensuring that everyone had presents to open on Christmas morning.

Privacy was promoted. All bedroom doors were closed and bathrooms had a sign to turn to avoid people trying the door when it was in use. Staff spoke respectfully to people and showed genuine affection. For example, stroking a person's back, responding to a cuddle with open arms and kissing the top of a person's head. These forms of communication were particularly important due many people being deaf or blind. One staff member spoke about how they promoted people's privacy and dignity and they said, "I tend to give care to all the [gender] residents, I do don't do personal care for the [gender]. I can still help them during the day with things though."

Good

Is the service responsive?

Our findings

We observed staff responding to people's different ways of communicating and this was responded to in a way that showed their needs were met. Staff were not hurried and took time listening and communicating. For example, one person who liked to collect photos of staff requested a photo of the inspector. The staff member facilitated this by getting the inspector engaged in the process and allowing time for the person to compare the photo to the inspector. This relieved the person's anxiety about completing the task. People had been asked what made a good or a bad day for them. This was recorded in people's plans so that staff knew how to help ensure they had good days. For example, getting involved with things going on, going out. For one person, a bad day was not having new clothes. Staff supported this by ensuring there was a regular shopping day and the person was assisted to manage their finances to enable them to buy new clothes. This demonstrated that people were supported by staff who were aware of how to support them not just with care needs, but also emotional and communication needs.

People's care plans were well written and gave clear guidance on how to support individuals with their needs. They included information on how to promote independence and strengths. The manager was passionate about promoting people's independence. They said, "It's very easy for a person living in a care home, pull their bell and have everything done for them. We support people helping them reach their goals and support them to challenge their strengths." They went on to describe ways in which they supported people which included talking tiles that were about to be put up to support a person who was blind. They record the voice of the person and this would help them find their way around the home. For example, '[Name] you are at the toilet'. There were also gadgets available to help people make a hot drink without scalding themselves or spilling it.

People had access to a wide range of activities both in the home and out in the community and included those which were individualised. For example, sewing for a person who enjoyed customising their clothes or playing football. People went out most days to day centres, shopping, walks, swimming, the Gym, car boot sales and evening to pubs and a club. We also found that everyone went on holiday each year, with one person sometimes enjoying a holiday overseas.

There was also access to college courses and one person was recently enrolled on a new course starting the following week. However, we noted that the staff put people first and did not just insist people attended day centres. On the day of inspection one person was not feeling well so staff took the decision to keep them at home as they felt they would be better equipped to support them with their needs. We also saw that where someone needed additional one to one time as they became anxious, the routine was changed and this was provided. This demonstrated that staff were able to adapt and be responsive to people's needs rather than adhering to timetables.

There had been no recent complaints at the service. Information on how to make a complaint was displayed in the home. This included contact details for the CQC, the local ombudsman, however, this did not include the contact details for the local authority. We saw from records that people who lived at the service were asked for their views during their care plan reviews and this included if they had anything they were not happy with or any suggestions for the home. This was done using a pictorial format to help people express themselves.

The home carried out surveys to obtain the views of people who live at the service, their relatives and visiting professionals. These survey responses were positive and included several comments stating that people had received many new opportunities, they had all their needs met and that the staff know people well. Most of the surveys had the 'excellent' boxes ticked, with a few having the 'good' boxes ticked. One comments stated that the questionnaires were too long and as a result the person was not able to complete it. Following this an action was developed to update the questionnaires by the end of September 2015 to make them more user friendly.

Good

Is the service well-led?

Our findings

People knew who the manager was and responded with affection when he arrived at the home. We saw one person who was feeling unwell stand and hug him in the corridor. Relatives and visiting professionals were also positive about the manager.

Staff were positive about the manager and told us that they were approachable and helpful. One staff member told us, "You can discuss anything with him and he listens too." They gave an example of how a suggestion they had made to the manager about a new piece of equipment for a person had been acted upon and the equipment was now in use in the home. The hands on management style was appreciated and as a result they knew people that lived at the home, their relatives and staff well.

The manager had been raising awareness about the key questions the CQC inspect. They had used these questions as part of staff meetings and asked staff what did these questions mean to them. Notes attached to the posters showed that the manager had engaged the staff team in thinking about how they would ensure the home was safe, effective, caring, responsive and well led. The posters were displayed in the office and staff were invited to add items that they felt contributed to these questions. This helped to ensure staff were invested in the home and providing the service that the manager had strived for.

A poster displayed stated that the homes vision and purpose was to know the worth of individuals, achieve personal fulfilment and continued learning and improving. Staff were confident when speaking with us, they were clear on what their role was at the home and what was expected of them.

There were systems in place to monitor the quality of the service. Audits were completed regularly covering areas including people's finances, drinking and nutrition, mental Capacity, Choice and Decision making and medicines. This information was shared with the regional manager who also visited the home to carry out their quality checks. Where any shortfalls were identified, action plans were developed with clear timescales. For example, handwritten MAR charts were to be countersigned. All the handwritten MAR charts we viewed were countersigned and. Another action seen was for all remaining staff to be booked on Dysphagia training by December 2015. We saw that this training had been booked for October 2015. We also saw that staff absence was audited to ensure there was limited impact on people. The manager had a refurbishment plan listing all the projects they wanted to complete to update and improve the environment. We saw that some of these improvements had been completed, for example new flooring in the bathrooms, and some improvements were in progress, for example, a garden project to include people who lived at the service. This helped to ensure that people received a safe and quality service that was committed to putting people and their welfare first.