Sense

SENSE Applemead

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

The inspection took place on 21 October 2015 and was unannounced. We last inspected the service on 19 November 2013, and found the service was compliant with the standards inspected and there were no breaches of regulations.

Applemead is a small care home registered to provide accommodation with personal care for up to five deafblind people. The provider is Sense, a national charity. Four people lived at the service when we visited.

The service had a registered manager. 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.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of people's complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Summary of findings

People were supported by staff who were compassionate and kind. Staff spoke about people as individuals and care was personalised to meet their needs. People's privacy and dignity was promoted by staff who demonstrated a positive regard for each person. Staff demonstrated people mattered in their interactions with them and how they spoke about them.

Staff were knowledgeable about people's care needs, had qualifications in care and received regular training and updating. Staff were experienced and skilled at communicating effectively with the deafblind people they supported using a variety of methods. Staff knew people well and could recognise what people were trying to communicate through gestures, behaviours and vocal sounds.

Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. They knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected. Where people lacked capacity, staff involved relatives and health and social care professionals in making decisions about the person in their 'best interest.'

People were supported to maintain their health and receive on going healthcare support. They had regular health checks by their local GP who visited them at home and regular dental checks. Health professionals said staff made timely referrals to health professionals to seek advice and implemented their recommendations. This included specialist services such as mental health services, speech and language and occupational therapies as well as physiotherapy.

Risks assessment for individuals and the environment were undertaken and steps identified to reduce risks as much as possible. The environment of the home was suitably adapted for the sensory needs of people with a visual impairment and those with physical disabilities.

Staff were aware of signs of abuse and knew how to report concerns, any concerns reported were investigated. A robust recruitment process was in place to make sure people were cared for by suitable staff.

Relatives, professionals and staff had confidence in the leadership and management at the home. Staff worked well together as a team and the home was organised and well run. The provider had a range of internal and external quality monitoring systems in place, which were well established. There was evidence of making continuous improvements in response to people's feedback, the findings of audits, and learning lessons following accidents and incidents.

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.

Good

Staff knew how to recognise signs of abuse and how to report suspected abuse. Where concerns were raised, they were reported, investigated and positive action taken to protect people.

Risks to people were managed to reduce them as much as possible, whilst promoting their independence.

People were supported by enough skilled staff so that care and support could be provided at a time and pace convenient for them.

People received their medicines on time and in a safe way.

Accidents and incidents were reported and actions were taken to reduce risks of recurrence.

Is the service effective?
The service was effective.

Good

People were supported by skilled and experienced staff, who had regular training and received support with practice through supervision and appraisals.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to lead a healthy lifestyle and have access to healthcare services.

Staff work closely with other professionals and sought medical advice appropriately.

Is the service caring?
The service was caring.

Good

People were consulted and involved in decisions about their care as appropriate to their individual communication skills and abilities.

Staff were compassionate, developed meaningful relationships with people, and treated them with dignity and respect.

Is the service responsive?
The service was responsive.

Good

People experienced a level of care that promoted their wellbeing and supported them to be as independent as possible.

Staff knew people well, understood their needs well and cared for them as individuals.

People's care plans were detailed and accurately reflected how they received their care, treatment and support.

There was a complaints process in place and opportunities to raise concerns but no complaints had been received

Summary of findings

Is the service well-led?

Good

The service was well-led.

The culture was open, friendly and welcoming.

Care was organised around the needs of people who lived at the home. Staff worked well together as a team.

People's, relatives' and staff views were sought and taken into account in how the service was run.

The provider had a variety of systems in place to monitor the quality of care and made changes and improvements in response to findings.

SENSE Applemead

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.

This inspection took place on 21 October 2015. One inspector carried out this inspection. Prior to the inspection, we looked at all the information we had about the service such as records of our contact with them and any notifications. A notification is information about important events, which the provider is required to tell us about by law.

We met all four people that used the service and spoke with three relatives. Not everyone was able to verbally share with us their experiences of life at the home. This was because of their complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked in depth at two people's care including their care records. We spoke with six staff which included the registered manager, deputy manager, and four care staff. We looked at one staff member's recruitment records and at seven staff training, supervision and appraisal records. We looked at the provider's quality monitoring systems such as audits of medicines, health and safety audits, provider visit reports and at actions taken in response. We sought feedback from health and social care professionals who regularly visited the home including GP's, community nurses, other therapists and commissioners and received a response from two of them.

Good

Is the service safe?

