

Sense

SENSE The Old Coach House

Inspection report

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Date of inspection visit:

02 August 2017

08 August 2017

Date of publication:

21 September 2017

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

The Old Coach House is a care home for up to five people who have a learning disability and sensory impairment. At the time of our inspection five people were living at this home.

At the last inspection in September 2015 the service was rated Good.

At this inspection we judged the service provided remained Good.

Why the service is rated Good.

People received the support they required to live a full and active life while maintaining their safety and well-being. There were sufficient staff to meet people's needs and the registered provider had robust recruitment checks to ensure new staff were suitable to work in adult social care.

People's risks had been assessed and staff knew what action to take to keep people safe. People received their medicines as prescribed.

Staff had received training and support to ensure they were aware of people's needs and how to meet them. People received the help they required to maintain good health, to attend health appointments and have enough to eat and drink.

People were supported, as far as possible to have choice and staff supported people in the least restrictive ways possible. When restrictions on people's liberty were necessary the registered manager had ensured the correct applications had been made to protect each person's legal rights.

People were supported by staff who were kind and caring and who treated them with dignity and respect. Staff knew people well and supported people to maintain their independence. A range of activities and opportunities were provided each day that were tailored to each person's needs and preferences. People had been supported to maintain links with people that were important to them. We received consistent feedback that the home was well run, and that the registered manager was supportive and approachable.

The registered manager and registered provider had a wide range of checks and audits in place that ensured the on-going safety and quality of the service.

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 remained good.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service remained good.

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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 comprehensive inspection took place on 02 August 2017 and was unannounced. We returned on the 08 August 2017 to meet people who had been on holiday on the day of our initial visit. The inspection was undertaken by one inspector over two days. As part of the inspection we looked at information we already had about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care. We refer to these as notifications. Before the inspection, the registered manager had completed a Provider Information Return (PIR) and returned this to us within the timescale requested. 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. We reviewed the information from notifications and the PIR to plan the areas we wanted to focus our inspection on. We contacted the local authority who commission services and the local Healthwatch to seek their feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We visited the home and met with four of the people currently living there. People were unable to speak with us due to their communication needs. We spent time in communal areas observing how care was delivered. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us.

As part of our inspection, we spoke with three relatives of people living at the home. We spoke with four members of staff and the registered manager. We also looked at two people's care plans and the recruitment record of one member of staff. We looked at the systems in place to check medicines were

managed and administered safely. We looked at the checks and audits undertaken by the registered manager and registered provider to ensure the service provided was meeting people's needs.

Is the service safe?

Our findings

We saw people received safe care that wherever possible promoted their independence. For example staff helped people to make their own drink but provided good support to make sure they were not exposed to the risks from hot water. Relatives we spoke with told us they felt confident that people were safe. Staff we spoke with were aware of people's needs and had received training to ensure they could meet these safely. Staff confidently described the action they would take in the event of abuse being reported or alleged. Staff were confident the registered manager would take the correct action if any concerns were raised. Where incidents had occurred concerning people's safety; these had been reported to the local safeguarding authority and action was taken by the provider in order to keep people safe.

People had their individual risks identified through their care plan. This included information on the support people needed in the event of a fire in the home. We saw that steps had been put in place to minimise any risks and reviews of risks were carried out if an incident occurred. We saw that staff followed guidelines about people's risks during our visit. We looked at how the registered manager monitored accidents and incidents in the home. We saw there was a system in place which meant when people sustained an injury they were documented and reviewed by the registered manager. Some improvement was needed to the detail of the records to ensure any patterns would be identified.

We saw that there were sufficient staff available to support people when they needed it. People's relatives told us there were enough staff working at the home. Staff confirmed there were sufficient staff working at the service to safely meet people's needs. The registered manager had access to Sense casual staff and agency staff who were available to cover any staff absence which ensured consistent staffing levels at the home. Recently the use of casual and agency staff had increased to cover staff vacancies. Arrangements were in progress to recruit additional staff and the agency and casual staff used were well known to people to aid consistency of support.

We saw that the provider had robust recruitment practices to ensure staff employed were safe to support people. The majority of staff had worked at the home for several years and so it was not often that new staff were recruited. We looked at the recruitment records of one new member of staff and this showed the appropriate checks were completed before they started working with people.

People could be confident that their medicines were well managed. Staff had been trained and assessed as competent before they were given the responsibility of administering people's medicines. Medicine Administration Records (MAR) indicated that people received their medicines as prescribed. Medicines that were received into the home were stored and disposed of safely. We saw that a range of checks were undertaken each day and periodically by the registered manager to check the safety of medicines management at the home.

Is the service effective?

Our findings

People could be confident that the staff team had been trained and supported to develop the skills they required to meet their needs. We observed staff providing good support to people throughout the inspection and that indicated staff knew people well.

Staff informed us they had received sufficient training for their role. One staff member we spoke with told us, "In supervision we discuss what training we need to do, I enjoy the training we get." The provider had ensured that Care Certificate training was available for any new staff starters that required this. The Care Certificate is a nationally approved set of induction standards. Training had taken place in core subjects relating to care and specific training had taken place relating to the specific needs of the people living at the home. The provider had recently developed a system to check staff competency to make sure staff had the right skills to support people and this had been implemented but not all areas of practice had been assessed. Plans were in place to achieve this.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager demonstrated knowledge of this and when restrictions on people's liberty had been identified as necessary to keep people safe, these had been discussed with the relevant professionals. Applications had been made to the supervisory body when required, and systems were in place to ensure these were applied for again, before they expired. Staff we spoke with were aware of the DoLS that had been authorised. We observed that people were offered choices and were given the time they needed to make their decisions about their care and support. Where it had been assessed that people did not have the capacity to make certain decisions, meetings had taken place to ensure decisions were made in people's best interests. One member of staff told us, "We never just assume that people do not have capacity."

