Sense

SENSE - 58 Featherstone 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?	Requires Improvement

Summary of findings

Overall summary

About the service: SENSE-58 Featherstone Road is registered to provide personal care and accommodation to a maximum of five people. People who live there may have a learning disability and/or autism. At the time of the inspection four people lived at the home.

The service applied the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people who used the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives. People using the service received planned and co-ordinated person-centred support that was appropriate and is inclusive for them.

People's experience of using this service and what we found
The provider had quality assurance systems in place and action had been taken to make some improvements. However, some issues were yet to be addressed. We identified some further issues during the inspection that had not been picked up by managerial observations or by in-house audits.

People felt safe and were supported by staff who knew how to protect them from avoidable harm. Overall, risks to people's health and well-being had been assessed and monitored to promote people's safety. People received their medication as prescribed. Staff were recruited safely and there were enough staff to meet people's needs. The home was visibly clean and observed infection control practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice. The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service achieve the best possible outcomes including, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

New staff received induction training when they started working at the home. Training had been received by staff and refreshed in line with the provider's timeframes. People were supported by staff who knew them and their needs well. People were encouraged, where possible, to make decisions about their care. People were supported by staff who understood the principles of the Mental Capacity Act 2005. People's nutritional needs had been assessed and guidance was provided for staff about how to encourage people to maintain a healthy diet. Referrals were made to healthcare professionals where required to ensure people's health needs were met.

Relatives felt staff were caring and treated people with dignity and respect. People were encouraged to develop and maintain their independence skills. Visitors were always made to feel welcome.

Assessment and reviews of people's care and support needs were undertaken regularly or more frequently

when required. Relatives were included in these processes to ensure all needs were determined and addressed. Relatives felt comfortable to raise any complaints they had with the staff or the registered manager. Relatives confirmed they were always kept up to date with important information relating to their family member and could contact the registered manager at any time.

Relatives told us the service was now well-led and spoke positively of the new management team at the home. Provider feedback processes had been used to gather information about the views of people and relatives about the service provision. The registered manager understood their regulatory responsibilities and their requirement to provide us (CQC) with notifications about important events and incidents that occurred whilst the service was delivering care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 02 August 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

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Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
SENSE-58 Featherstone Road is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who was registered with the CQC. The registered manager and the provider were legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection
The inspection was unannounced.

Before the inspection,
The provider had not been asked to complete a new Provider Information Return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We attempted to secure feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used this

information to plan our inspection.

During the inspection
We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who have some limitations to their communication skills. We engaged with all four people who used the service and spoke with two relatives about their experience of the care provided. We spoke with four staff, the registered manager, the deputy manager and an external healthcare professional. We reviewed a range of records. This included health action plans and medication records. We looked at two staff files in relation to recruitment and staff supervision, and a variety of records about the management of the service including policies and procedures. We looked at the premises which included two people's bedrooms, the kitchen, the laundry, the main lounge and dining room.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● A staff member told us, "Any concerns about the care and treatment of people I would report to the manager immediately."

●A relative said, "I have no concerns. If I had I would be onto you straight away." Another relative told us, "No concerns they [person's name] are looked after properly and well."

●Where there were concerns about safeguarding people the registered manager had notified the local authority and us as is required by law.

●Some people's money was held for safekeeping. The checking of two people's money demonstrated it was correct according to the records. Records had provision for two staff to sign each transaction to confirm that all money held was correct.

Assessing risk, safety monitoring and management

●People had been protected from avoidable harm. Assessments had been completed regarding people's individual risks for example; falls and choking.

●Staff knew of people's individual risks and how to minimise these and gave them support when they were mobilising. For example, staff walked with people and held their hand to support them to minimise the risk of falls.

●Action had been taken to reduce a risk of injury. For example, window restrictors were in place on first floor windows, radiators had been guarded and the fire alarm and other equipment had been serviced as required to ensure it was safe to use. However, the laundry door, a fire door, was not shutting correctly. This meant if a fire were to occur there was a risk of smoke and flame spreading. A staff member told us and documents highlighted that the door had been checked the previous week. They said the fault had occurred since then. The registered manager told us they would get the situation rectified quickly.

Staffing and recruitment

●A relative told us, "There are enough staff. If there has been a problem agency staff have been used. The same agency staff so they know the people." And, "There are a long-standing group of care staff. They are good. However, new staff are also good and they [person's name] has developed good relationships with the new staff."

