Sense

SENSE - Newton Court

Inspection report

1-4 Newton Court
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Peterborough
Cambridgeshire
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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

Overall summary

SENSE- Newton Court is registered to provide accommodation and personal care for up to 11 people with a learning disability and who also have difficulties with hearing and seeing. Nursing care is not directly provided as this is provided by community nursing services. The home is a domestic-style dwelling and is situated in a residential suburb of the city of Peterborough. At the time of our inspection there were nine people living at the home.

This comprehensive inspection took place on 22 September 2015 and was announced. This is the first inspection of this service under its change of registered name and address.

A registered manager was in post at the time of the inspection and their registration was renewed on 24 February 2015. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are

Summary of findings

'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 safe and staff were knowledgeable about reporting any incident of harm. People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were judged to be suitable to look after people who used the service. People were supported to take their medicines as prescribed and medicines were safely managed.

People were supported to eat and drink sufficient amounts of food and drink. They were also supported to access a range of health care services and their individual health needs were met.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted on.

People were supported by staff who were trained and supported to do their job.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. The provider was following the MCA code of practice and made sure that the rights of people who lacked mental capacity to take particular decisions were protected. Decisions about depriving people of their liberty were made in their best interest so that they had the care and treatment they needed.

People were treated by respectful staff who promoted and supported them to maintain their independence.

People's care was reviewed with the person or their representative. There was a process in place so that people's concerns and complaints would be listened to and acted on.

The registered manager was supported by a senior management team and care staff. Staff were supported and managed to look after people in a safe way. Staff, people and their relatives were enabled to make suggestions about the running of the home. Quality monitoring procedures were in place and action had been taken where improvements were identified.

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.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by a sufficient number of suitable staff.

People were supported to take their medicines as prescribed.

Good

Is the service effective?
The service was effective.

People's rights had been protected from unlawful restriction and unlawful decision making processes.

Staff were supported and trained to do their job.

People's social, health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

People received care and support by attentive staff.

People's rights to privacy, dignity and independence were valued.

People were involved in reviewing their care needs and their relatives were included in this process.

Good

Is the service responsive?
The service was responsive.

People's needs were met and they were included in making decisions about their care.

People were supported to take part in a range of activities that were important to them.

There were procedures in place to respond to people's concerns and complaints.

Good

Is the service well-led?
The service was well-led.

Management systems were in place to monitor and review the safety and quality of people's care and support.

There were links with the local community to create an open and inclusive culture.

People and staff were enabled to make suggestions to improve the quality of the service and these were acted on.

Good

SENSE - Newton Court

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 was carried out on 22 September 2015. The provider was given 24 hours' notice because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that someone would be in. The inspection was carried out by one inspector.

Before the inspection we received information from a local contracts officer and we looked at all of the information that we had about the service. This included information from any notifications received by us. A notification is information about important events which the provider is required to send to us by law.

During the inspection we communicated with three people and spoke with one relative. We also spoke with the registered manager, the deputy manager and three members of care staff. We looked at three people's care records, three staff training records and records in relation to the management of the service. We observed people's care to assist us in our understanding of the quality of care people received.

Good

Is the service safe?

Our findings

People we spoke with were unable to verbally tell us their views about how they were kept safe. This was because they had complex communication needs. However, we saw that people were smiling and relaxed when they engaged with staff and were comfortable in doing so. A person's relative told us that their family member was safe. They said, "I know [family member] is safe because staff know how to look after her and they know how to keep her safe." The local contracts and placement officer told us that people were kept safe as staff treated them well.

Staff were trained and were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting and reporting such incidents. Where it was found staff were unsuitable to look after people, the provider had a disciplinary procedure in place to protect people from the risk of further harm.

