Sense

SENSE Jenny Chapman House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was carried out on 26 and 29 September 2017 and was unannounced. At their last inspection on 2 November 2015, they were found to be meeting the standards we inspected. At this inspection we found that they had continued to meet all the standards.

Sense Jenny Chapman House provides accommodation for up to seven people with learning and physical disabilities. The home is not registered to provide nursing care. At the time of the inspection there were seven people living there.

The service had manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People's medicines were managed safely, however, the records relating to medicines were not always accurate. In addition, although there were fire drills, a drill had not been completed, or considered as a need, during the night when staff numbers were at their lowest and people were in bed. There were systems in place to monitor the quality of the service. However, the quality assurance systems had not identified this as a requirement. These were areas that required improvement.

People were not able to tell us if they felt safe but we saw they enjoyed interacting with staff. Relatives felt people were safe.

There were sufficient staff to meet people's needs. Staff were recruited robustly and had received regular training and supervision.

People had their rights respected and staff followed the principles of the MCA 2005. Consent was sought and choices were given. People received a variety of foods that they enjoyed and there were plans in place to ensure they received enough to eat and drink to maintain their health. There was regular access to health and social care professionals.

Relatives told us that staff were kind and staff told us how they promoted people's identity and respected their preferences. People were supported in accordance with their wishes and preferences.

People received care that met their needs and support plans were detailed so that staff could provide them with care that was appropriate and safe. There were regular activities and outings on offer which supported people's hobbies and interests.

There had been no recent complaints and people's views were sought regularly. People and their relatives were involved in planning their care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

People's medicines were managed safely, however records were not accurate.

There had been no consideration for the need to have a fire drill when staff levels were at their lowest.

There were sufficient staff who were recruited safely.

Risks to people were mitigated and accidents and incidents were reviewed.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains caring.

Is the service responsive?

Good

The service remains responsive.

Is the service well-led?

Good

The service remained well led.

SENSE Jenny Chapman House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We had not requested the provider information return (PIR) prior to this inspection.

The inspection was unannounced and carried out by one inspector.

During the inspection we were unable to speak with people who used the service in depth due to their complex health needs. Following the inspection we spoke with two relatives to obtain their views on the service people experienced. We spoke with three staff members and the registered manager. We received information from service commissioners. We viewed information relating to two people's care and support. We also reviewed records relating to the management of the service.

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 could not talk with us due to their complex health needs.

Requires Improvement

Is the service safe?

Our findings

People's medicines were managed safely. Medicines were stored safely and administered by trained staff. We observed staff working in pairs administering medicines in a safe way. A daily quantity chart indicated that people had received their medicines as prescribed. However we checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were not always accurate with the records. This was because the records of medicines sent to day centres, and quantities carried from the previous cycle or returned to the pharmacist were not accurately maintained. This was an area that required improvement.

People were unable to tell us if they felt safe living at the service. However we observed people interact with and approach staff and we observed that they were comfortable with them. Relatives told us that they felt people were safe. One relative told us that people living at the home had complex needs and staff supported them well while promoting theirs and other people's safety.

People were supported by staff who knew how to keep people safe. They were aware of how to recognise and report abuse. Staff were aware of external agencies, such as the local authority, if they needed to contact them.

Where potential risks to people's health, well-being or safety had been identified, risk assessments and management plans were in place and reviewed regularly. These included areas including behaviour that may challenge, the use of equipment and going out in the community. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. They included various stages behaviour may take, how staff should support people with this and also documented how people may behave when their anxiety was decreasing. However, on arrival a person took our hand and took us into the dining room. We were unable to free our hand from the person and had to walk with them. As a result a person struck the inspector three times. There were staff and the registered manager in the room and they did not intervene or stop the person taking the inspector to the dining room even though this may be a trigger to people during a busy time of the day. This may place other visitors or people living at the service at risk and was an area that required improvement.

We noted that there were a low number of incidents. However, all accidents and incidents were shared with the provider's health and safety team to ensure all remedial actions had been taken.

There were regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire. However, there had not been a fire drill during the night time hours. We discussed the need for a fire drill during the hours when the numbers of staff were at their lowest and when people may be in bed. The registered manager told us that they would arrange this as a matter of urgency. This was an area that required improvement.

People's relatives and staff told us that there were enough staff available to meet people's needs. We noted that people were able to go out regularly and staff were available to support this. One staff member said, "If

there is something going on (an activity or outing) and we need more staff to support it, then they provide it." Throughout the course of the inspection we noted that there was a calm atmosphere and that people received their care and support when they requested it.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable for working in a care setting. We reviewed the recruitment records for staff and found that all the required documentation was in place including written references and criminal record checks.

Good

Is the service effective?

Our findings

People's relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One relative said, "The staff are all trained, they manage really well."

Staff received training to help ensure they had the necessary knowledge for their roles. This included training such as moving and handling and safeguarding as well as specific training modules such as supporting people on the autistic spectrum and with epilepsy. Staff told us that they felt supported and were able to approach the management team for additional support at any time. One staff member said, "They [registered manager, colleagues and senior management team] supported me to achieve my goals of obtaining a [higher education]. It's like a dream come true, they supported my shift changes and my learning." However, one staff member felt the one to one supervisions were often mainly focused on the people they supported rather than staff development.

