Sense

SENSE - Supported Living Services (North)

Inspection report

Unit 1, Ashley Business Court
Rawmarsh Road
Rotherham
South Yorkshire
S60 1RU

Date of inspection visit:
21 July 2017

Date of publication:
18 August 2017

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

The inspection took place on 21 July 2017 and was announced. The provider was given short notice of our visit in line with our current methodology for inspecting domiciliary care agencies. The last comprehensive inspection took place in December 2014, when the provider was rated good.

The Rotherham branch of Sense is registered to provide personal care and support to people who have sensory needs and/or people living with a learning disability. The office is situated near to Rotherham town centre. Personal care is provided to people accommodated in three supported living environments, one in the Rotherham and two in the Sheffield area. Support packages are flexible and based on individual need.

At the time of our inspection the service had a registered manager in post. 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. The registered manager was on leave at the time of our inspection. We spoke with the deputy manager regarding the leadership of the service.

People were protected from the risks of abuse and staff knew how to safeguard people. Training was provided in this area to ensure staff were aware of the types of abuse, how to recognise and report it and how to keep people safe.

We found there was enough staff to meet people's needs. Staff told us there were always enough of them around and they worked well as a team.

People were recruited in a safe and effective way that ensured suitable people were appointed. Staff confirmed that pre-employment checks had been completed prior to them commencing employment with the service. A comprehensive induction programme took place for new starters.

People's support plans identified any risks associated with their care and support. Risk assessments detailed any hazards and what action to take to minimise risks from occurring.

We spoke with staff and looked at records in relation to staff training and support. We found the provider was committed to providing training appropriate to the needs of people who used the service. This developed staff to be skilful in their role.

The provider was meeting the requirements of the Mental Capacity Act 2005. People were involved in their care and consent was sought.

People were assisted in maintaining a healthy and balanced diet. People who had specific dietary requirements were catered for.

We spoke with staff who were dedicated to providing person centred support. Staff were pleased when people had achieved their outcomes.

The service helped people to express their views. Staff were keen to understand things from the perspective of people who used the service. Staff and management were fully committed to helping people to communicate effectively.

Staff were respectful and ensured that people's privacy and dignity were maintained.

End of life care plans had been developed using an easy to read format. This included specific information relevant to people at this time of their life.

People's needs were identified and individual guidelines were in place to ensure people received support which met their needs and were in line with their preferences.

People were supported to maintain social interests and enjoyed outings to various places of interest and going out for meals and on holiday.

The service had a complaints procedure and people knew what to do if they had a concern. People we spoke with and their relatives were happy with the service and did not feel the need to raise concerns at this time.

Staff felt supported by the management team and felt able to contribute to service development. Relatives also had confidence that the service was managed well.

The management team completed audits which were used to identify any actions. Actions required were placed on a service development plan and addressed in a timely way.

People who used the service, their relatives and staff were given opportunities to feedback about the service.

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 good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

SENSE - Supported Living Services (North)

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 checked 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.

The inspection took place on 21 July 2017 and was announced. The provider was given short notice of the visit because the location provides a domiciliary care service and we needed to be sure that someone would available.

The inspection was completed by an adult social care inspector.

Prior to the inspection we gathered and reviewed information from notifications the provider had sent to the Care Quality Commission. We also looked at the 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.

We sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. And we asked the local authority for their view on the service.

During our inspection we spoke with seven staff including four support workers, two team leaders and the deputy manager. We met five people who used the service and gained views about the service from three of their relatives. We observed staff interacting with people by visiting one supported living service and meeting staff and people who used the service at the provider's day centre. This is also where the office for the supported living services was sited.

We looked at documentation relating to the management of the service and looked at three staff files. We also looked at three support plans belonging to people who used the service. We selected people's files and staff files from all three supported living services.

Good

Is the service safe?