●Staff told us generally enough staff were provided to adequately support people and keep them safe. The registered manager confirmed staffing levels had been assessed and would continue to be monitored.

●The registered manager told us of the contingency plans they had in place to cover staff sickness and leave. This included staff working overtime. Information on display also highlighted the provider had a, 'one stop shop' and a central telephone number for managers to obtain staff cover for sickness and holidays.

●A staff member said, "All my checks were carried out before I could start work here." The registered manager and records confirmed an enhanced Disclosure and Barring Service check [DBS] had been carried out for all staff. Application forms included employment history with any gaps investigated. Completed recruitment checks on staff prior to them commencing in post ensured staff were safe to work with people.

Using medicines safely

●Staff told us, and records confirmed, they had received medicine training and their competence had been assessed to ensure they were safe to administer medicines.

●Staff offered one person their tablets with a drink which the person willingly accepted. The staff member signed the person's Medicine Administration Records [MARs] to confirm they had taken their tablets. This followed the provider's procedures.

●MARs for two people confirmed when they should be given their medicines. The prescribed medicine for each person was available. We counted some tablets against totals on the MARs and found they balanced correctly.

●Short life medicines had been date labelled when opened so staff would know the date they should discard them.

●Protocols had been produced for each person to direct staff in what circumstances 'when required' medicines should be administered.

Preventing and controlling infection

●A staff member said, "I received infection control and food hygiene training." The registered manager confirmed this.

●Personal protective equipment was provided to staff. This included disposable gloves and aprons.

●The premises looked visibly clean.

Learning lessons when things go wrong

● Staff were aware of the action they must take to report accidents and incidents. A staff member said, "Any accident or incident even if minor is reported and recorded."

●Processes and systems were in place to identify patterns or trends regarding accidents and/or incidents to minimise future occurrences.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good.

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

- A staff member said, "Because there are only four people here we [staff] ensure people eat and drink to meet their personal preferences."
- Food stocks were satisfactory with a range of food and drinks, fresh fruit and vegetables.
- At breakfast one person was in the kitchen with staff and they selected what they wanted to eat and drink. They sat at the dining table and ate their breakfast. They looked calm and happy when eating.
- Staff told us, and records confirmed, referrals had been made to healthcare professionals for issues including, weight loss and the prevention of choking management.
- Staff and records confirmed people were weighed regularly to monitor and identify quickly any potentially unhealthy weight loss or gain. Staff knew which people required their food to be cut up into 'bite sized' pieces or prepared in prescribed ways to minimise a risk of choking.
- Staff had made a record of people's dietary and fluid intake. However, for some days the records of fluid consumed by each person was minimal. We raised this with the registered manager who agreed the records were not adequate. The registered manager then took action to drive improvement with the issue.

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

- A relative told us, "Everything is fine. They [person's name] are well looked after." Another relative told us there had been some problems previously but their family member was being looked after well now.
- Need assessments included; health and social needs, activity preferences, behaviours, religious and cultural needs.
- Relatives told us staff included them in their family member's assessment of need processes and care planning. A relative confirmed, "I am fully involved in assessments and planning. I know what they [person's name] likes and does not like and can make sure staff know."

Staff support: induction, training, skills and experience

- A relative said, "The staff are trained and knowledgeable. They know how to look after all of the people well."
- Staff told us about their induction training. One staff member said, "I think my induction training covered everything well. Initially I looked through procedures and care plans. In the first few days I worked alongside experienced staff to get to know routines, people and their needs."
- The care certificate was available for new staff to work through. The care certificate is a nationally recognised set of standards that define the knowledge, skills and behaviours of specific job roles in the health and care sectors.

●All staff confirmed training was provided on a rolling basis. A staff member said, "My training is up to date. I have to renew my training every few years."
●Some specialist training had been delivered to meet the individual needs of people who lived at the home. This included non-restraint orientated training for defusing behaviours and to keep people safe.
●Staff told us they had regular one to one sessions with a manager. Records confirmed staff had opportunities to discuss their training needs, welfare and professional development during supervision. Staff also told us they had an annual appraisal where their work over the last year was analysed and discussed.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

