Review of compliance

Sense SENSE - 11 Station Road	
Region:	West Midlands
Location address:	Kings Norton Birmingham West Midlands B38 8SN
Type of service:	Care home service without nursing
Date of Publication:	August 2012
Overview of the service:	The home provides care for up to eight people who have a learning disability and sensory impairment. The home is registered to provide the regulated activity 'accommodation for persons who require nursing or personal care.' The home does not provide nursing care.

Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

SENSE - 11 Station Road was meeting all the essential standards of quality and safety inspected.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 18 July 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and reviewed information from stakeholders.

What people told us

There were eight people living at the home on the day of our visit. The provider did not know we were coming.

Most people using the service were not able to share their views of the service. We used a number of different methods to help us understand the experience of people using the service. We spoke with one person at the home with assistance from a member of staff. After our visit we spoke with four relatives of people who lived at the home and one care professionals.

Every one we spoke with was complimentary about the home. People told us that they were happy with the care provided. One relative told us, "I think the home is wonderful."

We saw that care staff were respectful to the people living in the home. Staff engaged with people to help them take part in activities. One relative told us, "Staff are very pro-active, they are always trying out new activities with people."

Staff understood the importance of respecting people's choices and personal preferences. They offered them choices of what they wanted to do and people looked happy.

We found that most people who lived at the home did not use verbal communication as their main method of communication. We saw staff communicating with people in a variety of ways, including signing. Care staff told us they received training on communicating with people. Information in people's care plans about their preferred method of communication was very detailed. One relative told us, "Staff know her needs and communicate amazingly well."

What we found about the standards we reviewed and how well SENSE - 11 Station Road was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who used the service were protected because staff were trained to recognise abuse and respond appropriately to suspicions to protect people's safety.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

Other information

Please see previous reports for more information about previous reviews.

What we found for each essential standard of quality and safety we reviewed

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01:
Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Understand the care, treatment and support choices available to them.
* Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
* Have their privacy, dignity and independence respected.
* Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is compliant with Outcome 01: Respecting and involving people who use services

Our findings

What people who use the service experienced and told us
The majority of people who used the service were not able to tell us their views of this outcome area. We observed interactions between them and the care staff to help us understand their experiences. This helped us to see that they were being involved in their care. It also helped us to see that they were being respected.

Care staff understood the importance of respecting people's choices. During our visit we saw staff offering people choices of how they wanted to spend their time.

One person who lived at the home told us they had chosen the décor of their bedroom. For another person, their care records showed they had been involved in choosing a new kitchen and sofa for their flat.

Following our visit to the home, we spoke with relatives of the people who lived there. They told us that to make sure people's views were taken into account they were invited to attend people's review meetings.

We found that some people who lived at the home did not use verbal communication as their main method of communication. We saw staff communicating with people in a variety of ways, including signing. Staff told us they received training on communicating

with people. Information in people's care plans about their preferred method of communication was very detailed. One relative told us, "Staff know her needs and communicate amazingly well."

Other evidence
People had care plans that showed what the person liked. For example what routines and activities a person enjoyed. During our visit one person was wearing clothing that their care plan said was important to them.

We found that people were encouraged and supported to lead stimulating and fulfilling lives. We heard about a variety of activities people undertook each week. For example rock climbing, shopping, massage and walks. We were told that one person had recently completed an accredited sailing course. During our visit, some people had been out to try a new activity, frisby golf.

We found that assessments had been completed for some people regarding making decisions about their care. We found that where people had been assessed as not having the capacity then best interest meetings had been held to make sure any decisions made were in the person's 'best interests'.

People's diversity, values and human rights were respected. From observations it was evident that staff took their time when supporting people and did not hurry them. We saw that people were dressed in clothing appropriate to the age, gender and culture and that their care plans took account of their diversity needs.

Our judgement
The provider was meeting this standard. People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Outcome 04:
Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We talked with one person using the service. They told us they were happy living at the home and liked the activities and meals provided.

Following our visit to the home, we spoke with four relatives of the people who lived there. They told us that they were happy with the care provided and that staff had a good understanding of people's needs. One relative told us, "I think the home is wonderful."

Other evidence
People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked in detail at the care of three people who used the service. We spoke with care staff and asked them about people's individual care needs. Each person had an up to date care plan that detailed their care needs. Our observations and discussions with staff showed that they had a good understanding of people's needs.

One person had recently moved into the home. We found that a full assessment of their needs had been completed before they moved there and that they had the opportunity to visit before they moved in. A member of staff told us that usually they would have offered a longer transition process but that this was not possible due to the person's previous home closing.

The wellbeing of each person was documented in a daily diary. These recorded the

person's activities, their behaviours and communication and provided an overall picture of the person's wellbeing. The provider may find it useful to note that for one person their diary sometimes recorded they were 'agitated' but there was no description about what this meant.

We found that people had their health needs met. The manager and staff were aware of the health conditions of people living in the home. People had regular input from health professionals such as GPs, chiropodists and dentists. We were told that the registered manager was undertaking some work with a local hospital. A system was being developed in to make it easier for deafblind people should they ever need to attend the accident and emergency department. These were 'patient passports' and meant that staff could present these at the reception area and the hospital staff could respond more appropriately. The next phase of the work was to plan some visits to the hospital for people. The plan was that these will be positive visits where people can go to the hospital for a cup of tea and to meet some of the staff, so that if ever they do need to attend A&E they may not be so anxious and will have some knowledge of the hospital.

