Sense

SENSE - 11 Station 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

This inspection took place on 29 November 2018 and was unannounced. At the last inspection completed on 31 March 2018 we rated the service Good. At this inspection we found the service remains rated as Good.

SENSE - 11 Station Road is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

SENSE - 11 Station Road accommodates up to nine people in one adapted building, where people had access to communal areas along with their own individual flats. At the time of the inspection there were seven people using the service.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

There was a registered manager in post at the time of our inspection. 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 2008 and associated Regulations about how the service is run.

People were safeguarded from abuse and risks were assessed and planned for to keep people safe. People were supported by sufficient safely recruited staff. People's medicines were administered as prescribed. People were protected from the risk of cross infection. The provider learned when things went wrong.

People's needs were assessed and they had plans in place to meet those needs. Staff had access to training and ongoing development and were supported in their role. People were supported to live in an environment which had adaptations which were suitable to meet their needs.

People received consistent support from staff. People could choose their meals and were supported to eat and drink safely. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People were supported by staff that were caring and they had good relationships with staff. People were supported to make choices about their care and staff promoted people's independence. People's communication needs were assessed and planned for with specific tools in place to support people. People had their privacy and dignity protected by staff.

People's preferences were understood by staff and they received person centred care and support. People had access to a range of activities and were supported follow their interests. People and relatives understood how to make a complaint and these were responded to. Nobody was receiving end of life care so this was not considered.

Notifications were submitted as required and the manager understood their responsibilities. People and their relatives were engaged in the service and felt able to approach the registered manager. Staff felt supported in their role and were involved in the service. Quality audits were in place and were used to drive improvement.

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 continued to be good.	**Good**
Is the service effective? The service continued to be good.	**Good**
Is the service caring? The service continued to be good.	**Good**
Is the service responsive? The service continued to be good.	**Good**
Is the service well-led? The service continued to be good.	**Good**

SENSE - 11 Station 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 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 unannounced inspection visit took place on 29 November 2018. The inspection team consisted of two inspectors.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with two people who used the service and two relatives. We also spoke with the registered manager, three deputy managers, and four staff.

We observed the delivery of care and support provided to people living at the service and their interactions with staff. We reviewed the care records of two people. We looked at other records relating to the management of the service including, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection on 31 March 2016 we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

People were safeguarded from abuse. One relative told us, "[Person's name] is very safe there, we've never had any concerns." Safeguarding procedures were understood and followed by staff, they could describe how to recognise abuse and what actions they would take to report any concerns they may have. Records showed where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

People were protected from risks to their safety. One relative told us, "I have had no concerns about safety at all. I can only applaud with how the staff deal with things. My relative can be quite challenging and they deal with them with such integrity." We could confirm in people's care records risks had been assessed and there were plans in place to minimise risks to people's safety. Risk assessments viewed were person centred and individualised for each person who lived at the home with clear plans in place to minimise safety. Staff understood the risks to people's safety and could describe the plans in place to manage these. For example, where people had a history of behaviour that challenged there were positive behaviour plans in place which guided staff on how to support people to maintain positive behaviours, the guidance included detailed information on what a good day looked like for the person and what steps to take to distract the person if they became anxious or unsettled. Staff told us and records supported this was an effective way of minimising the occurrences of behaviour that challenged.

People were supported by sufficient staff. One relative told us, "Over the years, there have been different members of staff but I don't know where they get them all from as they've all been brilliant." Staff were available to people on a one to one basis, with other staff available when activities and outings into the community were taking place. Staff confirmed there were regular agency staff available who were familiar with people and their routines in the event they had any absences. We observed people had access to support from staff to do a wide range of things throughout the day.

People received support from staff who had been safely recruited. The provider told us they checked to ensure staff were safe and suitable to work in the home including a Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions. Staff confirmed these checks were carried out.

Medicines were administered safely. Staff had been trained to administer medicines and had their competency checked. We saw when administering medicines staff followed people's individual plans and assessments which ensured medicines were administered in line with the policy. Medicines were stored safely. Medicines were stored in individual lockable cupboards in people's flats. We found daily checks were carried out of the temperature of the storage areas. Stock checks were carried out which ensured people had an adequate supply of their medicines available. Guidance was in place which staff followed when administering people's medicines. For example, where people had medicines which needed to be taken on

an 'as required' basis for pain management or to help them calm down, there were detailed guides in place for staff on how and when these should be taken. Medicine administration record (MAR) charts were in place and were completed accurately by staff.

