Sense

SENSE - Supported Living Services (East)

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?	Good

Overall summary

SENSE –Supported Living Services (East) is registered supported living service to provide personal care for people living at home and who have hearing and seeing needs. At the time of our inspection there were two people using the service.

A registered manager was in post at the time of the inspection and had been in post for one year. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

At our unannounced inspection on 10 October 2013 the provider was meeting the regulations that we had assessed against. We carried out this announced inspection on 09 and 10 June 2015.

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, which they enjoyed.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA 2005) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. DoLS applications had not been made to the appropriate authorities to ensure that all of the rights of people's rights were protected. However the provider had been in contact with the appropriate agencies in relation to this matter.

People were treated by kind, respectful and attentive staff. They and their relatives were involved in the review of people's individual care plans.

Support and care was provided based on people's individual needs and they were supported to maintain contact with their relatives and the local community. People took part in a range of hobbies and interests. There was a process in place so that people's concerns and complaints were listened to and these were acted upon.

The registered manager was supported by their area manager. Staff enjoyed their work and were supported and managed to look after people in a safe way. Staff, people and their relatives were able to make suggestions and actions were taken as a result. 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.

People were given their medicines as prescribed and there were systems in place to ensure that medicines were recorded correctly.

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 enough suitable staff.

Good

Is the service effective?
The service was effective.

People's rights were protected from unlawful decision making processes.

Staff were supported and trained to do their job.

People's health and nutritional needs were met.

Good

Is the service caring?
The service was caring.

People's rights to privacy and dignity were valued.

People were supported to maintain contact with their relatives and make friends.

People's decisions about how they wanted to spend their day were respected.

Good

Is the service responsive?
The service was responsive.

People were consulted on a day-to-day basis in relation to their needs.

The provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good

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

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

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

Good

SENSE - Supported Living Services (East)

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 09 and 10 June 2015. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one 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. Before the inspection we looked at all of the information that we had about service. This included information from 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 spoke with three relatives, the registered manager and four care staff. We looked at two people's care records and records in relation to the management of the service and the management of staff. 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

Relatives told us that their family members were kept safe. One relative said, "[Name of family member] is very safe because of the staff and how they look after people and he wouldn't be ill-treated." Staff 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 people and reporting such incidents. They also told us that during their monthly team meetings, an agenda item was discussed in relation to safeguarding people from harm. Minutes of team meetings confirmed that this was the case.

We had received notifications and these showed us appropriate action had been taken to keep people safe as much as possible. There was a staff disciplinary procedure in place which had enabled the management team to address the suitability of staff members in relation to caring for people.

People's risks to their health and safety were assessed and measures were in place to minimise these. A relative told us that staff kept the bungalow (where people lived) free from trip hazards. They also said, "They (staff) keep him (family member) safe because they guide him around the bungalow." Members of staff were aware of how to manage such risks. One staff member said, "We do need to have risk assessments and we manage these by following through with them." They gave an example of managing a person's risk of choking on large pieces and amounts of food, by cutting it up into smaller pieces. People's care records demonstrated that there was a system in place to assess people's risks associated with taking part in hobbies and interests. These included risks associated with swimming, sailing and using private transport. Measures were in place to minimise these risks, which included supporting people with enough staff, observing the person when they were taking part in their hobbies and interests and supporting people to wear appropriate clothing, such as a life vest.

Members of staff and relatives told us that there was always enough staff to support people. A relative said that staff, "Were never late", when staff took their family member to visit them. During our inspection, two staff members had supported people, on a one-to one ratio, to go on a day trip to a shopping and garden centre and a day trip to the Norfolk coast. The registered manager told us that staffing numbers were decided on the needs of people. This included when people went out in the evening and extra staff were required to support people with such events. Measures were in place to cover staff absences, which included the use of bank staff to provide people with consistent care. A relative said, "[Name of registered manager] always get the same people (staff) as he (family member) likes people he knows." A member of staff said, "We get bank staff who are employed by SENSE, so they know the people (who use the service). I also do extra work to cover shifts."

People were protected from the risk of unsuitable staff because of the recruitment systems in place. 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 in the home. One staff member said, "I applied on-line and filled in a very large form. It was an application form. I had references and had a DBS (disclosure and barring service) check." Staff also told us that they had attended a face-to-face interview during which they were asked questions about their work experiences and their reasons for applying.

Staff told us that they had attended training and had been assessed to be competent in supporting people with their medicines. One member of staff said, "I get watched (when supporting people with their medicines) and signed off every year. I'm due one (medicines competency assessment) next month." Records demonstrated that staff members had attended training and had been assessed to be competent in supporting people with their medicines. We saw how a member of staff supported a person to take their medicines; the member of staff made sure that the person had taken them safely. Medicines records provided evidence that people were supported to take their medicines as prescribed.