Our findings

We spoke with people who used the service and their relatives and were told the service provided safe environments for people to live. One relative said, "If I was worried about [my relative's] safety, they would not be living at the service." Another relative said, "I trust the staff who look after [my relative]. I have never seen anything untoward in all the years [my relative] has lived there." We observed staff interacting with people and we found people appeared relaxed, calm and happy in their presence.

We saw the provider had a safeguarding policy in place and staff were aware of their responsibilities if they suspected abuse. One care worker said, "I would recognise if abuse was taking place. You just know what's right and what's wrong." Another care worker said, "I would report it straight away. I am confident the managers would take it seriously."

The deputy manager told us that if any safeguarding concerns were raised they would be dealt with immediately. We saw a log which was used to record safeguarding concerns and clearly indicated what actions had been taken.

We looked at procedures in place to ensure people received their medicines in a safe way. We saw Medication Administration Records (MAR's) were completed. These gave a clear record of what medicines people had received and the dose they were given. This showed that medicines were administered as prescribed.

We looked at care records and found guidelines were in place regarding the support people required with taking their medicines. For example, one person's guidelines stated that staff should allow a four hour gap between doses. Staff were instructed to say 'here is your medicines,' and the person would hold their hand out and take the medicines with a glass of juice.

Some people were prescribed medicines on an 'as and when required' basis (PRN). We saw that where this applied, people had guidance for specific administration of PRN medicines. This included how people communicated the need for PRN medicines and how they were to be administered.

Staff we spoke with confirmed that they had received training in the safe handling of medicines. They told us they had their competencies checked to ensure they were competent in administering medicines. This involved a manager observing their practice and asking questions regarding medicine management.

We spoke with people who used the service and their relatives and found that there was enough staff available to meet people's needs. One relative said, "There is always plenty of staff when I visit." One person who used the service said, "They [the staff] are always here." The provider had regular staff and a team of bank staff who offered support on an as and when required basis.

We looked at care records and found they contained risk assessments. These included any risks associated with people's care and support. For example, we saw risk assessments for bathing and use of shower,

cooking, stairs, and cleaning materials. They included the nature of the risk and any hazards and existing controls which could minimise the risk occurring. We also saw risk management plans for potential behaviours. We saw that charts were used to identify what led up to the concern, and what happened during and after. This was to identify if any action could be taken to reduce the risk.

Emergency evacuation plans were also available. These showed that the provider had considered easier ways to assist people out of the premises in an emergency and in a safe way.

The provider had a procedure in place which ensured people were recruited safely. We saw pre-employment checks were carried out prior to people commencing employment at the service. Pre-employment checks included references from previous employers, and a satisfactory Disclosure and Baring Check (DBS). The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Staff we spoke with felt that the recruitment process was thorough and confirmed they had these checks completed prior to commencing employment with the provider. We also saw evidence of these checks in staff files.

Every new starter completed a thorough induction which incorporated training, shadowing an experienced member of staff and meeting and getting to know people who used the service. New starters were required to complete the 'Care Certificate.' The 'Care Certificate' replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with told us that the induction process was informative and helped them to establish themselves in their new role.

Good

Is the service effective?

Our findings

We spoke with staff and looked at records and found staff received appropriate training and support to enable them to do their job. One care worker said, "The managers are very supportive and we receive plenty of training." Another care worker said, "We discuss issues and area where we need support in team meetings. It's very useful to discuss things together."

We spoke with people who used the service and their relatives and they told us that staff knew their job well. One relative said, "The staff are quite good and meet people's needs well. I feel they are trained to do their job." Another relative said, "They [the staff] definitely go above and beyond to meet needs. Excellent support."

We looked at records in relation to staff training and support. The deputy manager shared a training matrix with us, which gave details about training courses staff had attended and when they required completing again. Training covered subjects such as moving and handling, safe handling of medication, food hygiene, first aid, positive behavioural support and deaf blind awareness. We saw staff interacting with people and it was evident that they had the right skills to need people's needs and to communicate well with people.

