Sense

SENSE - 38 Church Street

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

Overall summary

We inspected this service on 23 October 2014. This was an unannounced inspection.

At the last inspection in September 2013, we found the provider had met the legal requirements in the areas we reviewed.

Thirty eight Church Street is a care home which provides personal care for six people who experience a range of learning disabilities, physical disabilities and sensory impairments. Three of the people are supported in their own flats situated on the upper floor of the property. The other three people are supported in ground floor accommodation which included single bedrooms and shared communal areas.

The service has a registered manager. 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.

Summary of findings

During our inspection we found that the registered manager and staff put the care and welfare of people at the centre of what they do. We found they encouraged people to be as independent as possible and supported people to be involved with their care planning. One person told us they liked living at the home because they were supported to access the community and attend a work placement. We saw this gave them a sense of achievement.

The care people were provided with met their needs and was delivered in a way which was intended to keep people safe. Where people were not well we saw they were referred to a health care professional to see if any changes in care were needed. Any changes in care had been implemented promptly. While care was planned and delivered safely we did identify some concerns about how quickly written care plans were developed.

During the inspection we saw there were always enough staff to provide care safely and as recorded in people's care plans.

People's human rights were protected by staff who had received training in the Mental Capacity Act 2005. Where a person may not have the ability to make a certain decision an assessment was completed to see if they understood the choice they were asked to make. Where people were not able to make a decision we saw decisions had been made in their best interest by family members and professionals involved in their care.

The registered manager had kept up to date with changes in the Deprivation of Liberty Safeguards (DoLS). These are laws which aim to make sure that people in care homes are looked after in a way that does not inappropriately restrict their freedom.

The provider had a set of corporate values and staff were aware of them and how they were used to provide a quality service to people. One member of staff told us how the values were a statement of what people could expect from staff.

Staff had received appropriate training which allowed them to care for people safely. Staff's abilities to meet the needs of people were continually monitored to identify if they were of an acceptable standard.

There were systems in place to continually review and improve the quality of service people received. Incidents and accidents were analysed and changes made to care plans to reduce the number of occurrences.

The provider had systems in place to capture the views and concerns of people who used the service to see if any improvements were needed. There was a complaints policy in place and people and relatives told us they knew how to complain. However, the registered manager confirmed they had received no complaints in the last year. The provider used surveys to gather the views of people using the service and reviewed the information to improve the quality of service they provided.

The provider had not taken account of a local authority report which had identified that a person's risk assessments were overdue for review. The risk assessments had also not been reviewed in line with timescales defined in provider's policy. This meant the registered manager had not taken account of external reports or polices to improve the quality of service they provided.

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 felt safe living at the home. There were systems in place which allowed all the staff to raise any concerns with the registered manager or external agencies.

There were enough staff on duty to ensure people's care needs were met and the provider had followed safe recruitment practices.

Good

Is the service effective?
The service was effective.

Staff received appropriate training to be able to meet people's needs. Staff were supported through a system of appraisal and supervision.

People were supported to have a choice of food and drink, where people were at risk of malnutrition the provider had made appropriate referrals to healthcare professionals.

Good

Is the service caring?
The service was caring.

The registered manager and the staff were kind, compassionate and helpful. During our visit we saw there was a relaxed and happy atmosphere in the home with staff having the time to care for people without rushing them.

Staff were aware of how people preferred their care to be delivered and encouraged them to make choices and be independent.

Good

Is the service responsive?
The service was responsive.

People were supported to take part in activities of their choice and to access the local community.

People who used the service and their relatives were involved in the care planning and could makes changes if there was anything they were not happy with.

The provider has a complaints policy and people were aware of how to raise a complaint. However, the registered manager confirmed they had received no complaints in the last 12 months.

Good

Is the service well-led?
The service was not always well led.

Requires Improvement

Summary of findings

The provider had a set of values. Staff were aware of and measured against the values and understood they were about providing a quality service to the people they supported.

The registered manager was supportive and approachable and would listen to staff and act upon concerns they raised.

There was a quality monitoring system which ensured action was taken to continually improve the quality of service people received. However, the registered manager had not taken account of the provider's policy or an external report to ensure people's risk assessments were reviewed.

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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 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 inspection took place on 23 October 2014 and was unannounced.

The inspection was completed by a single inspector. Before the inspection, the provider completed a Provider Information Return (PIR). 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. Prior to this inspection we reviewed the PIR and other information we held about the provider. We also contacted the local authority and reviewed their latest report on the home

During the visit we spoke with two people who lived at the home. One of these people used sign language and the registered manager interpreted for us. We also spoke with the relatives of two people who lived at the home. We spoke with two members of staff and the registered manager. We observed the care being given and reviewed two people's care and health records. After the inspection we spoke with two health and social care professionals to gather information about their experience of the service.

