

Sense

SENSE - Hyde Close Flats

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sense Hyde Close Flats is a care home that provides accommodation and personal care for up to 17 people. The service is split into four flats and supports people with a range of needs including people with a learning and sensory disability and autism. At the time of our inspection there were 16 people living there.

People's experience of using this service and what we found

Relatives told us that people were safe, staff were kind and that their relatives received good care and support

Recruitment processes and procedures were safe. Essential checks on staff had taken place on staff before they started working for the service.

People received their medicines safely and as prescribed.

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were enough staff to meet people's needs.

The home was clean and odour free. There were increased infection control measures in response to the coronavirus outbreak. The provider reacted appropriately to keep people safe.

Staff received the training and support to carry out their role effectively. Care staff told us that they felt that the management team was very supportive especially during the recent months of the pandemic.

Relatives confirmed that they received regular updates and feedback about their family members. There was a positive culture throughout the service which focused on providing care that was personalised. The management team used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 14 September 2017.

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

Why we inspected

We carried out a focused inspection of this service on 1 December 2020. This report only covers our findings in relation to the Key Questions safe, caring, and well led as we were mindful of the impact and added

pressures of Covid-19 pandemic on the service.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our 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 remains safe

Details are in our safe findings below.

Good ●

Is the service caring?

The service remains caring

Details are in our caring findings below

Good ●

Is the service well-led?

The service remains well-led

Details are in our well-led findings below.

Good ●

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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 two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience contacted people's relatives by phone to request feedback.

Service and service type

Sense Hyde Close Flats is a '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.

The service had a new manager who had not yet been registered with the Care Quality Commission, but was in the process of doing so. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 1 December 2020. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did

Before our inspection, we reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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.

During our inspection we spoke with the manager, and three support staff. We looked at three care records and three staff files; we looked at various documents relating to the management of the service which included medical records, Infection control and quality assurance records. After the inspection we spoke to nine relatives by telephone.

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

- People were protected from the risk of abuse and unsafe care. Comments from relatives included "Absolutely, it's a fantastic place, excellent" and "Very safe, we as parents are longing to see him but they're doing video calls and go for walks and we meet them and send lots of photos."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them.
- The manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook detailed risk assessments to keep people safe. The risk assessments included cooking, eating and drinking, personal care, finance and choking.
- Staff knew people well and were aware of people's risks and how to keep them safe.
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance company was always available to ensure continuous safety.

Staffing and recruitment

- We saw there was enough competent staff on duty. A dependency tool was completed to ensure adequate staffing and most people required 1-1 support .
- Recruitment files were well ordered, and all relevant checks and references were obtained prior to staff starting work.
- Newly recruited staff had undergone appropriate background checks prior to starting to work with vulnerable people.
- Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events.
- Relatives told us "I think the staffing is a good ratio but my view is there are too many people in the flat". And "Wonderful staff and yes there are enough , I'm kept fully informed."
- Care staff told us that there were no concerns around staffing arrangements and that whenever staff called in sick or were unable to attend their shift, the manager made every effort to cover the shifts.

Using medicines safely

- The service had suitable arrangements for ordering, receiving, storing and disposal of medicines. Storage temperatures were monitored to make sure medicines would be safe and effective.
- Medicines were managed safely, and people received their medication when they should. Medicines were

clearly recorded within people's medication administration records. Staff kept and regularly updated a log of medicines people were prescribed. Protocols for 'when required' medicines were in place to guide staff in supporting people with their medicines.

- Staff were not permitted to administer medicines unless they were trained to do so. This included regular training and competency checks to ensure they had the suitable skills to carry out the task safely. This was confirmed by staff we spoke with.

Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practices. At this inspection we found that the home was managing infection prevention and control well especially during the COVID-19 pandemic.

- An increase in daily cleaning had been implemented around the home during the pandemic to prevent cross-infection.

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as masks, gloves and aprons and the service was clean.

- A range of Personal Protective Equipment (PPE), in line with government guidance, was available for care staff to wear when delivering personal care and supporting people

- Staff had received regularly and more frequent training on infection prevention and control and the effective use of PPE.

- Throughout the service there were hand-sanitising dispensers, all of which were useable throughout our visit.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The managers at the service reviewed this information and took appropriate action to reduce the risk of reoccurrence.

- Where appropriate, accidents and incidents were referred to the CQC, together with other authorities, and advice was sought from relevant health care professionals.

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 has 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

- Residents had friendly relationships with staff and staff were caring in their approach. Comments from relatives included "Yes very caring, I've known some of them for years now and they're excellent." And "Yes, they look after my son as if he's one of their own".
- Staff spoke with empathy about people and told us they enjoyed spending time with the people they supported and knew what was important to them and how to offer people comfort and reassurance.
- People's care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends.

Supporting people to express their views and be involved in making decisions about their care

- People using the service had been involved in making decisions about their care and support. A relative told us, "Yes they always ask us first before changing anything and we have meetings once a year".
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care.
- People's religious and cultural needs were recorded and respected. Respecting and promoting people's privacy, dignity and independence
- Staff told us they felt the staff respected their privacy, such as knocking on their bedroom doors.
- The service promoted independence. A member of staff told us, "it's important to let people do as much as they can by themselves even if this takes some time."

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 has remained the same. The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The manager and senior care staff worked together to promote team work, continuous learning and development throughout the entire team.
- Staff spoke positively about their roles and were enthusiastic about ensuring people received good care and support. They told us the manager was clear about their role, responsibilities and led the service well.
- Timely statutory notifications to CQC were received following any notifiable events at the service.
- We saw there were systems in place to monitor the safety of the service and the maintenance of the building and equipment. This included audits in relation to people's medicines, keeping safe, individual support and positive experiences. We were shown examples of quality audits that had taken place at the home recently. This gave an overview of all the checks and audits that were been completed on either a daily, weekly, monthly or quarterly basis.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- Relatives told us that communication was good and that they were updated regularly especially during the pandemic. A relative told us, "No concerns and we use email to raise anything with staff. For my son, yes, it is well run. They've had their challenges with staff and management changes".
- Reviews were undertaken involving people and other important people in their lives. This gave an opportunity to evaluate outcomes for people and set new goals for the year ahead.
- Staff meetings were held regularly and used to share good practice to continually raise standards.
- A relative told us "I have no concerns and I do think it's well run, yes".
- The manager had recently sent a feedback questionnaire to relatives and was awaiting the replies.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others.

- Staff were happy in their work. They described the management team as caring and approachable.
- A staff member told us "I really enjoy my job. It's very rewarding"
- The service worked closely with a range of external health and social care professionals.
- Staff were fully aware of their responsibility to provide a quality, person-centred service.
- Staff told us of the positive management structure in place and a high staff morale and team spirit. Comments from staff included "The manager is always approachable" and "We love his straightforwardness, his door is always open to us."

Continuous learning and improving care

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority and Managers' Meetings organised by the regional manager.
- Regular staff meetings gave staff the opportunity to feedback on the service. Meeting minutes showed topics discussed included COVID related health and safety and activities, training and development, and daily log procedures. We saw that staff used this opportunity to share best practice.

Working in partnership with others

- The service worked with social workers, psychiatrists, GPs and occupational therapists to ensure relevant information is passed on and there was continuity of care

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.

- Policies were in place that identified the actions staff should take in situations where the duty of candour would apply.
- The manager understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.