Risk assessments were in place and staff were aware of their roles and responsibilities in keeping people safe. This included following people's risk assessments in relation to swimming, moving and handling and when using transport. A member of care staff said, "They [people] have all got risk assessments and staff are given these to read before they support people with their activities. I'm right next to [name of person] when they go swimming and supporting them." Staff were also aware of people's risks of choking with eating and drinking and had followed the health care professional's guidance in minimising these risks. A member of care staff said, "People have eating and drinking guidelines that all staff have to read. [Name of person] is not to be left alone with eating and drinking because she would have a risk of choking."

Members of staff told us that there was always enough staff on duty and measures were in place to cover unplanned staff absences. This included the use of bank staff. A member of care staff said, "There is quite a lot of staff here and there's a lot of bank staff so they come in to cover the shifts." The deputy manager told us that staffing numbers were decided on people's individual needs. They also said, "We are fully staffed and we don't have to rely so much on our regular bank staff. We like to have regular bank staff as they are part of the team. They know people and people know them."

A relative told us that there were enough staff which had enabled their family member to have staff to support them when travelling to and from visits to their parental home. We saw that there were enough staff to meet people's individual needs, which included one-to-one support and support from two members of staff to escort people when they used the home's mini-bus. We also saw that people were supported with their personal care in an unhurried way and on a one-to-one basis. People's records showed that there were enough staff to provide escorts for people when they attended health care appointments.

Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work at the home. One member of staff said, "I filled an application form on line; there was a DBS (Disclosure and Barring Service) check; two written references and I had a face-to-face interview (with senior management staff)." The deputy manager told us that they were part of the recruitment process. They said, "They [candidates] have to fill an application form and are interviewed. They have to have a full (clear) DBS and they have to have evidence of who they are, such as a passport and driving license. They have to have a completed work history and two written references. If there are no written references then we can't offer people [candidates] a job." The deputy manager told us that the recruitment process also considered the attitude of candidates. They said, "We look at people's [candidates] attitude; their willingness (to enable people)."

Accurately completed medicines administration records (MARs) and people's daily records demonstrated that people were supported to take their medicines as prescribed. People's medicines were stored safely to maintain its effectiveness and were also stored securely.

Members of staff, which included the deputy manager, advised us that they had attended training and had been assessed to be competent in the management of medicines. One member of care staff said, "I had on-line training regarding medicines and you had to get 100% pass rate as well as the guidelines I had to read. I observed people having their medicines given by other staff." They told us that they were observed when they supported people with their medicines before they were assessed to be competent. Records confirmed that staff, who were responsible for supporting people with their medicines, were trained and competent to do so.

Good

Is the service effective?

Our findings

Members of staff said that they had the support and training to do their job, which they said they enjoyed. A member of care staff said, "[Name of registered manager] is really supportive. He asks if there are any training courses we want to do and he will action this." They told us that they had attended a range of training, which included protecting people from harm, the application of the MCA and DoLS and learning skills to enable them to communicate with people they looked after. A member of care staff said, "It (training in communication) explained to you how there's different perceptions and different communication methods for people." Members of care staff also told us that they had attended a one-to-one supervision session during which their work performance and training needs were discussed. The supervision sessions also enabled staff members to discuss any work-related concerns they may have had.

People were enabled to make their needs known as staff were aware of and responded to people's complex communication needs. This included the use of hand signs and touch. Information was presented in easy-to-read and picture format, which included menus and care plans. In addition, members of staff communicated in a way that people could understand what was being said to them.

Assessments had been carried out, in line with the principles of the MCA and DoLS, and people's care was planned in line with these assessments. Members of staff followed the care plan guidance and had an understanding of this. One member of care staff said, "Best interest decision making is about people making choices and a lot of people here can make choices about where they would like to go out; what they would like to wear and what they would like to eat."

People were supported with making their decisions in relation to undergoing dental treatment and requiring constant supervision to keep them safe. The registered manager advised us that DoLS applications had been made in line with the agreed arrangements with appropriate authorities and up-to-date records confirmed that this was the case.