People were protected from the risk of cross infection. Staff had received training in infection control and could describe the steps they took to minimise the risk of cross infection. We found the communal areas and individual flats were clean and we observed staff using protective clothing. Checks were in place to ensure the home remained clean and well maintained.

There was a system in place to learn when things went wrong. The registered manager told us they had a process in place for learning when things went wrong. For example, where there had been any safety incidents these would be discussed to see if there were any changes needed. We saw there was a service review undertaken each month for individual people which allowed for learning and changes to be made to individual people's living environment, care and support and their care plans.

Good

Is the service effective?

Our findings

At our last inspection on 31 March 2016 we rated Effective as Good. At this inspection we found Effective continues to be rated as Good.

People had their needs assessed and plans put in place to meet them. The provider told us in the PIR there were comprehensive care plans and health actions plans in place for each person which reflect the individual's health, life history, choices, preferences, personality and lifestyle. We found the information included in the plans had been written to reflect individual's needs and preferences and people and their relatives were involved in creating and reviewing these. We found the service made use of information technology for monitoring people's safety where this was required, this meant people could be monitored using equipment and allowed them privacy; for example, during the night.

The provider told us in the PIR staff received an induction which included the care certificate completion. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. Staff had access to ongoing training through different mediums and had their competency checked. The provider told us there was a training matrix in place to ensure training was up to date and staff had regular performance reviews to discuss their training needs. The provider also told us they offered staff opportunities for continued professional development. Staff confirmed they had access to training and continuous development and we saw they were using the skills from the training received in providing people with their care and support.

People had a choice of meals and drinks and had their nutrition and hydration needs met by staff. We saw people had developed their own menus with staff. Where needed staff had used the information about people's preferences and their dietary needs to make some decisions in people's best interests. One person needed to have their portions controlled to help them maintain a healthy weight. Another person had to have a Speech and Language Therapy Team (SALT) assessed diet. In both cases we found staff were knowledgeable about what people could eat and drink and followed the information which was clearly documented in people's care plans.

People received consistent care. A deputy manager told us there were teams of staff wrapped around individual people which enabled consistency. Staff told us this meant they could build relationships and ensure they were familiar with each person's routines. We found there were handover meetings in place and communication books to help ensure consistency when the staff changed over at the end of their shift.

People had access to support with their health and wellbeing. One relative told us, "The staff will tell us about medical appointments. Sometimes [person's name] has health problems and they get the doctor straight away and tell us if they need any medicines." Staff told us they could refer people promptly for any health professional advice they needed. We saw people had a specific health action plan in place which set out any concerns about their health and how these should be managed. We saw there was detailed guidance for staff in the plans and these were updated on a regular basis.

People were supported in an environment that had been designed to meet their needs. In the PIR the provider told us peoples environments reflected their personality and individual choice, our conversations with people, relatives and our observations confirmed this. The home had individual flats for people to have their own space. Flats had specifically designed bathroom and toilets to ensure they were accessible to the individual people living at the service. We saw each flat was fitted with flashing light alarms to enable people to see when someone was entering their flat. The fire alarm system also had flashing lights to enable people to see if the alarm had been activated. One person's flat had a lowered sink in the kitchen area to enable them to reach the sink. We saw one touch kettles were in place in flats to enable people to make their own drinks. The registered manager told us they had won a grant from a local business and had purchased a trampoline and summer house for the garden area, there were plans in place to create a sensory area in the summer house.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We found individual capacity assessments had been carried out when people lacked capacity to make a decision and discussions were held about how to make the decision on the persons best interest. For example, one person had a best interest discussion about holding keys to their flat.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty 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 and found they were. We found all restrictions were considered and the least restrictive option was used. For example, one person was attempting to eat raw food stored in their fridge, a lock had to be put on and this was considered as a restriction. To minimize this a smaller fridge was purchased to enable them to access items without restriction and for the main fridge to remain locked.

Good

Is the service caring?

Our findings

At our last inspection on 31 March 2016 we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. One relative told us, "The provider has high aspirations for all of their staff which is so important. They are all so caring." Relatives told us staff thought about every aspect of their loved one's lives. One gave the example that staff took their relative on holiday. Relatives told us the staff understood people's needs and spent time ensuring their relatives had a full and interesting life. Another relative commented, "The staff bring [person's name] to visit us regularly and the staff also call us to let us know how things are." The staff told us they had good relationships with people and knew them well. One deputy told us about team training days which had been used to improve the staff knowledge of people. The deputy confirmed new staff had time through their induction to build relationships and casual staff are also able to learn about people they will need to support. We saw staff could identify what people wanted using their knowledge of the person and how they communicated. We saw people were smiling and happy when engaging with staff.

