

Sense

SENSE - 5 Shalnecote Grove

Inspection report

5 Shalnecote Grove
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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 ●

Summary of findings

Overall summary

About the service

Shalnecote Grove is a residential care home providing personal care to 8 people at the time of the inspection. The service can support up to 9 people.

The residential home is made up of separate apartments each having their own bathroom and kitchen facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Most people were unable to tell us about their experience of living at the home, however relatives told us they were confident their family members were safe. Staff knew how to identify and report concerns relating to people's safety. Risks were assessed and managed to reduce the risk of avoidable harm. People received support to take their medicines safely. There were enough staff to meet people's care and support needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Decisions about people's care and treatment were made in line with law and guidance.

Staff encouraged people to maintain a balanced diet and understood people's special dietary needs. The registered manager and staff team worked with external health professionals to ensure people's health and wellbeing were maintained.

Staff were caring in their approach and had good relationships with people. Promoting independence was encouraged, to enable people to improve their daily life skills further. Staff had a good understanding of people's individual communication methods and supported people to make their own decisions.

People were supported by a staff team who understood their complex needs and their preferences. Relatives and external professionals were involved in the assessment and planning of people's care. Relatives knew how to raise a concern if they were unhappy about the service they or their family member received.

A registered manager was in post. Positive feedback was received in relation to the management of the service. People, relatives and staff had opportunities to feedback about the running of the service. Quality

checks were carried out to monitor the service and identified where improvements could be made.

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

Rating at last inspection

The last rating for this service was Good (published 26 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Shalnecote Grove is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Prior to the inspection we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We requested feedback from the Local Authority quality monitoring officer. We reviewed the information 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. We used all this information to plan our

inspection.

During the inspection

We spoke with one person who used the service. Some people were unable to tell us about their experience of care at the home, so we observed their interactions with staff and their daily routines and support. We also spoke with two relatives, and one care professional. We spoke with two support workers, a deputy manager and the registered manager. We reviewed a range of records including all or part of two people's care records and one medication record. A number of other records were reviewed in relation to the management of the service, including quality checks, training records, meeting minutes and accidents and incidents. We did not look at staff files on this occasion as we found staff were recruited safely at our last visit.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives we spoke with said they felt safe. One relative said, "They know how to keep [my relative] safe."
- The provider's policies and procedures provided staff with guidance on how to keep people safe. Staff were confident of actions to take should any concerns be raised about possible abuse.
- Staff knew about the whistle blowing procedure and said they would not hesitate to use it if they had concerns about misconduct of any kind.
- There were effective systems in place which followed local safeguarding procedures.

Assessing risk, safety monitoring and management

- Risks associated with people's health and wellbeing had been assessed, documented and reviewed. Some people were at risk if they were left on their own and measures were in place to reduce this risk, which included following advice from professionals.
- The environment and equipment were safe.
- Staff had been trained in fire safety and regular fire alarm tests and drills took place. Personal emergency evacuation plans documented how people should be supported in the event of a fire.
- An on-call system ensured staff could contact managers for advice and support out of office hours.

Staffing and recruitment

- People were supported by enough staff to meet their care needs. Care was provided based on people's assessed needs and people received support from one or two members of staff as required. Everyone we spoke with told us there was enough staff to meet people's needs.
- The provider carried out checks to ensure staff were suitable to work with people. These included checks of references and the Disclosure and Barring Service, a national agency that keeps records of criminal convictions.

Using medicines safely

- Medicines were stored correctly, and people received their medicines as prescribed.
- Protocols were in place for the administration of medicines taken on an 'as required' basis.
- Staff were trained to administer medicines and competency checks were carried out by managers to ensure they remained safe to do this.

Preventing and controlling infection

- Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.
- Staff members had access to personal protection equipment which they used appropriately when needed.

Learning lessons when things go wrong

- There was an open culture at the service which encouraged staff to report any concerns.
- Staff completed reports when a person had been involved in an incident or accident. These were analysed to identify any themes or trends and then action taken by staff to prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental health and social needs had been holistically assessed in line with recognised best practice.
- Staff members could tell us about people's individual needs and wishes in great detail. A staff member told us, "We all know people really really well." People were supported by staff who knew them well and supported them in a way they wanted.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the service which included shadowing more experienced staff.
- All staff were supported to obtain the care certificate which is a nationally recognised benchmark for staff induction.
- Staff completed other necessary training to enable them to carry out their roles well, for example, safeguarding and food hygiene. Training was monitored by the management team to ensure this was kept up to date.
- A daily handover of important information when shifts changed meant staff were up to date with any changes to people's care needs.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to help prepare meals and drinks in line with their needs and choices.
- Some people were supported with specific aspects of their diet to maintain their health, such as a high fat or low sugar diet.
- Specific dietary needs, such as softened food were catered for and staff followed guidance from professionals such as dieticians, when required.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by healthcare and other professionals in a timely manner. People were supported to attend all scheduled health appointments. A medical professional told us they had no concerns about how people were supported with their health at Shalnecote Grove.
- Staff members had effective, and efficient, communication systems in place with other agencies.
- Staff communicated with other agencies such as the local authority and health professionals, including

occupational therapists, physiotherapists and district nurses. Advice given by professionals was documented by staff and followed.

- Important information had been documented in a health action plan for staff to give to the ambulance service should a person be admitted to hospital in an emergency.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to make decisions about their health at a pace and in a manner suitable for them.
- Staff had successfully supported some people with lifestyle choices to improve their health.
- Care plans provided information of the support people needed to maintain good oral hygiene.
- Checks of people's weight and other health checks were completed to ensure people remained healthy.