Good

Is the service safe?

Our findings

We spoke with two people living at the home; both people told us they felt safe. One person said, "Yes, I like it here." The other person was not able to verbally communicate in detail their experience of living in the home. However, they repeated yes a number of times when we asked them if they felt safe and liked living at the home.

We spoke with two members of staff; both told us they had received training in keeping people safe, what the different types of harm were and behaviours which may indicate a person was subject to abuse. Both staff were aware of how to raise a concern within the provider's organisation and with external agencies. Staff told us the provider's safeguarding policy and the telephone number for the local safeguarding authority were accessible in the office.

We saw where risks to people's safety and welfare had been identified, systems had been put in place to reduce the level of risk people were exposed to. For example, we saw where people were unable to be independent in moving around the home, clear guidelines were available on the level of support they needed and the type of equipment to be used. However, where people had chosen not to follow the plans to reduce the risk this was respected by the staff and other methods of keeping the person safe were explored.

Care plans contained information about reactions people may display when they were unhappy and how staff should respond to keep people safe. We saw incidents of distressed reactions were recorded in the person's care file and these were reviewed by the provider's behavioural therapists to develop further develop care plans and to meet people's needs and reduce people's distress.

During our visit we observed that there were enough staff around to ensure people's needs were met. We saw where people required one to one support there were enough staff for this to happen. When extra support was required, for example, when people went out in the minibus the correct amount of staff was available to support them. We saw there was no pressure for tasks to be completed and staff had the time to give care in a calm relaxed, manner at a pace which suited the individual.

The two members of staff we spoke with told us that the provider ensured there was the appropriate number of staff on each shift. One member of staff told us, "Staffing levels are ok, there are always enough staff."

We discussed the staffing levels with the registered manager who told us there were some vacancies in the home at present to which they were looking to appoint. However, they were able to use bank staff who were trained to the provider's standards and had the skills to communicate with people who lived at the home.

The registered manager was supported in the recruitment and selection process by the provider's human resource department. The provider was able to show they had completed appropriate pre-employment checks to ensure that staff were suitable to work with the people living in the home.

We saw one person being given their medicines. The member of staff explained to the person what the medicines was and why they needed to take it. We saw they ensured the medicines had been taken before recording on the medicines administration record (MAR) chart. The registered manager ensured there were always people on the rota who were able to administer medicines. This meant people had access to their medicines when they needed it. There were systems in place to ensure medicines and the MAR chart sheets were checked at every shift and the stock of medicines was audited monthly. This allowed the staff to know which medicines needed re ordering every month and ensured there were always the appropriate medicine available for people.

Good

Is the service effective?

Our findings

We saw staff had a good relationship with people using the service and there was lots of laughter and joking. A social care professional told us they were confident that staff were able to deliver the care people needed.

Staff told us and records showed, they received training in subjects which ensured they had the skills needed to meet people's needs. The provider also had a multi-sensory team who were available to visit the service and support staff on how to work with individuals to help them achieve their goals. Training needs were reviewed when a new person started to use the service and training was given to help the staff to support the person appropriately.

The registered manager told us and staff confirmed there was a corporate induction which all new members of staff had to complete within 12 weeks of starting with the provider. On top of the corporate induction staff received a local induction in the home they would be working in, this included shadowing a more experienced colleague to see how people liked to receive their care. The registered manager observed the new member of staff completing different tasks and signed them off as competent when they had reached the required skill level.

The registered manager and staff told us they were supported by a system of appraisals and supervision. One member of staff told us, "I had a supervision with the manager, it was a two way process about how I was getting on what had happened that was positive and what I had enjoyed." Another member of staff said, "We discuss everything, if we have any issues or if there is anything we are not sure about." This showed the support staff received was effective in improving the care for people. The registered manager explained that staff also received a video supervision once a year. This is when an interaction with a service user was videoed and then the registered manager and the member of staff watched and reflected on the interaction and if they would do anything differently in the future.

People who did not have the mental capacity to make decisions for themselves had their human rights protected. This was because staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff we spoke with had a good understanding of how to offer people choices and the need to involve family and professional representatives if a person was unable to make a decision for themselves. One relative we spoke with confirmed they had attended best interest meetings when decisions needed to be made that the person was unable to make for themselves.

One person who lived at the home had been assessed by outside professionals using the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005. This was recorded in the person's care records to ensure all staff were aware of the person's legal status. The registered manager was up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards. At the time of the inspection the registered manager was working with the local authority to make sure people's legal rights were protected.