People were supported to make choices about how and when they were supported and to maintain their independence. One relative told us, "[Person's name] had become more independent since moving to the service. They are able to go out into the community." Another relative told us, "[Person's name] gets to choose what they want to do, the staff let us know when they have been out for meals and the theatre and if they have had new things in the flat." We saw visual aid instructions had been put on the washing machine along with a raised button to aid people to use this independently. We saw staff spent time ensuring people could choose for themselves. One person had a box with objects of reference in to help them make decisions and choices. For example, there was a plate which when selected showed staff the person wanted something to eat. The staff could describe how they supported people to communicate their wishes and we found this was all documented in people's care plans. Staff could tell us about people and describe the relationship they had with them and the way they used their knowledge to promote choice and independence.

People had their privacy and dignity maintained. Staff ensured people had their privacy protected. For example, there were systems in place to ensure people knew when staff were entering their flat. People's care plans gave details of how staff could support people with dignity. For example, there was a gender care statement in each plan which gave detailed guidance of when male carers and female carers were able to support people and these were specific for individual needs. We saw staff knocked on doors and checked it was ok to enter people's flats. We saw staff used people's preferred name and spent time ensuring people were comfortable with them offering support.

Good

Is the service responsive?

Our findings

At our last inspection on 31 March 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People received personalised care and support which was responsive to their individual needs and preferences. One relative told us, "It's become like a friendship between me and the staff, if there is anything untoward, they will contact me straight away." Another relative told us, "[Person's name] has been going into the community, the café, goes to spas and on holiday with staff support." People's care plans had detailed information about their likes and dislikes. There were descriptions of what a good and bad day looked like for people and how they presented when they were happy and relaxed or worried. Staff could describe this information to us and told us how they used this to help ensure people had their care given using their preferred routines. There was an equality and diversity and inclusion plan included in people's care plans. This gave staff guidance on how to consider peoples individual characteristics. The registered manager told us this was a policy statement which guided staff on the areas to consider in people's individual assessments and care plans.

Relatives confirmed people had their individual needs and preferences reviewed and they felt involved in this process. In the PIR the provider told us person centred planning meetings were held every month which included photographs and the use of person centred thinking tools to learn what was working and improve outcomes. We saw these reviews were leading to changes in how people were supported and improved outcomes through an individual action plan. For example, we saw a person centred action plan had led to organising different day trips.

People were supported to follow their individual interests and hobbies and spent time doing things they enjoyed. One person told us they were going ice skating on the day of the inspection and they were looking forward to it. Relatives told us people had lots of different things going on and were supported to go out into the community. Staff told us they spent time getting to know what people liked to do and were always looking for new opportunities for people. We found people had a plan in place which identified where they were going through the week. Staff explained this was particularly important for some people who needed their set routines. People had access to vehicles to take them out and we saw staff using these on the day of the inspection to support people to go out into the community.

People had their communication needs assessed and plans put in place to meet them. People had specific communication needs relating to their sight and hearing. Some people used hand on hand sign language to communicate. We saw that staff had received guidance on how to communicate with people effectively. We found staff used the individual symbols to communicate with people and understand what was being said to them in return. This meant people could be involved in making choices and decisions. The provider was meeting their responsibilities for the accessible information standards which sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

Concerns or complaints were investigated and responded to. One relative told us, "Never had the need to make a complaint. If we didn't like something, we would ring and tell them and we would be confident that they would do something about it. If we had any concerns, we would speak to staff straight away." We found there had not been any concerns or complaints since the last inspection. However, the registered manager told us they had a system in place to ensure these would be investigated and responded to. The registered manager shared with us work led by a member of staff to develop information in BSL for people to be able to understand more easily how people can make a complaint.

There was nobody receiving end of life care at the time of the inspection. The registered manager told us work had been completed to develop an easy read document to discuss end of life care with people. There were also plans for the matter to be discussed with relatives in the new year. We saw there was documentation in place which would guide those discussions as part of people's reviews. Staff explained this would look at who to contact for people, what their advanced wishes including funeral plans, cultural considerations and important details such as whether they want a religious funeral, what hymns they would like and what they would want to see happen with their belongings.