Adapting service, design, decoration to meet people's needs

- The home was made up of individual flats each with their own bathroom and kitchen that had been made homely and personal by each person.
- Some communal corridors had recently been refurbished with photographs and objects of interest.
- People had access to garden areas, but they were not adapted or designed to meet people's specific needs.

Ensuring consent to care and treatment in line with law and guidance

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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's needs were complex, and care and support was provided in line with current guidance. The registered manager understood when people were potentially being deprived of their liberty. For example, they had submitted a DoLS application for a person who lacked capacity and was under constant supervision to keep them safe at the service. This assured us that the person's rights were being upheld.
- Staff understood the principles of the Mental Capacity Act and consent was sought from people before providing them with care.
- Decision specific information was recorded in care records and a system was in place to ensure DoLS were monitored and authorised.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Outstanding. At this inspection this key question has now deteriorated to Good.

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

- At the previous inspection the registered manager informed us that a survey of people and relatives had indicated they wanted to have an improved garden area in order to enjoy outdoor space. At this inspection we saw that these improvements had not taken place and that the outdoor area was unkempt, littered and had overflowing bins. We also noted that some of the communal areas such as stairways were unclean and in a poor decorative state. A relative told us, "The building could do with being updated but [my relatives] flat is fine." One member of staff said, "The home is quite run down, and the environment is poor really." We brought these issues to the attention of the registered manager who clearly showed us how they had attempted to resolve these concerns and support people to have their decisions about their home respected.
- People, relatives and staff all told us that people were involved in decisions relating to their day to day care with the aid of various communication methods, and with respect to their individual preferences.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they liked living at the home and enjoyed the company of their care staff. One person said, "It's nice living here. I like [care staff.]" We saw positive and caring interactions between people and staff. All the staff we spoke with were respectful and caring in the language they used when discussing the people they supported.
- Relatives were consistently positive about the caring attitude of the staff. One told us, "[My relative] has a bond with the staff, he likes to come home to me and he likes to go back too. All the staff are really caring".
- Some staff had worked at the service for many years and told us how much they enjoyed their job. One said, "All the staff are amazing here, because they want to be here."
- Advocates were available to support people if needed. An advocate is a person who supports people to express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was always promoted.
- People were able to have a key for their bedroom door to maintain their privacy and staff told us they always knocked and waited to be invited in.
- Staff were committed to promoting people's privacy and dignity and ensured people had privacy whilst maintaining their safety.
- People were encouraged to maintain their independence. A member of staff told us about how they use prompts to encourage people to do as much for themselves as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; Support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care from staff that knew them well. Staff were able to describe how people liked to receive their care and we saw this matched the information recorded in their care plan. For example, one person needed to have certain arrangements in place when they travelled to ensure their comfort and safety. Staff knew about this.
- Staff knew people well and supported them in line with their wishes, one person had been supported in their love of music to buy an instrument and have music lessons.
- Care records were very person centred and contained detailed information which enabled staff to understand people's likes, dislikes and preferences. For example, records stated what was important to people and what staff must know. People's care and support plans had been reviewed and updated to reflect any changes to their needs and review meetings took place.
- People had opportunities to follow their interests and decided their activities each day. One relative told us there was enough for people to do socially if they chose to, and if they did not want to do anything, this was respected. We saw that people were given many opportunities to go out, attend clubs or events, go shopping and on holiday.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's information and communication needs were assessed, and staff understood these in detail.
- Various communication methods were apparent during the inspection including British sign Language, objects of reference and photographs.
- The registered manager understood their responsibilities in relation to the AIS.

Improving care quality in response to complaints or concerns

- Relatives and staff were aware of the process to follow if a complaint was made.
- There was a complaints procedure in place which was available in alternative formats, including an easy read version. Any complaints were logged and responded to in accordance with the provider's policy. No complaints had been received at the time of our inspection.

End of life care and support

- No one at the service was receiving support with end of life care. However, further work was planned in relation to this to develop care plans.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives were enthusiastic about how well staff communicated with them, which created an open, inclusive culture at the service. One told us, "They always keep us involved, the manager is great."
- Staff felt supported by the registered manager and felt able to raise make suggestions on how things could be improved. One said, "The managers are very supportive and approachable."

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

- The registered manager understood their responsibilities under Duty of Candour and discussions with relatives confirmed they were open and transparent with them when incidents occurred, or complaints were raised.

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

- The registered manager carried out a range of audits and checks which were effective in identifying any concerns. We saw that in the vast majority of cases, any concerns had been rectified in a timely manner. However, while the communal areas in the home and the garden had been identified as a concern by the registered manager, these issues had not been resolved by the provider.
- The registered manager understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed prominently at the service.

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

- People were actively involved in their local community to the extent that they wanted.
- People were involved in monthly meetings with the staff team where their views, opinions and choices were then used as a platform for developing their care and support. This included a careful consideration of peoples protected characteristics.
- Relatives were involved in the running of the service. They told us they were asked for their views and felt involved.
- A pictorial newsletter was also sent regularly to keep people informed of any developments within the

service.

Continuous learning and improving care; Working in partnership with others

The provider had a clear process of gathering data to ensure continuous learning took place. The registered manager understood this process and applied it appropriately.

- The registered manager and staff worked closely with other professionals involved in people's care, for example health professionals, which supported people to receive joined up care.