Records of what people ate and drank demonstrated that people were supported to take adequate amounts of food and drink. People were also encouraged to eat a healthy diet, which included reduced intake of carbohydrates, and to follow dietary guidance provided by a GP, nurses, speech and language therapist and dietician. The deputy manager said, "[Name of person] does their own shopping and the shopping list is colour coded (according to nutritional content of foods)." The information was presented in easy-to-read format to enable the person to follow this dietary guidance. People's individual dietary needs were also catered for, which included reduced sugar and gluten free diets. People's weights were monitored and the records demonstrated that people's weights were stable.

People were supported to gain access to a range of health care services to maintain their health and well-being. These included psychiatric and community doctors, hearing and vision services, dentists and speech and language therapists.

Some of the people had a medical history that showed they became unsettled and were at risk of harming them self. Staff were provided with guidance in how to support people when they became unsettled and demonstrated how they applied this guidance into their practise. A member of care staff described what made a person who they supported to become unsettled and told us how they managed the situation. They said, "I try and bring [name of person] back to the here and now and discuss positive things." Care records demonstrated that people's mental health conditions were kept under review and that there had been an improvement with people becoming more settled as a result of their treatment by GPs and psychiatrists.

At the time of our inspection visit, improvements were being made to upgrade the premises. These included improving the quality of lighting to maximise people's capacity to see.

Good

Is the service caring?

Our findings

People were not verbally able to tell us how they were being cared for but we saw that they positively engaged with members of staff and members of the management team. We saw that they smiled and became settled when staff attended to their needs and were patient when doing so. This included staff attending to people's communication needs, keeping them informed about the events of the day and helping put a person to put their shoes on. A relative told us that staff were kind to their family member. Another relative had sent an email to the registered manager, which read, "[Staff] seemed genuinely pleased to see [family member] and there were lots of hugs. She in turn responded with lots of smiles. I came away feeling totally confident that she is happy to be back with you all."

People were involved in making decisions about their day-to-day care, which included the time that they chose to get up and when they wanted to eat their breakfast. Other decisions included a venue where a person wanted to eat out and decisions about going on holiday with the support from members of care staff.

Members of staff described the aims of people's care in enabling them to live a good quality of life. One member of care staff said, "(My job is) to give good quality of care and to enable people to do what they like to do." Another member of staff said, "It's getting to know people. It can take months to get to know them as they are all individual. That's what we [staff] are here for. To support them [people] and cater for their needs." We were also told by another member of care staff said, "It's great seeing people enjoying themselves."

People were enabled to be as independent as possible. This included independence with their personal care, shopping and preparing their food and drinks and independence with eating and drinking.

The premises maximised people's privacy, dignity and respect; all bedrooms were for single use only and communal toilets and bathing facilities were provided with lockable doors. Bedrooms were decorated and furnished to meet people's individual tastes and interests. Information in relation to social activities and to celebrate people's 'success' stories, which included holidays, was available for people to access on a main notice board.

People were enabled to maintain contact with family members and make friends with each other and forge new friendships in the community. A relative told us that the staff supported their family member to speak with them over the phone two to three times each week. A member of care staff told us that they had contact with people's family members and kept them up-to-date with day-to-day news and events. They said, "Family contact is really important." They also said that, since the change of how the home was operated as two separate homes and now was one, this had enabled people to integrate with all areas of the home. This had created a closer proximity for people to be with each other more than before.

General advocacy services were used to support people in making decisions about their care and where they wanted to live. Advocacy services are organisations that have people who are independent and support people to make and communicate their views and wishes.

Good

Is the service responsive?

Our findings

A relative told us that staff knew how to look after their family member. They said, “She is understood there. I know they [staff] can look after her.”

Members of staff supported people on an individual basis and were aware of people’s needs and how these were to be met. They gave examples of how people’s communication and mental health needs were met and demonstrated how they applied their knowledge into practise.