Good

Is the service well-led?

Our findings

At our last inspection on 31 March 2016, we rated Well Led as Good. At this inspection Well Led remains rated as Good.

The provider told us in the PIR they had developed 'we' statements from the providers 'I' statements and this underpinned the behaviours of staff and guided them in their roles. One staff member told us, "The vision and 'we' statements state that we are open and honest and we are able to raise things and be responsive. I have never had a situation where we could not deal with things." We saw the 'we' statements were on display in the home and staff could describe how these helped shape what they did. For example, one 'we' statement was about taking informed risks. Staff explained they were working on developing a new approach to risk assessment which was more person centred. The person would be involved in understanding the risk and what steps were needed to keep them safe. The registered manager shared the risk assessment with us which had been created in an easy ready format which enabled people to identify the risks themselves and work out how to minimise them. The registered manger told us this was to be used from January next year and would be a risk enablement process which helped people to understand and manage their own risks. The provider told us in the PIR there was a strong culture of openness and fairness within the service. The feedback we received from relatives and staff supports this statement. The service had also won awards from within the company and received nominations for individual staff members.

The provider had systems in place to check the quality of the service. For example, there was a monthly compliance audit completed by the operations manager. These operated on a schedule over a 12 month period and have a theme. For example, medicines, finance and service development. We saw these were effective in driving change. For example, one finance audit had led to a change in the way finance was recorded. The registered manager also carried out a self-assessment to reflect on the practice in the home and look for continuous improvement opportunities. There were also monthly compliance audits and two weekly checks in place. For example, the medicines audits were completed by the registered manager on a two-weekly basis to ensure the records, storage and administration was being managed effectively. All actions were placed into an action plan, this was checked by the registered manager to see if the actions had been completed and a rating system was in use. There was also an individual service development plan in place for each person at the home. We found these reviewed people's care plans, health action plans and person centred reviews to ensure they were up to date, accurate and any changes from the review had been actioned. For example, one person's review required them to be referred to an occupational therapist, this was an action in their individual service development plan and we could see this had been tracked and put in place.

The provider and registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. The registered manager was supported in their role by operational managers and the provider. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.

People, relatives and staff were involved in reviewing the quality of the service and making suggestions. People had regular discussions with staff about their care and how things were going. The person-centred reviews enabled people to share their thoughts on what they wanted to see from the service. Relatives were fully engaged in the service and kept up to date. One relative told us, "The staff share everything. As I live in [a distance away], I'm very reliant upon their integrity and honesty with me and they always demonstrate that." The registered manger told us they used surveys to seek the views of staff annually. The feedback is used to drive improvements through the development of a 12-month action plan to develop the service. Staff told us they could make suggestions about how to improve things and felt involved in the service. One staff member said, "We can make suggestions without any issue, we could do with another vehicle, one broke down and this has been requested we are now waiting for this to be available."

Relatives and staff told us the registered manager was approachable and supportive. One relative said, "The registered manager, and the whole management team are quite proactive they are all lovely people and they care which is the important thing." Staff told us they felt supported and could speak with the registered manager and management team about anything. One staff member said, I love it here the registered manager and the deputy are really good, the progress of the service is good and the staff team are really well established. The registered manager has supported me with both work and personal issues."

The registered manager sought ways to continuously improve the service. The provider told us in the PIR that the registered manager was involved in seeking opportunities for continuous learning. These included attending a registered manager's network and sharing the best practice identified with staff at the service. We found these ideas were shared with the staff along with other nationally recognised best practice to continually look for other ways to improve outcomes for people. The registered manager told us they were involved in a quality group which identified areas for improvement. All actions identified through this group were included on the overall service development plan. One of the areas being considered is the use of technology. For example, they are looking at how technology can be used for one person to be able to communicate more effectively with staff and for another person how technology could support them to write their own daily records. This meant people would have better access to information and be more involved in their care.

The provider worked in partnership with other agencies. The registered manager told us they worked to develop opportunities for people to develop positive relationships with others in the community. The service had set up a neighbourhood watch scheme for local people and businesses and had also involved the local Member of Parliament. This meant people at the service had developed relationships with people in the community and had enabled them to raise awareness in the community and for people to make friends. One person from the community had since made contact to discuss some fundraising ideas for the service.