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. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked that the service was working in accordance with the act and found that they were.

Staff had good knowledge of the MCA and the registered manager had a clear understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. The appropriate applications and documentation was in place.

People enjoyed a variety of food and their individual likes, dislikes and dietary needs were known by staff. Assessments had been undertaken to identify if people were at risk from of not eating or drinking enough and if they were at risk of choking. We observed staff supporting people appropriately. People were encouraged to prepare their own food and drink where they were able to help promote independence.

People's day to day health needs were met and people had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a wheelchair services.

Good

Is the service caring?

Our findings

People's relatives told us that staff were kind and caring. One relative told us, "The staff are all very kind." Another relative told us, "The staff are all very pleasant, I like them all." They went on to say they felt the service was homely, they always felt welcome and could even make themselves a cup of tea while visiting.

Staff were kind and friendly with people. Staff interacted with people in a way that was appropriate to the person they were supporting. Staff listened to people and gave people choices even though some people's verbal communication was limited. Staff were familiar with how people communicated and what gestures people made meant. For example, one person liked to communicate with staff through a series of sounds and staff reciprocated this. The home had 'talking tiles' around the building so that a person who was visually impaired could find out what the weather was like, what staff were on duty and where the toilet was without needing to depend on staff.

Staff respected people and supported them with privacy and dignity. One staff member told us, "We like to help people get involved, live a good and full life and we treat them as individuals." Reviews included people as much as possible and relatives told us that they were involved with reviews and had been kept informed of any issues or changes as needed. One relative told us, "I go to regular meetings about [person's] care."

People were supported by staff who knew them well. Staff we spoke with, and those observed, demonstrated the awareness staff had about everyone. They were able to tell us about people's health, families and interests. One relative told us that their relative preferred a particular gender of care staff. We observed staff respected this on the day of inspection.

People and their relatives were involved in planning and reviewing their care. We saw that there was a monthly record and they reviewed if they were meeting people's goals. This related to health, care needs and activities. We saw that staff supported people to try and achieve their goals. For example, one person wanted to go to college but was unable to get funding for the course so staff were helping them put a portfolio together to prepare for the future and other opportunities.

People's records were stored in a lockable office in order to promote confidentiality for people who used the service.

Relatives and friends of people who used the service were able to visit at any time. We also saw that staff supported people to spend time with their family by taking them to visit family members who were unable to visit. We also noted that people were supported to visit a day centre some distance away as they had friends there.

Good

Is the service responsive?

Our findings

People's care plans were detailed and person centred. They included information that enabled staff to support people safely and in a way they liked. For example, they detailed what a good day might look like, who they would spend that with and what things they would enjoy doing. This helped direct staff to provide good days as it was clear and easy to follow. We saw that staff did follow these plans' and the examples recorded were seen to be put into practice.

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and personal care at a time that suited them. For example, one person enjoyed playing their keyboard and another enjoyed going outside for a cigarette. We noted that the housekeeper also offered support to people rather than the person waiting for a member of care staff which showed an inclusive approach. A relative of a person who used the service told us, "They care for [person] very well, [they] can be very challenging at times but they cope really well." Another relative said, "They look after [person] well."

People were supported to enjoy hobbies and interests in and outside of the home. We saw people enjoyed trips to pubs, swimming, rock climbing and shopping. This included people who were less physically able but staff supported them to facilitate these activities. People had recently returned from holiday. One person enjoyed days out in London and visited there every month. Relatives told us that staff supported people to do things that they enjoyed. One relative said, "[Person] goes to the park and shopping amongst other things. Sometimes [they] go swimming but it's when [they] want to go and staff understand that sometimes [Person's] interest is fleeting."

There had been no complaints received. Relatives told us that they knew how to raise concerns but had not needed to. One relative said, "I could go to them if I needed to." We saw people were asked for their views regularly and they met with staff every month on a formal basis to help ensure they were happy.

Good

Is the service well-led?

Our findings

There were quality assurance systems in place. These were used to monitor any issues and were supported by the regional manager visits. However, we noted that they did not routinely audit medicines and therefore had not identified the recording shortfalls found on inspection. In addition, we found that the fire safety checks and risk assessment had not identified the need to ensure night staff attended a fire drill. These were areas that required improvement.

People clearly knew the registered manager well as they were a key member of the team. We saw that they knew people well and supported them during a busy and potentially challenging period of the day. Staff told us that they were a very 'involved manager' providing guidance and support daily. They felt the home was well run and there was strong leadership.

One staff member said, "If you need [Registered manager], he's always here. He observes practice and tells you if it's not right. " Another staff member told us, "I always go to [deputy manager] they are always sympathetic to your worries."

Relatives were also positive about the registered manager and how the service was run. One relative said, "I can talk to [registered manager, I know him, I have no problems." Another relative told us, "Its well run, I know [registered manager], any problems they're straight on the phone letting us know."

There had been a survey sent to relatives of people who used the service and we saw that the feedback on those held at the home were positive. There was no overview to be seen however, there were no actions arising from the surveys we viewed.

There were regular team meetings where the staff discussed changes to practice, any issues and plans for people they supported. The meetings included information to help staff remain informed about changes to the home and future plans. For example, in relation to changing needs of people and upcoming events.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.