Our findings

Relatives expressed confidence in staff to keep people safe. One said "Applemead is where (person) lives and feel safest, I trust them implicitly." Another said, "I'm happy she is safe."

Staff knew about the signs of abuse and how to report concerns. Contact details about how to contact the local authority safeguarding team were on display in the staff office. Where safeguarding concerns were identified, they were reported to the local authority safeguarding team and the Care Quality Commission. They were investigated and actions taken to keep people safe and relatives were kept informed. Robust systems were in place to manage people's monies and account for expenditure. This meant the provider reduced the risk of financial abuse.

People were supported by skilled staff who knew them well. Each person had a core staff team who provided them with one to one support during the day. Some staff had left, so there were some vacancies, although a person with very complex needs had recently moved to another area. This meant staffing needs had reduced. Permanent staff were doing extra shifts to cover gaps and the service used some agency staff. However, they used the same agency staff who had worked alongside experienced people to get to know how to support them. The registered manager told us about on going work to recruit more permanent staff which they described as "challenging."

Risks for people were well managed, each person had a detailed assessment of their needs and steps were taken to reduce individual risks as much as possible. For example, making sure people's rooms and communal areas were kept clutter free. This prevented people tripping or hurting themselves on unexpected objects. Day to day, staff were vigilant and kept a very close eye on people and acted swiftly to minimise people from harm. For example, when a person was drawing, their started to put the marker in their mouth, which staff noticed and prevented. Staff balanced risks for people with supporting them to lead active and fulfilling lives. Detailed risk assessments were in place to support people safely when they went swimming, horse riding and one person had a risk assessment about how to support them to go ice skating.

Three people had been reviewed by the provider's speech and language therapist in the last year, who had identified swallowing difficulties/choking risks. Each person was on a modified diet to make their food easier to swallow. For example, one person needed their food mashed to make it softer and another person needed their food pureed. Care records included detailed advice about how to support people to reduce their risk of choking when eating and drinking. This included the importance of positioning, prompting the person to eat slowly and swallow one mouthful before eating more food.

Some people were at risk of behaviours which might result in the person hurting themselves. Staff had detailed information about how to recognise 'triggers' so they could take action to prevent the behaviour from escalating. For example, people's support plans included strategies to help distract them, which we observed staff use in practice.

Accidents and incidents were reported and included measures to reduce risks for people. For example, Any redness, bruises or marks on skin were documented using a 'body map', so staff were aware and could monitor whether it was healing or needed to be seen by the community nurse.

A robust recruitment process was in place to make sure to ensure fit and proper staff were employed. All appropriate recruitment checks were completed such as police and disclosure and barring checks (DBS), and checks of qualifications. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. Proof of identity was checked and references obtained.

People received their medicines on time and in a safe way. Earlier this year, the registered manager had made us aware of some practice issues about medicines management. Since then staff had undertaken additional training and systems were changed so that two staff checked people's medicines and confirmed when they had taken it.

A risk assessment was undertaken to assess what support each person needed to take their medicine. Staff who administered medicines were trained and assessed to make sure they had the required skills and knowledge. Staff competence was reassessed every twelve months for full time staff and every six months for part time and waking night staff. Staff stayed with the person whilst they were taking their medicines and provided encouragement and support, where needed.

Good

Is the service safe?

Some people had epilepsy and experienced fits. Detailed protocols were in place about how to manage any fits, including instructions for staff about administering and emergency medicines to stop fits. When people went out, staff took their emergency medicine with them. Other people had detailed protocols in place to advise staff about circumstances in which they may need to use medicines if the person became anxious or distressed or seemed to be in pain. Detailed records were made about the circumstances in which these medicines were used.

Environmental risk assessments were undertaken for all areas of the home and showed measures taken to reduce risks for people. For example, window restrictors were fitted to all upstairs windows and hot water temperatures were checked before people got into the bath to reduce the risks of scalds for people. All chemicals and detergents used in the home were risk assessed and securely stored. Health and safety checks were undertaken in all areas of the home, with action taken in response to findings. There was an ongoing programme of repairs, maintenance and redecoration.

All repairs and maintenance were regularly undertaken. Regular servicing of the boiler and testing of electrical appliance were carried out. Regular checks of the fire alarm system, fire extinguishers, smoke alarms, and emergency lighting were undertaken. Each person had a personal emergency evacuation plan showing what support they needed to evacuate the building in the event of a fire. Contingency plans were in place to support staff out of hours with any emergencies related to people's care or related to services at the home such as electricity, gas and water supplies.

Good

Is the service effective?