People had a range of specific needs in relation to eating and drinking. Staff had involved the necessary professionals to undertake assessments and to develop guidelines that would ensure people could eat and drink as safely as possible. During our inspection we saw people received support that was in line with these guidelines. Staff supported people to have access to meals and drinks that they enjoyed and to be involved as far as possible in the preparation of these.

People had been supported to maintain good health, and to access the healthcare services relevant to them. Relatives confirmed that people were supported with their health care. One relative told us, "If [person's name] is unwell then staff let us know. They look after [family member] health." Changes in people's healthcare needs had been noted and support and advice had been sought from the relevant professionals when required. Staff had developed health action plans for people which detailed people's individual health needs. The use of these plans is a way of ensuring people with a learning disability maintain good health.

Is the service caring?

Our findings

We observed many kind, caring interactions between people and staff throughout the inspection. Staff were patient in their approach and gave people the time to communicate their needs. Relatives were happy with the care their relatives received and confirmed staff were kind and caring in their approach. One relative told us, "All the staff are kind and caring." Relatives told us they were made welcome by staff when they visited their family member. One relative told us, "There is a lovely atmosphere in the home."

People were supported by staff they had got to know well. One relative told us, "Staff know [person's name] needs well." Through our conversations we found staff knew people well and described with affection people's personalities and likes and dislikes as well as their care needs. Staff we spoke with enjoyed working with the people who lived at the home. The interactions between staff and people living at this home showed that people had developed trusting relationships with staff.

People had care plans developed with input from those who were important to them and staff who had worked with people over many years. Guidance within care plans provided staff with information about people's likes and dislikes and how to support the person in a way they preferred.

People we met were not able to communicate their needs and wishes easily. We observed staff used their knowledge of the person, and their experience of what different noises, body language and gestures meant to help people make choices and express their wishes. We saw appropriate verbal communication and objects of reference being consistently used to promote people's communication.

People had their dignity and privacy respected and we saw that staff respected people's dignity and privacy such as ensuring doors were closed when carrying out personal care. Staff promoted people's independence, for example people were supported to make hot drinks for themselves and to find their own way about the home using 'markers' that had been designed to assist people who had little or no vision.

Is the service responsive?

Our findings

When people could not fully contribute to their care planning or review process, staff had involved people that knew the person well and used their knowledge of the person to plan care that best fitted their known preferences and wishes. All of the relatives we spoke with told us that staff fully involved them in their family member's care.

Care plans contained good information which guided staff around how care should be delivered. People had annual reviews where their care and progress on actions that had been identified at previous reviews was discussed. Staff also reviewed people's care on a monthly basis. These reviews reflected on the person's experience of care over the last month and helped to make sure people were experiencing good care.

People were supported to have relationships with those who were important to them. The home had ensured contact was maintained with family members by taking people to visit families and had encouraged families to visit the home where they were able to.

People had access to activities on a daily basis and these were kept under review to make sure people enjoyed them. Relatives we spoke with were happy with the activities their family member took part in. One person's relative told us, "[Person's name] goes to dance classes, they do lots of things. Sometimes I think to myself, gosh, how does [the person] do all that." The registered manager told us that to increase people's participation within their community he had recently liaised with the local SENSE charity shop. It was planned that staff and people at the home would get involved in the collection of charity items for the shop and in return a person at the home would have the opportunity to have toys and sensory items that had been donated.

People who lived at the home were unable to make complaints due to their communication needs. People's care plans stated how the person would communicate whether they were unhappy. All of the relatives we spoke with told us they would feel confident to raise any complaints but had not had to do so. One relative told us, "If [person's name] is not happy then [staff?] look into why not." Another relative told us, "I am confident to raise any complaints but I have never had to." The registered provider had an established complaints procedure that would ensure complaints were recognised, investigated and responded to. Where staff had previously raised concerns about some staff practice we saw these concerns had been taken seriously and investigated. Where needed, changes had been implemented to help improve the service.

Is the service well-led?

Our findings

A new registered manager was in post. They had previously been employed by the provider for a number of years and so knew people and staff well. All of the relatives that we spoke with indicated that the service was well led and that the manager was approachable. One relative told us, "I cannot fault the place." Another relative told us, "I have a good relationship with the manager."

Staff we spoke to told us the service was well led and the registered manager was approachable. Staff attended regular meetings where they discussed topics that related to quality, safety and service delivery. The registered manager had also recently introduced a board where staff could add their suggestions for new ideas and solutions. We saw that these had been acted on and had resulted in some positive experiences for people. For example, one person had recently commenced a cycling session. Another person now had their own cabinet that was positioned near to where they sat so that objects they used for communication were located close to them. One member of staff told us, "Both the manager and the deputy are approachable." One staff told us that there had previously been an issue with low staff morale but with the new manager staff morale had improved.

The registered manager had stayed up to date with changes and developments in the field of adult social care, as well as the specific needs of the people living at this home. The registered manager was aware of their responsibilities to the Care Quality Commission such as notifying us of specific events that had occurred at the home. Registered providers have a duty to display their inspection ratings to enable people to have information about how well the service is performing. We saw that the registered manager had ensured this information was displayed at the home.

The registered manager and the registered provider had developed and utilised a wide range of audits and checks to ensure that the service being offered was meeting people's needs, was safe and meeting the requirements of the law. These had been effective at providing assurance that this service was still good.