Staff told us they received 'My Performance Meetings.' These were one to one sessions with their line manager to discuss their role, performance and other work related issues. One team leader told us of the support they had received in progressing from a support worker to their current role. They said, "I raised an interest in a team leader role as part of my one to one meeting. I was given opportunities to progress and develop. I also completed a five day leadership programme provided by Sense."

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 be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We spoke with staff and observed them interacting with people and found they were providing support in line with the principles of the MCA. Staff found effective ways to communicate with people to ensure they were involved in decisions about their care and were at the centre of their support. Where people lacked capacity to consent, best interest decisions had been completed to ensure support was provided in the least restrictive way.

Staff we spoke with understood the support people required to ensure they received a healthy and balanced diet and their nutritional needs were met. We observed staff assisting some people during lunch and found

that people were enjoying their meal. Staff were assisting people by sitting with them and supporting them to eat. People who used the service and their relatives told us that they were involved in menu planning, food shopping and preparation.

People who required specific support with eating and drinking had guidelines in place to assist staff to offer the correct support. For example, one person required their food to be cut in to small pieces and encouragement to swallow their food. This was detailed in the guidelines for the person.

People had access to health care professionals when required. We saw from people's care records that professional visits had been recorded. Staff could explain to us what advice had been given from health care professionals and how this was incorporated in their plan of care. For example, one person had a behavioural support plan in place which involved professionals from the community learning disability team.

We asked relatives if they felt health care professionals were involved in their relatives care. One relative said, "Yes, they always refer to specialists if needed."

Good

Is the service caring?

Our findings

We spoke with people who used the service and their relatives and they told us the staff were caring and respectful. One relative said, "It's amazing what they [the staff] do." Another relative said, "They [the staff] deliver excellent support. I can't fault it [the service]; they [the staff] have been brilliant." Another relative said, "It's a really good place. High quality."

We spoke with staff who were dedicated to providing person centred support. Staff spoke passionately about the support they offered people and about 'good news' stories. For example, one person had not gone outdoors in years, prior to moving to a supported living accommodation. When the person started using the service they spent most of the day on the sofa. This gradually progressed to them eating their meals in the conservatory. The person would not go near the door leading outside, so would not go to the fridge for anything as this was situated near the door. Staff continued to use the fridge and eventually so did the person. One day the person opened the door and went outside. This is now a new experience which they like to engage in.

The service helped people to express their views. Staff were keen to understand things from the perspective of people who used the service. Staff and management were fully committed to helping people to communicate effectively. For example, one person who had no sight, or speech and minimal hearing. The person was able to use British Sign Language so could communicate to people. We observed a care worker communicating with this person by placing their palms of their hands on the person's palms and signing with the person. This way the person could clearly understand what was being communicated to them.

Another person used an emotional chart to communicate how they were feeling. The emotional chart was a chart which had different faces, i.e. a frown or a smile. This was used in conjunction with a picture of a human body. One care worker explained that the person once communicated using these tools and pointing to the ear and frown. This helped to identify that the person had an ear infection. These charts now accompany the person wherever they go so that they can be used as an effective communication tool.

Staff also explained that some signs were individual to people and told us how people recognise staff. For example, one person recognised their key worker by touching their watch. Another staff signed their name on the person's hand. Other people used 'objects of recognition' to communicate with staff. For example, one person used to refer to a fir cone to indicate that they wanted some space alone in the garden area. This had now progressed and the person no longer requires the object to communicate as they feel safe to just go in to the garden.

Staff were extremely committed to enabling people to remain independent and looked for ways in which this could be achieved. For example, one person was becoming distressed when they could not find their clothes. The staff recognised that the person was unable to read but understood pictures. The staff put pictures of clothing items on the person's drawers, for instance a picture of socks. This indicated to the person that they could find their socks in that drawer. This has helped the person to remain independent in dressing themselves.

Staff received training in equality and diversity, personalisation and person centred thinking and dignity, respect and person centred training. This gave staff the knowledge to maintain people's dignity and respect and were constantly looking for ways they could achieve this. One care worker said, "We give time and patience and respect that people are in control over their own lives." Another care worker said, "We always ask the person for their permission and involve people in their own care." We saw in one person's care records that they had an intimate care protocol. This explained that they were open to both male and female's providing care. It also stated that personal care could be provided in an environment where dignity could be maintained.