Our findings

People were supported by staff who had an in-depth knowledge of their care and health needs. When staff first came to work at the home, they undertook a period of induction. This included working alongside the registered manager and other staff to get to know people and how to support them. A competency framework was used to check staff had the required skills needed to work independently with people.

Staff described training opportunities as "excellent." They undertook regular update training such as safeguarding adults, health and safety, medicines management and moving handling. Staff also had training specific to the needs of the people they supported. For example, training on positive approaches to managing people's behaviours, and how to care safely for people experiencing seizures.

Staff received regular one to one supervision where they had an opportunity to discuss their work. The deputy manager told us about an innovative method they used to get staff to observe and reflect on their practice. This involved videoing staff supporting the person to undertake a task in the home, for example making a cup of tea. Staff then viewed their interactions with the person to identify areas for improvement and received constructive feedback. Staff had an annual appraisal and received feedback on their performance and discussed any future training and development needs.

Each person had an assessment of their care needs and detailed care plans informed staff how to support each person. People had access advice from specialist health professionals employed by the provider, such as speech and language therapists. They also had regular contact with local healthcare professionals such as their GP, and the local learning disability team.

For example, a healthcare professional advised staff about how to prepare a person for having a blood test and said staff were receptive to that advice. This involved massaging the person's hand daily and applying a tourniquet (equipment which would be used when taking the blood sample) to helping the person to prepare for the test. The registered manager spoke with a health professional about another person to discuss how they could work with hospital staff to support a person to have an x- ray. Some people had a 'hospital passport' so key information was available about their medical history, medicines and communication needs in case the person needed care in hospital. Others were in the process of being completed.

People were supported to improve their health through good nutrition and regular exercise. Each person had an individual mobility plan which included a regular exercise programme and details of any specialist equipment they needed. Staff promoted people to eat a well-balanced diet and make healthy eating choices. Staff contacted health professionals for information about breast screening for one person and sought dietary advice about several people. For example, they received dietary advice about how to improve a person's calorie intake by incorporating full cream milk, butter and cheese into their diet and offering the person small high energy snacks. Staff had implemented this advice and the person had gained a little weight.

Staff had reviewed people's meals, and looked at ways of creating healthy nutritious meals to tempt people. For example, by using a slow cooker to prepare meals of a softer texture. We observed three people having their lunch and saw staff followed the speech and language therapy advice given about the consistency of people's food. People were supported to eat independently through the use of specialist plates and adapted cutlery. Staff recorded people's dietary intake each day and monitored people's weight regularly, so they could respond quickly to any concerns or changes.

Staff had undertaken appropriate training of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and demonstrated a good understanding of how these applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time.

People's consent for day to day care and treatment was sought. Staff told us about how people were supported to make day to day decisions. For example, how one person could exercise choices when offered two clear options and given time to process the information. Staff sought another person's agreement to go out by talking with them and getting them put sensory items they were holding down, so they could put on their coat to go out. Staff and care records gave us a variety of examples of how they would recognise if a person would was withholding consent. For

Good

Is the service effective?

example, one person's said, "When I push you away, I don't want what you are offering." This showed staff were skilled at interpreting whether people whether or not people had given consent for their care.

Where people appeared to lack capacity, mental capacity assessments were completed. Staff involved people who knew the person well such as family, other professionals, and staff in making decisions in the person's 'best interest'. One relative said, "Any problems the doctor gets hold of me, we sit down and agree a plan of action in her best interest." A person's mobility had deteriorated and they needed some further tests to inform their care and treatment. Relatives, health professionals and staff at the home had a meeting to discuss and decide whether the tests were in the person's best interest and agreed they should go ahead.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. The registered manager had made applications to the local authority DoLs team for all four people living at the home and were awaiting their assessment. This was because people were under continuous supervision by staff because of their complex needs, and lacked capacity to make a judgment about their own safety. The Supreme Court judgement on 19 March 2014 widened and clarified the definition of deprivation of liberty. It confirmed that if a person lacking capacity to consent to arrangements is subject to continuous supervision and control and not free to leave, they are deprived of their liberty. These safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and, in a person's own best interests.

People's liberty was restricted as little as possible for their safety and well-being. This was because the environment was adapted to meet the sensory needs of visually impaired people. A variety of sensory objects were used to help people communicate, and navigate their way safely and independently around the home. For example, people could recognise their own room and the bathroom by touch, because there were textured tiles secured to the wall. Key areas such as bathrooms and toilets were well signposted with pictures and symbols, and staff were on hand to help people. There was a sensory room, for sensory stimulation of through special lighting, music, and objects. Where people went outside, they were always accompanied by a member of staff for their safety and protection.