We saw that some people's care plans indicated they were given medicines covertly in their food, which meant that people were not aware they were taking it. Where this occurred we saw people had been assessed under the Mental Capacity Act 2005(MCA) as not being able to make an informed decision about their medicines. We saw there had been meetings involving family members, healthcare professionals and care staff where a decision was made in the person's best interest. A relative told us that the staff and the registered manager were responsive when they had raised concerns around medicines prescribed.

We spent time with people while they were supported to eat. We saw staff involved people in the process by discussing what they would like to eat first. People were encouraged to be independent. While some people were not able to tell us about the experience we could see hey were enjoying their meals. Staff were able to tell us about people's eating and drinking preferences and guidelines detailing their dietary needs were available in the kitchen for staff to refer to. The three people who lived in the flats were able to shop and cook for themselves with support from staff, this meant they were able to choose what they wanted to eat for each meal.

Staff were aware of how people communicated their nutritional needs. One member of staff told us, "They may just walk away from the table or if they want more they will stay at the table after they have finished, then you know to offer more food." People benefited from this by maintaining stable weights.

Good

Is the service effective?

People were referred to appropriate health professionals when concerns around their eating and drinking were identified. We spoke with a health professional who specialised in ensuring people could eat and drink safely. They told us the staff contacted them when appropriate and supported people to receive adequate fluid and nutrition in line with their needs and abilities.

People had access to health care professionals to make sure they received appropriate care and treatment to meet their individual needs. Records showed that people had access to doctors, dentists and chiropodists to manage on-going healthcare needs. A relative we spoke with described how staff had supported them to ensure important hospital appointments were kept and to be involved in the decision making process.

The relatives we spoke with told us how staff picked up on changes in people which may indicate they were not feeling well. When we spoke with staff they were able to describe how each person's behaviour may change when they were not well. This meant people were supported to access healthcare when they were not well.

Good

Is the service caring?

Our findings

People who used the service were supported by staff who were kind, caring and respectful of their right to privacy. We spoke with two relatives and they told us the care was good, they said they were able to ring every day to see how their relative had been and if there were any issues. They told us when they visited they found the staff were approachable and helpful.

We saw that there was a warm and friendly atmosphere between the staff and people living at the home. One member of staff told us, "The more you give of yourself the more you get back, I know them well in all sorts if personal ways so I share with them."

We saw that staff ate their tea with the people they were supporting. One person who lived at the home told us on Sunday they have a 'family' meal when the people who live in the flats come down and eat in the communal lounge. This showed how staff supported people to feel like they were part of a community.

People were supported to communicate their needs in a way which was appropriate for them. We saw a number of communication methods being used, for example, some people could use British Sign Language and other people used reference objects to communicate or other individual signs.

Staff told us how they were supported by the provider to learn British Sign Language (BSL), they told us how important this was to building relationships with the people they supported. One member of staff told us, "If you don't have BSL (British Sign Language) you don't have a relationship with people, now I can sign I have built up a relationship with people. The girls upstairs are good at signing." Staff were also aware that when communicating with deaf blind people it is important how you talk and the tone of your voice. This is because people need to have trust in staff and the information staff give to them.

People told us staff respected their privacy. One person we spoke with told us staff always let them know when they enter their flat by flicking the lights on and off, this was because they were unable to hear if people knocked at their door. Staff told us how they gave care in a way which respected people's privacy. This included ensuring doors and curtains were closed, ensuring people did not have more clothes removed than needed to give care and to protecting people's privacy with a towel when personal care was being provided.

People who lived in the upstairs flats were supported to live a more independent life and completed their own daily care logs. This enabled staff to monitor they were managing or if they needed extra support without having to question them thus allowing them more privacy to live their life.

Good

Is the service responsive?

Our findings

People were supported to pursue their hobbies and work placements in the local community. One person told us how they attended a community theatre group and how much they enjoyed it. Relatives confirmed that support was available to people in relation to hobbies. They told us, "If you suggest new activities they [staff] are always responsive. It's an ideal placement."

We saw people were supported to maintain relationships with friends and family by staff and staff accompanied them on visits home when needed. We also saw that a list of family and friends important to people with their birthdays was included in the care files. This meant people were able to buy a card and feel involved in friends and relative's lives.

People had person centred plans which set out their aims for the next 12 months. People and their relatives told us they were involved in making a choice in what was included in their personal care plan. This meant the personal care plans reflected people's individual needs and life goals. We saw their progress was reviewed at six monthly intervals where again they were involved in the discussion.