Good

Is the service effective?

Our findings

The registered manager told us in their completed PIR that staff had attended induction training and refresher training. Staff told us that they had induction and refresher training to do their job and their training records confirmed this was the case. One staff member told us that their induction training included getting to know the people who use the service and the documentation that was used in supporting them. They also said, "I've had training in first aid, moving and handling, safeguarding vulnerable people and medicines." They told us that to gain an awareness of how they worked, with the permission of people, there was a video recording of members of staff while they were supporting people. The staff member told us that this method of learning had helped them to reflect and learn to improve any areas of their practice.

People who use the service had complex communication needs. Relatives told us that the staff were able to understand what their family members were saying. They also told us that staff were able to effectively communicate with their family members. A relative said, "Staff have very good communication (skills) and [name of family member] seems to recognise their voices. They speak to him in simple terms and they touch him (when speaking with him)." We saw that staff were able to communicate with people they looked after and people were able to make staff understand what they intended to say. The way staff communicated was in line with people's individual care records.

The registered manager and members of staff said that they had the support they needed to do their job, which they said they enjoyed. One member of staff said, "I do really enjoy working." They told us that they enjoyed looking after the people and had one-to-one supervision each month. One staff member said that their one-to-one supervision, "Allows me to raise any concerns about staffing or to discuss my training or any questions that I may have."

Systems were in place to assess people's mental capacity to make decisions about their care. Where people were assessed not to have mental capacity, their care was carried out in their best interest. This included best interest decisions in relation to medicines, eating food that posed a risk of choking, and management of people's finances. One staff member said, "You have to make best interest decisions if they (people) can't make decisions for themselves."

People's care records demonstrated that people were not restricted, but had made a positive decision about where they wanted to live and that they had were able to come and go. However, due their complex needs, staff were required to escort people when they were out of their home. The registered manager advised us that the provider was aware that DoLS applications were to be made and had been in contact with the agency who is responsible for reviewing such applications.

We saw a person telling members of staff what they had to eat and drink when they were at the coast, and showed that they had enjoyed their meal out. Relatives were satisfied that their family members had enough to eat and drink. One relative said, "I can tell if [name of family member] has had enough to drink by their lips and mouth." We saw people were offered a drink and were given choices of what they would like to eat for their supper. People's food records demonstrated that people had eaten a range of food that they had chosen and liked to eat, which included vegetarian options.

Relatives told us that they were satisfied with how staff supported their family member to keep well. One relative said, "The staff have never hesitated to get the GP if it was needed for [name of family member]." One member of staff said, "If we think there is anything wrong (with a person's health) we ring up [name of GP practice] and they book them (people) an appointment straight away." Members of staff and the registered manager told us that they supported people to access health care services, which included GPs, podiatrists, dentists, speech and language therapists and hospitals. People's care records confirmed that people were supported to maintain their health with the treatment and advice received from health care professionals.

Good

Is the service caring?

Our findings

Relatives told us that their family members were looked after well and that staff were kind and caring. Members of staff were aware of what people liked to do and this was by knowing how people communicated their wishes and choices by sounds and by their body language.

We saw that members of staff were patient, attentive and kind when they supported people to make choices about what they wanted to eat, drink and which radio station they wanted to listen to. People were given choices of how to spend their day, which included activities, hobbies and interests that they liked to do. One member of staff said, "I will ask [name of person] what they would like to do. I give them options." People's care records demonstrated that people's choices of how they wanted to be looked after was valued. The choices included what people wanted and liked to wear, the recreational activities that they wanted to take part in and what they wanted to eat.

Members of staff told us how they promoted people's independence with their eating, drinking and personal care. One staff member described how they enabled people to be independent with their personal care, with the use of prompts and encouragement. People's care records confirmed that people's independence was encouraged with eating and drinking with the use of specialised drinking and eating utensils and with support from staff.

Staff members were aware of the principles of caring for people. One staff member said, "It's following a duty of care and to make sure people are safe. For them to be well-looked after, (to be) listened to and have their independence; not to have things done for them but to have things done with them." Other staff members told us that they enjoyed looking after and caring for people. One member of staff said, "I love my job. Making a difference and making other people's lives better." Another member of staff said, "It's the best job in the world. You see the results of your work. It's the little things that you did and you can see the (positive) difference (in the quality of people's lives)."

People were supported to maintain contact with their relatives and make friends, which included making friends with people who lived in the community. Relatives told us that they were able to visit where people were supported at any time and that their family member visited them at least once a week.