Good

Is the service caring?

Our findings

Staff had positive and caring relationships with people using the service. One relative said, "Applemead have been absolutely marvellous, all the staff are great." Another said, "(Person) is very happy there."

There was a relaxed and calm atmosphere in the home. Staff knew people well and understood their needs and could interpret their verbal and non-verbal communication. For example, one person communicated they wanted a cup of tea by standing in front of the kettle, and that they wanted to go outside when they got their boots. Staff could judge a person's mood by their body language and vocal sounds and responded appropriately to calm, distract or reassure them, as needed. One person was excited as they were about to go swimming and staff chatted to them about what they enjoyed about swimming, such as talking about the warm water and the bubbles. When they returned from swimming, staff said, "(Person) coped brilliantly, they sang lots of songs." They went onto say the person recognised when they got a bit over excited, and that they encourage them to calm down which they responded well to.

People's privacy and dignity was respected and they were supported sensitively with personal care. Each person's bedroom was fitted with equipment so the person was d alert when member of staff was outside their door, which protected their privacy. One person had an alarm fitted so a buzzer sounded when they left their room. This prompted the staff member to go to the person and help them, after using the toilet. Staff had sought specialist advice for another person to support them sensitively and with dignity to express their sexuality.

Each deafblind person had their own unique communication and sensory needs which were detailed in their communication dictionary. For example, staff described knew a person was ready for their bath because they got their towel, and judged from their gestures that they didn't wish to have a shave that day. Staff supported another person to do some stencilling by guiding them, using hand on hand support to guide them. Staff indicated to another person that it was time to eat by giving them an apron they used to protect their clothing when eating.

Staff ensured a person that was reluctant to eat and ate very slowly was supported by a member of staff to eat on their own at the kitchen table. This meant they had privacy and were not distracted. For example, when they started rocking during lunch and stopped eating, staff gently prompted them to stop and resume eating, and praised and encouraged them when they did so.

People were supported to express their views and were involved in making decisions about their care, as much as they were able to. Monthly meetings were held with the person and key staff who supported them, to review how they were and to make future plans. Relatives confirmed they were consulted and involved in decisions about the person's care. Some attended people's annual review meetings with the funding authority representative. Staff kept in touch with other relatives by phone. One relative said, "Staff do listen to what we say, and take into account our thoughts and feelings, they are very parent oriented." Another said, "We are in contact with them, they keep in touch all the time. We know what is happening."

Staff supported people to keep in contact with family and friends. Family members were welcome to visit and staff kept in regular contact so relatives were kept up to date about the person. They also supported people to friends and relatives birthday and Christmas cards. Staff arranged for a person to have a holiday near their parents so they could visit them.

People had a display board staff used to celebrate their achievements. This included photos and artwork they had completed. Other examples of art and craft people had created were on display around the home and in their bedrooms.

Good

Is the service responsive?

Our findings

People received care that was personalised and responsive. Staff knew people well, understood their needs and cared for them as individuals. One relative said, "I can't fault the efforts staff make to ensure (person) enjoys a good quality of life." Another said, "(Person) seems a lot more relaxed, a bit more calm. Now there are only four people, staff have more time for everyone else."

People's care records and support plans were detailed about each person's individual needs. Daily records were kept about how each person spent their day and about their physical and emotional wellbeing. Where people needs changed, these were documented and showed actions were taken in response.

Annual reviews of each person's care plans were completed, although these were overdue. This was because the registered manager was helping out at another home, three days a week on a temporary basis. However, they were aware of this and planned to update them in the near future. Care records also included some old documentation and correspondence. This meant they were hard to navigate and could be confusing for staff who did not know people well. We discussed this with the registered manager, who said they would arrange to remove and archive some of the older documentation.

People had busy and interesting lives and each person was supported to be as independent as possible. Each person had a personalised programme which included they day to day living activities. For example, helping with the shopping and with food preparation and taking their crockery back to the kitchen after meals. People were well known in their local community and each person enjoyed going out for a walk in their local area, visiting the park, and local shops. One person enjoyed visits to their local pub, for meals or a drink. Staff there had raised funds, which were used to undertake some work to improve the garden for people.

People's monthly review meeting minutes showed staff supported a person to complete their application for a railway card and to buy a new riding hat. Also, about their plans to go shopping to choose a new necklace and agreement to have another go at using their iPod to listen to music.