Everybody who used the service had two key workers who were responsible for ensuring people's care and support was appropriate. They constantly looked for ways to communicate effectively and ways to continue increasing the person's independence.

End of life care plans had been developed using an easy to read format. This included specific information relevant to people at this time of their life.

Good

Is the service responsive?

Our findings

Relatives we spoke with told us that they were fully involved in their relatives care and support. Through our observations we saw staff involving people who used the service.

We looked at care records belonging to three people and found they were informative, person centred and reflected people's individual needs. We spoke with staff about these plans and they were able to clearly explain people's needs and their likes and dislikes. People also had one page profiles which informed the reader what was important to people, how best to support them and what people likes about them.

People had guidelines in place which gave clear instructions about how people needed supporting and how this was done. These were person centred and developed in line with people's outcomes and what they wanted to achieve.

Person centred reviews took place regularly to ensure people's needs were being met. These also documented what was working and what wasn't. Outcomes were then put in place to ensure the package of care was tailored to meet the individual's needs and preferences.

People were supported to maintain social interests such as days out and holidays, swimming, shopping, going out for meals and attending day services. One person used splints to mobilise and required activities which maintained mobility. This person had taken part in rock climbing and gym sessions. Staff had suggested setting up a walking group and involving other people using services and neighbours to participate. Staff told us that if this worked it would also involve broadening people's social circles and give people a feeling of community involvement.

People were supported to choose holidays and outings of their choice which enabled them to pursue their interests. For example, one person liked roller-coasters and was taken to a theme park and to Blackpool where they could enjoy these rides. Another person liked water and was assisted to choose a holiday venue which had a hot tub and was near the sea. One way of assisting people to make choices was by looking at pictures on iPads.

People we spoke with and their relatives felt as ease to raise any concerns that may arise and felt confident that they would be resolved without delay. One person who used the service said they would talk to staff if they were worried about something. One relative said, "I have nothing to complain about." Another relative said, "I only have to pick up the phone if I am not happy and they [the staff] would sort it." Another relative said, "I have never been concerned about anything, but they [the staff] would definitely do something if I wasn't happy."

The provider had a complaints procedure which was also available in an easy to read format. The deputy manager showed us a file which contained a record of concerns received and how they had responded to them. This showed that when concerns had been raised, appropriate actions had been taken to address them in line with their complaints procedure.

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager in post. The registered manager was on leave at the time of our inspection. We spoke with the deputy manager regarding the leadership of the service.

Relatives we spoke with told us that the service was managed well. They had a high regard for the management team which consisted of the registered manager, deputy manager and team leaders. Staff we spoke with felt supported by their managers and felt they could contribute ideas to assist in the development of the service. This showed an open and inclusive management style.

The service had a quality framework which included monthly compliance audits, policy and procedures, feedback and satisfaction surveys and service development plans. Each supported living service had a quality file which contained all this information and clearly recorded the outcome. For example we saw audits had been completed which looked at medication, finances, individual support and health and safety. Any actions raised as a result of the audits were placed on the service development plan with a time scale for completion and the person responsible for ensuring this was achieved.

People who used the service and their relatives were involved in the service and their views and opinions were sought. Satisfaction surveys were sent out to relatives to gain feedback. People's views were sought via individual meetings with their key workers. Comments received about the service showed that people were happy with the provider.

The registered manager operated a 360 degree appraisal system. This was introduced to gather feedback from staff, senior management, families, other professionals and other agencies about the performance of the service. This reflected good leadership, responding and meeting requests and working well together. This showed the service was open to feedback and felt it was valuable to develop the service.

Staff were involved in formulating and preparing the agenda for team meetings. They also chaired meetings and recorded them. This gave staff more responsibility and involvement and were able to give clear feedback to staff who had not been able to attend.