Relatives told us that they were kept informed about their family members' care. One relative said, "[Registered manager's name] is very good and keeps us updated." Relatives also told us that they had been invited and had attended the annual reviews in relation to their family members' care programme. Care records demonstrated that people, their relatives and other people that were important to them had attended these reviews.

Advocates are people who are independent and support people to make and communicate their views and wishes. The registered manager advised us that advocacy services were not used. This was because people were represented by their relatives and, should advocacy services be needed, the registered manager told us that they knew who to contact.

Good

Is the service responsive?

Our findings

Members of staff told us how they were able to understand people's complex communication needs. One staff member said, "I know from their body language and from them if they are hungry or not hungry. If they are happy or not." Another member of staff said, "We can tell (what the person wants or needs) because of their body language. It takes a time but it's the different signs and you know what they are feeling or if they are happy." We saw that staff members used different methods of effective communication when they spoke with people by means of touch and voice. We saw that when people had returned from their day out, they were at risk of becoming tired and, therefore becoming anxious. They became calmer when they were sitting down and listening to music that the staff had put on for them.

A relative said, "The quality of [name of family member] life is wonderful." People were supported to take part in a range of educational and recreational hobbies and interests that were meaningful to them. These included attending college courses, swimming, sailing, gym exercises, eating and drinking out and spending time with their relatives and friends. During May 2015 people were supported to attend a performance of a play at a London theatre. During our inspection staff had supported people to visit a shopping and garden centre and to go on a day trip to the Norfolk coast. When people had returned home, we saw that they had enjoyed their day and had brought back sea shells to touch, feel and talk about.

Care records detailed people's spiritual and religious beliefs. People were supported to follow their beliefs and they attended community-held religious services with their relatives.

Relatives told us that they were involved in the reviews of their family members' care plans and these were amended if needed. This included changes in the consistency of a person's food for it to be of a normal texture rather than it to be of a softer consistency. Relatives also said that the staff made sure they were kept involved in their family member's care and health care needs. People's needs were assessed and care plans were in place and reviewed every six months to make sure that the records provided staff with the guidance in how to meet people's needs. The care plans included guidance for staff in how to support people with their eating and drinking, communication and personal care.

Relatives and staff were aware of the complaints procedure and how to use it, if needed. A relative told us that they had discussed concerns with the registered manager and they were satisfied with the response that they had received. Another relative said, "[Name of family member] is very well looked after and I have no complaints at all." Members of staff monitored people's responses to the care that they received on a daily basis and to gauge if they were unhappy about anything. People's daily care records demonstrated that people were happy with the care that they received.

Good

Is the service well-led?

Our findings

The registered manager had been in post for one year and prior to this was the project manager for almost four years. Before this they had been a deputy manager at the service.They had completed and submitted their PIR form when we asked for it. The PIR identified the areas that the service did well in and areas for improvement, and was part of the service's quality assurance process.

Relatives and members of staff had positive comments to make about the registered manager. Relatives told us that they were included in their family members care and found the registered manager to be approachable. Members of staff were supported and trained to do their job and enjoyed their work. They said that they enjoyed the nature of their work, were supported by each other and liked the registered manager's leadership style. One staff member said, "We have a good manager. She's fair and she will listen to you. She is hands on (with looking after people) and is very caring. There are a lot of pluses. She's a good example to us." We saw members of staff interact with the registered manager and found that members of staff found the registered manager to be approachable.

Staff members told us that they attended monthly team meetings and were enabled to contribute to the meeting agenda. A member of staff gave an example of a suggestion they had made and how this had improved the quality of a person's experience with a change in their programme of daily activities. The staff member said, "It (the change) worked out much better for him." We saw that the change was for the person to have a day at home during the week, when they could have a lie in and take part in activities that they wanted to do. Minutes of staff meetings demonstrated that staff had made suggestions for people to have new garden furniture. The registered manager advised us that action had been taken in response to staff members' suggestion.

People were supported to take part in a survey which asked them for their views. These included views about food, staff and recreational activities. Staff had also completed surveys and had written their views about their work. The registered manager told us that the results of the surveys were used as part of their quality assurance self-assessment. The information in the self-assessment was shared with the provider and the provider advised the registered manager of any remedial actions that were needed to be taken. The registered manager told us that remedial actions had been taken, which included minor improvements of the fire safety of people's home.

Staff were aware of their whistle blowing roles and responsibilities. One staff member said, "If I had any concerns that have to be discussed or reported, and if the (registered) manager doesn't take action, I would report it higher to [name of area manager]."

Audits were carried out and these included audits for medicines, the management of people's finances and how people were protected from harm. No action was needed as the audits demonstrated that people who use the service were kept safe from the risks associated with unsafe management of medicines, financial abuse or harm from inappropriate care.