The provider may find it useful to note that we found the weight monitoring record for one person had not been regularly completed. A member of staff told us that this person refused to be weighed but that since moving to the home had an increased appetite and was looking healthier.

We spoke with a care professional following our visit to the home. They told us that the home was providing a good service to the individual they visited.

Our judgement
The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07:
Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:
* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us
We talked with one person using the service but their feedback did not relate to this outcome.

Following our visit to the home, we spoke with four relatives of the people who lived there. They confirmed they would feel able to raise any concerns directly with the home.

Other evidence
The provider responded appropriately to any allegation of abuse. We noted from the information we hold that the manager had taken steps to report allegations of abuse to the relevant authorities. At this visit we were informed that one allegation was currently under investigation by the local authority, this did not relate to care provided by the home.

Staff had access to Sense's safeguarding policy and procedures and also to the Sense confidential helpline where concerns could be reported. Discussions with staff and an examination of records indicated that staff had received training about how to keep people safe and respond to signs of abuse.

In addition to the main office, each flat had a copy of a protocol to follow in response to any allegations of abuse. In one flat, the protocol had incorrect details on how to contact us (CQC), a manager told us they would ensure this was immediately updated with our correct contact details.

It was evident from speaking with members of staff that they were clear about the reporting and recording procedures they needed to follow if they became aware of an allegation or suspicion of abuse. Staff told us that managers were very approachable.

We found that the home looked after money on behalf of people. We found that systems were in place to check that the money was being looked after properly. Staff told us that at every staff hand over they counted and checked people's money to make sure it was correct.

Some people at the home had behaviours that staff may find challenging. Staff told us that restraint had not been used but there had been limited occasions where staff had to use 'blocking' techniques to prevent injury to themselves. We found that there were clear guidelines in place on how to manage people's behaviour. Staff had received appropriate training and systems were in place to monitor any incidents of challenging behaviour. We spoke with a care professional following our visit to the home. They told us that the home was providing a good service to the individual they visited regarding the management of their behaviour.

Our judgement
The provider was meeting this standard. People who used the service were protected because staff were trained to recognise abuse and respond appropriately to suspicions to protect people's safety.

Outcome 13:
Staffing

What the outcome says

This is what people who use services should expect.

People who use services:
* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is compliant with Outcome 13: Staffing

Our findings

What people who use the service experienced and told us
We talked with one person using the service but their feedback did not relate to this outcome.

Following our visit to the home, we spoke with relatives and of the people who lived there. They told us that care staff had a good understanding of people's needs.

Other evidence
There were enough qualified, skilled and experienced staff to meet people's needs. We saw that staff were available to respond to people's needs. Many of the care staff had worked at the home for a number of years and so people were usually supported by staff who were familiar to them.

Staff told us that there were enough staff to meet people's needs, but that the home had recently used some Sense casual staff and agency staff to cover gaps in staff numbers. We found that the home often used the same agency staff so that they were familiar with people's needs. One member of staff told us "People have a consistent group of staff supporting them."

We found that action had been taken to address staff shortages and three new members of staff had been recruited. The staff rota showed that new staff would be undertaking an induction to the home and 'shadow' shifts so that they could get to know people and their care needs before they worked unsupervised with them.

We found that assessments of staff skills had recently been completed to identify where any training was needed. Staff told us that they were happy with the levels of training and support they received. One member of staff told us "The training is excellent."

Our judgement
The provider was meeting this standard. There were enough qualified, skilled and experienced staff to meet people's needs.

Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us
We talked with one person using the service but their feedback did not relate to this outcome.

Following our visit to the home, we spoke with four relatives of the people who lived there. They confirmed their opinions were sought and that they felt able to raise any concerns directly with the manager. One relative told us, '' I get asked regularly if I have any concerns, I would feel very comfortable in raising a complaint.''

Other evidence
We spoke with staff who confirmed that the service was well managed and that they were freely able to raise any concerns or ideas regarding the development of the service.

We found that staff had regular meetings to discuss people's well being and what could be improved at the home. A team away day was planned the week following our visit to discuss how staff would like the home to be in 12 months time and how this could be achieved.

We were told that full audits were undertaken by the Sense quality assurance team every two years. A full quality audit of the home was last completed in 2011. Various methods had been used to assess quality to include looking at records and observation of staff practice. Where improvements had been identified as needed action plans had been completed to address the issues identified.

Questionnaires had recently been developed to help seek the views of people, their relatives and staff supporting them. We were told these were currently in draft and their use had yet to be agreed with senior managers.

Information was gathered about risks to peoples health, welfare and safety. We found that systems were in place to monitor the number and type of accidents, number of behaviour forms completed, when people's reviews were due and how often people had 'as required' medication given to them. Audits had also been completed to make sure that people were receiving the medication prescribed to them.

Risk assessments seen for three people who lived at the home showed risks were assessed and managed to enable people to engage in all activities in the home and the community.

There were systems in place to make sure the environment was safe for people. Water temperatures were tested regularly by the staff to ensure they were not too hot for people. The fire system was tested weekly and a risk assessment of the fire precautions in the home had been completed. Records showed that electrical, gas and hoist equipment was regularly checked to ensure they were safe to use.

Our judgement
The provider was meeting this standard. The provider had an effective system to regularly assess and monitor the quality of service that people received.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
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