People’s care records showed that people’s needs were kept under review, which included mobility and continence needs and ability to make a packed lunch. Staff meetings and people’s care programme reviews also provided staff with opportunities for people’s needs to be assessed and to review their progress in meeting the planned care. This included, for instance, progress in physical and mental health and achieving their goals and aspirations in relation to social and recreational activities. People, and their representatives, attended the reviews of their care and actions were made in response to the reviews. These included, for example, renewal of hearing aids, changing where people crossed a road so that they would feel safer, and taking part in new recreational events, such as indoor games of bowls.

People’s hobbies and interests included arts and crafts, attendance at day services (to practise daily living skills such as cooking) going swimming, sailing, eating and drinking out and spending time with their relatives and friends. A member of staff said that these activities were, “All about people being out (and part of) the community.” In-house activities, included colouring in pictures and people’s arts and crafts were displayed on communal walls. At the time of our visit some of the people had just returned from a holiday in England and other people were getting ready to go away on holiday in Norfolk.

There was a complaints procedure in place and a relative and members of care staff were aware of how to use it. A relative said, “I would speak to [registered manager’s name].” A member of care staff said, “I would ask them [person] who they would like to talk to and if I felt it was safe for them to talk to the person, I would get the person to talk to them.” The registered manager advised us that they had received no complaints about the home and our records demonstrated that we, too, had received no complaints.

Good

Is the service well-led?

Our findings

A registered manager was in post when we visited and they were supported by a deputy manager and team of care staff. A relative knew the name of the registered manager and we saw the registered and deputy managers walking round the home during which they communicated with people and staff and monitored how people were being supported.

Members of care staff had positive comments in respect of the registered manager and told us that the management of the home had improved under their leadership. One member of staff said, "Working here is calmer. [Registered manager] is relaxed and it makes staff feel relaxed. If we're relaxed, people are relaxed and we do have people who can get anxious." Due to the atmosphere of the home the member of care staff believed that this had contributed to a decrease in incidents of when people had become unsettled.

There was a whistle blowing procedure in place which members of staff were aware of. A member of care staff said, "It's (whistle blowing) basically ensuring that there wouldn't be any repercussions if you reported something." The deputy manager said, "If I see something that is wrong, I would tell my manager [the registered manager] and if nothing is done, I would report it further to my manager's boss without any recriminations."

The registered manager advised us that people were provided with opportunities to be involved in how they wanted the home to be run. This included improving the redecoration and refurbishment of their rooms. It also included using people's suggestions in the improvements in the refurbishment and redecoration of communal areas of the home, which included a proposed activities and cinema room. The registered manager had received an email from a person's relative which confirmed they, too, had been included in discussions about the upgrading of the premises of the home. The planned improvements to the premises, to meet people's sensory and comfort needs, were as a result of an audit carried out by the registered manager. They had carried out the audit of the premises during 2014 and had developed a business plan based on their audit, which the provider had approved during 2015.

Members of care staff and the deputy manager told us that they had opportunities to make suggestions and comments about improving the quality of people's care. Minutes of staff meetings demonstrated that members of staff were included in the reviewing of people's care and their suggestions were acted on. This included, for example, supporting people to have internet access and to make people feel safe when crossing the road. The minutes of the meetings also demonstrated that staff were reminded of their roles and responsibilities in providing people with safe and appropriate care. This included managing people's behaviours that posed a risk of harm to themselves.

The provider had other quality assurance systems in place, which included a self-assessment procedure. The registered manager had completed a monthly self-assessment and the topics of the last two were in relation to people's involvement and meeting people's nutritional needs. The registered manager advised us that their manager reviewed the self-assessment and actions were drawn up, where improvements were identified. The last two registered manager's self- assessments showed that people were involved and included and that their nutritional needs were met.

There were links with the community with people attending day services, other charity organisations and recreational activities. The registered manager told us that the home was integrated with, and accepted by, the local neighbourhood.