One person we spoke with told us they were involved developing their care plan and had read it. They said they were happy with the contents. They told us they were supported to become independent and spoke about how they had taken a taxi alone for the first time. They told us, "I like living here, I like the house and the staff help me. I go to GRC (a day centre) and I go to work."

Staff we spoke with were aware of people's needs and the support they needed to live a rewarding life. A new member of staff told us that when they first started they had reviewed people's care plans and found they reflected the person's individual needs. They explained they had found this helpful as it had input from the person and included information on how to approach them and what hobbies they were interested in as well as the care they needed. The member of staff told us how this allowed them to personalise the care they delivered.

We found that changing needs were identified at review and changes were made in response to improve the quality of life for people. For example, one person was finding their morning routine stressful. The changes implemented meant they had a more relaxed start to the day and this allowed them to enjoy their activities more.

We found one care plan was not up to date and contained information from the previous service the person had been at. It noted that a set group of staff were to meet weekly to produce detailed guidance to support consistency with daily skills. This guidance was not available in the care plan. We discussed this with the registered manager who told us that there was no exact timeframe for when the care plan would be completed as they were still waiting for feedback from health professionals regarding the person's needs. When they had received all the information a full care plan would be developed. While this meant that the person's needs were not fully recorded, we saw this did not impact on them receiving appropriate care.

There was a complaints policy but no formal complaints had been made about the home since the last inspection. Relatives told us they knew how to make a complaint but felt that the level of involvement and discussion meant they would not need to do this. One person we spoke with told us they knew how to make a complaint and the registered manager explained how people can make a complaint using a computer which made the process easier for them.

The provider was in the process of completing an engagement and involvement survey where they gathered the views of people regarding the care they received. This survey had been completed and the registered manager was waiting for the analysis of the information before developing an action plan. There were plans in place to send surveys out to visiting health professionals and family members.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was supported by a deputy manager and a senior care worker. This meant staff were supported when the registered manager was not available. People who used the service and their relatives told us the registered manager listened to and acted on any comments or concerns. Staff told us the registered manager was approachable and competent. A social care professional told us the registered manager was responsive to comments and knowledgeable about the people who lived at the home.

Staff were able to tell us about the provider's organisational values and how these were put these into effect by using 'I statements'. One member of staff told us, "I statements are an umbrella statement of what service users can expect from staff and an ideal of what staff are meant to represent, for example, to be willing and appropriate." The 'I statements' were used during supervisions and appraisals to measure how staff were performing against the values. All the staff we spoke with were aware of the 'I statements' and were able to describe how they were used to support supervisions and appraisals.

There was a whistle blowing policy in place and staff we spoke with were aware of the policy and that they could raise concerns anonymously and confidentially if they wanted to. However, both members of staff we spoke with told us they were able to speak openly and honestly to the registered manager and they felt confident that the registered manager would resolve issues. One member of staff said. "I feel able to speak to the deputy manager or the registered manager. If I don't like anything I can always come and speak to them.

Staff told us they had regular team meetings where they could discuss any concerns about the people they cared for. They told us that the registered manager was receptive to any suggestions they made which may improve the care offered to people. One member of staff who told us they had raised a suggestion said, "I was encouraged by her [the registered manager's] response."

The registered manager told us they were supported by an area manager and by having regular meetings with the registered managers of the provider's other homes in the area. The registered manager told us the meetings were a place where managers could share best practice and discuss ideas to improve the service.

Before our visit we reviewed information from the local authority who visited the home in April 2014. At that visit they identified that risk assessments in a care plan were out of date. We looked at these risk assessments and could see they were still out of date. We looked at the provider's policy which stated risk assessments should be reviewed at least annually or more often if people's circumstances changed. This meant the provider had not paid attention to their own policy and had not responded to comments in the local authority report to improve the quality of service they provided.

We noted that all accidents and incidents at the home were recorded, analysed and evaluated to identify any learning and areas for improvement. The information was reviewed by the provider's multi-sensory team. This is a team of health care professionals who suggest changes to the care plans to help prevent similar incidents from happening again.

We saw the area manager completed monthly themed audits to improve the quality of service people received. We saw where issues had been identified action plans were in place.

We spent time discussing the recruitment process with the registered manager, who explained the provider was currently reviewing their processes. This was because a number of staff who they appointed did not stay long with the organisation. There were also issues where people invited for interview did not turn up. Future plans included setting up an assessment day so that people were more aware of what the role would entail. These changes were being trialled to see if they identified staff who would stay in the provider's employment for longer. This would mean people had more consistent support from a set group of staff.