People were supported to maintain interests and hobbies they enjoyed. One relative said, "It's difficult for (person) to have new experiences, staff do their best." Another said, "She is enjoying herself." Each person enjoyed a variety of leisure activities and hobbies of interest to them. For example, horse riding, attending a weekly arts and crafts session and going swimming or out for a drive. One person particularly enjoyed visited shops that sold perfumed toiletry products. Two people liked to visit friends that lived at another home in Exeter, and meeting their friends at the Sense, 'Café 55.' Staff were planning a Halloween party for people and were inviting their friends.

Staff supported people to be as independent as possible. For example, staff were working with one person to move independently around the home. They were using strategies to encourage the person to reach out for things to help them identify where they were. Staff told us about holidays some people had enjoyed this year and others which were planned. They supported each person to choose their holiday destination, boked it and accompanied them to provide their care.

People's moving and handling plans were detailed about how many staff were needed, any equipment needed such as a wheelchair or stand aid. Staff promoted each person to remain active, whilst minimising their risks of slips, trips and falls. A relative told us how staff had referred the person for specialist advice because they recognised the person's mobility was deteriorating and they needed advice about their specialist footwear.

People could raise complaints and concerns because staff could recognise when people were unhappy. Only one person would verbally be able to voice concerns. However, posters were on display around the home so families and visiting professionals would know how to complain. The provider had a complaint policy and procedure and complaint logs were kept. No complaints had been received since we last inspected.

Good

Is the service well-led?

Our findings

Relatives, staff and professionals gave us positive feedback about the quality of care people received. Staff said staff at the home were open and honest. One relative said, "I can go any time and look at the care plan, or bank balance, they are open and honest."

The registered manager outlined the provider's vision and values for the service. There was a strong focus on promoting person centred and individualised care tailored to each person's needs. The service tried to provide people with as good a life as possible, with a focus on the person's ability not their disability. Individual supervision was used to re-enforce the values and behaviours expected of staff, through a coaching style of leadership. Staff demonstrated these values in how they spoke about the people they supported and in the interactions we observed. Leadership was visible at the home. The registered manager and deputy manager worked closely with staff to support people and monitor practice day to day.

The registered manager and deputy manager had opportunities for leadership and management development. The provider had a range of policies and procedures to guide staff. This included a whistleblowing policy to encourage staff to raise any concerns in good faith. Earlier this year, staff had raised some concerns, which were investigated and responded to, and which the registered manager notified us about. In July, a team development day was held to review how staff worked together as a team and discussed their roles and responsibilities. Staff were encouraged to take responsibility and be accountable for their work. From this an action plan was developed, about how the team could work together as effectively as possible, and a further follow up day was planned.

Staff reported improved team working and increased staff morale over the past few months. One staff said, "Team dynamics are much better. Now is a positive time, we are focused on how to work with individuals and improve our practice." Other staff said, they found their work very "rewarding" and one said, "We are on the up." This showed the provider was proactive and responded positively to concerns raised.

Staff felt well supported, were consulted and involved in decisions made. Regular staff meetings were held where staff felt able to contribute their ideas and suggestions. The registered manager told us about the agenda issues discussed at the last two meetings, as no minutes were available. The February staff meeting minutes showed staff raised issues about people's care for discussion so that different approaches could be suggested and lessons learned from people's experiences and improvements made. Reasonable adjustments were made for a deaf member of staff to fully participate in supervision, staff meetings and to speak with us, during the inspection. This was because the provider arranged for an interpreter, qualified in British Sign language to support them.

The service worked in partnership with other agencies to help a person move nearer to their family. Staff visited the service several times to work with staff there and assess whether the service could safely meet the person's needs. Staff worked with the person, the family and the new provider to ensure staff had the skills and knowledge they needed to care for them. They provided detailed written information about the person, which included their physical, sensory and mobility needs. This demonstrated the service worked in partnership, to ensure a smooth transition to the person's new home.

The provider had a range of quality monitoring systems in place which were used to continually review and improve the service. These included monitoring cleanliness, health and safety checks of the environment and equipment. The deputy manager undertook regular audits of medicines management, and made improvements in practice. A representative of the provider visited the home every few months. They produced a written report and the registered manager developed an action plan was in response to any issues raised. The provider had improved the environment of care for people by installing a new kitchen, carpets and vinyl floor covering in the bathroom and a person's bedroom. Accidents and incidents were monitored to identify any trends or individuals at increased risk, and demonstrated actions were taken to reduce risks.