●Staff told us the main principles of the MCA. A staff member confirmed, "Mental capacity is the ability to make decisions. Here people can make small daily decisions. More complex decisions are made in meetings with families and health care professionals." Another staff member said, "DoLS is where people need to be restricted for their safety. For example, people could not go out alone as they would be at risk of accident. We supervise people continually as well. This is needed to keep them safe which is restrictive."
● Staff and the registered provider told us at the present time people had a DoLS authorisation and we had been informed of this as required by law.
●Staff asked people's consent before assisting them. One staff member asked a person if they would like to go out into the community. The person stood up, allowed the staff member to support them to put their coat on, and went out happily with the staff member.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Staff told us they worked with a wide range of external healthcare professionals to improve outcomes for people. An external healthcare professional told us the staff, they and their colleagues worked as a team.
●A staff member confirmed there were good working relationships between them, doctors, nurses and social workers to meet people's healthcare needs.
●Staff and relatives confirmed people were supported to access healthcare services. This included a consultant specialising in learning disabilities and health facilitator nurses.
●Oral care plans were available to direct staff how to meet people's oral hygiene needs. One staff member said, "We [staff] put the toothbrush by their [person's name] cheek. The person then can feel the brush and allow us to support them to clean their teeth."
●Records highlighted, and staff confirmed, all people had an annual health care check to monitor their health and well-being.
●Health action plans were available. Those documents were used for people's health monitoring and to inform hospital staff about people's needs and risks.

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

●The home was a domestic style house situated in a residential area. A relative said, "It is homely."

●The staff took account of people's needs in terms of their mobility. Ground floor rooms had been offered. The provision of baths and showers gave people the choice of how they wished their personal hygiene needs to be met.

●Communal areas were homely, warm, bright and furnished to meet people's needs. A person lay on a sofa. They were calm and looked comfortable.

●People's bedrooms were personalised with their belongings. Staff told us where possible they encouraged people to select the colour schemes in their bedrooms. A relative confirmed this.

●Enclosed garden space was available. Access to this could be gained from the rear of the home.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity,
●Relatives told us the staff were nice. One relative said, "The staff are very kind." Another relative told us, "The staff are caring. They really stick up for the people too. If they feel people need something they will speak up."
●Staff spoke about people in an affectionate and caring manner.
●Staff sat with people spoke with them and gave them reassurance. People were happy and relaxed when they were with staff.
●People were encouraged to celebrate important events such as birthdays, Christmas and Easter. A relative told us their family member visited them often and they attended a church group together.
●Relatives told us the staff made them feel welcome when they visited. One relative said, "I am welcomed, and the kettle is put on for a drink."

Respecting and promoting people's privacy, dignity and independence,
●Staff knew how each person liked to be addressed and used people's preferred names when speaking with them.
●People had their own bedroom which enabled private personal space. Staff told us that wherever possible they encouraged people to attend to their own personal hygiene to enhance their privacy and dignity.
● A staff member told us, "We [staff] try and help people choose what to wear each day".
● People were dressed in clothing to reflect their individuality and the weather. When people went out staff encouraged them to wear a warm coat.
●People were supported to maintain their independence. Staff encouraged people to eat independently and to do small tasks for themselves such as take their breakfast dish into the kitchen.

Supporting people to express their views and be involved in making decisions about their care,
●Staff told us they encouraged people to make daily decisions about their routines, what time they wished to get up, what they wanted to do and where they wanted to spend their time. A relative told us, "As far as at all possible staff encourage them to decide about a range of things."
●Information was available giving contact details for external, independent advocacy services. Staff told us they knew how to access advocacy services to support people when making decisions around their care. Records highlighted one person had an advocate and this was confirmed by staff we spoke with.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- A relative said, "The staff have involved me since they [person's name] went to live in the home."
- Records highlighted people's likes and dislikes and other important information. Staff we spoke with were able to tell us what was important to each person including what they liked and did not like and how they wanted to live. A relative said, "The staff know them [person's name] very well." A visitor had commented, "I have never seen them [person's name] so happy."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff told us people had a complex range of needs. Some people had needs that required specific communication methods.
- People's records highlighted the best ways to communicate with them. One person's records read, 'Communication – prefers communicating directly. Communicates using vocal, gestures, body language and real objects.'
- Some people understood what staff were saying verbally to them. Some staff communicated with people using basic sign language and hand signals. Some people understood better when staff used communication objects. For example, a cup to see if the person wanted a drink, a wooden triangle to see if people wished to stay at home and a small plastic moisturiser bottle meaning a massage.
- For some people different types of Picture Exchange Cards [PECs] were used as effective communication aids.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The home was in an area that had community facilities including, shops and a park. The local area also offered a range of transport opportunities including bus routes. People were supported regularly to take advantage of local amenities. One person needed some new clothing and staff supported them to go to the shops and purchase the clothing.
- Staff told us about activities that had been enjoyed by people. These included visiting local nature reserves, cafes, shops, and having a massage.
- A relative told us, "They [person's name] enjoy going out and about. They go out often."

Improving care quality in response to complaints or concern

●A complaints procedure including an easy read version was available. Easy read is where extracts of key text information is made visual through the use of pictures and/or symbols aimed to give greater understanding.

●A relative told us they knew the complaints procedure. They said, "I would be more than happy to speak with staff and the manager. I did have some issues, and these were addressed."

● The registered manager described the stages they would work through if a complaint should be received. This included documentation, investigation, feedback to the complainant, acting to address issues if applicable.

End of life care and support

● The service did not currently support any people who were receiving end of life care.

● Staff told us if there was a need input would be secured from external health care professionals including health facilitators and the district nurse team.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question had deteriorated to requires improvement. This meant the service management and leadership was not always consistent. Quality assurance systems, including audits and spot checks, had not always been effective in alerting the provider and registered manager that there had been shortfalls in service delivery.

Continuous learning and improving care,

- Shortfalls in monitoring had a negative impact on some systems within the service and record keeping over the last year.
- The providers compliance team carried out a two-day audit of the service in the autumn of 2019. They identified that a number of issues required attention and improvement. An action plan had been developed and was being worked through in an order of priority. We identified some issues during the inspection and fed these back to the registered manager.
- Staff had made a record of people's dietary and fluid intake. For some days the records of fluid consumed by each person was minimal. We raised this with the registered manager who immediately gave instruction to senior staff that they should monitor and check at the end of each day the total of each person's fluid intake.
- The laundry door was not shutting correctly. If a fire were to occur this could aid the spread of fire and smoke. The registered manager assured us they would get the door rectified as a matter of priority.
- The key to the medicine room was not secure. The manager agreed to find an alternative place to ensure the key was secured safely.
- Staff handover, that cascaded private information about individual people, was carried out in the lounge where people were sitting. Staff told us that some people would not be able to hear what was being said and other people would not understand. However, the registered manager agreed the process did not accord with the principles of promoting people's confidentiality, dignity, privacy and rights. The registered manager assured us in future the handover would take place in the office.
- There were no care plans in place for people who were prone to a recurrent condition. This meant there were no written instructions in a main body care plan to alert staff to the early signs and symptoms of the condition to consistently ensure timely intervention was secured.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people,

- A number of managers had been in post within the last few years. Staff and relatives told us this had been unsettling for them and the people who lived at the home. One relative told us, "The place was unsettled, and people were not happy. The new manager is very good though, and things are much, much better again now."
- Relatives we spoke with knew the name of the registered manager." A relative said, "The management are lovely. Very friendly and approachable."

●People knew the registered manager. The registered manager was visible within the service. People were calm in the presence of the registered manager. People engaged with the registered manager showing they were familiar with them.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements,
●The registered manager knew of their responsibilities in terms of regulatory requirements. The registered manager had notified us of any accidents and incidents.
●One staff member said, "I would whistle blow. I did this in my last job. If I felt things were not right I would report." Whistleblowing is a process whereby staff should feel confident to report any bad practice without fear of repercussions.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics,
●Staff told us they had been encouraged to give their views at staff meetings. A staff member said, "When it comes to activity provision we [staff] are trusted to discover new activities for people. I think this is good." Another staff member said, "If we [staff] think people would like different foods we can buy this."
●Feedback had been sought through reviews, feedback forms and a comments book. A relative confirmed "I filled out a form. I am happy with things."

How the provider understands and acts on the duty of candour,
Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received.
●The registered manager and staff were open in their approach with us during the inspection.
●The registered manager told us if there were issues meetings with people and/or relatives would be arranged to discuss these. Where required the provider told us people would be apologised to.
●Our last inspection rating was on display on the provider's website and within the home as is required by law.

Working in partnership with others,
●The provider, registered manager and staff worked in partnership with a range external healthcare professionals.
●The registered manager had worked with other of the provider's managers to share ideas and have support mechanisms.