

Sense

SENSE - 55 Shipdham Road

Inspection report

55 Shipdham Road
Toftwood
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NR19 1JL

Date of inspection visit:
14 September 2016

Date of publication:
14 October 2016

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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

The inspection took place on 14 September 2016 and was an announced inspection. This meant that we gave the service notice of our arrival so that we could meet with people who lived there.

The service is registered to provide personal care and there were six people living in a shared house, and accessing the service at the time of this inspection. The service provided care and support to people with a sensory impairment and physical and learning disabilities.

There was a registered manager for this service, who was available every day. 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.

People's relatives told us that people were safe using the service. Staff were trained in adult safeguarding procedures and knew what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff that were competent to do so. Risk assessments recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward.

There were sufficient staff to keep people safe and meet their needs, and the registered manager had followed safe recruitment procedures. Staff were competent with medicines management and could explain the processes that were followed. Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The registered manager understood that there should be processes in place for ensuring decisions were made in people's best interests. Staff sought consent from people and recorded this.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff maintained people's privacy. Relatives felt that staff were understanding of people's needs and had positive working relationships with people.

Care provided was individualised according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. Staff had knowledge of changing needs and supported people to make positive changes to their care plans.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality

assurance systems were in place to regularly review the quality of the service that was provided.

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.

Staff knew how to recognise and report abuse and had received safeguarding training. There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought consent and recorded this.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and dignity. They took time when delivering support and listened to people. Staff maintained people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

There were processes in place to identify if people had concerns about the service.

Is the service well-led?

Good ●

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

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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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 14 September 2016 and was announced, as the service provided was small and people may not be available to talk to us. The inspection was completed by a single inspector.

We reviewed the notifications that had been sent to us, as is required by the provider. We also contacted social care professionals within the county for their views.

We observed the interactions between staff and people using the service and spoke with three relatives. We also spoke with the registered manager and three care staff. The area manager had also provided some useful information to assist with the inspection, prior to our visit. This included information on whether people would be available and what their specific communication needs were. On the day of our visit there was a visiting healthcare professional who took time to speak with us.

We reviewed the care records of two people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

Is the service safe?

Our findings

A relative of a person who used the service told us, "Yes, confident they are safe", whilst another relative confirmed, "Yes, completely safe no qualms at all". Staff had knowledge of how to protect people from harm and told us that they were confident that they could refer concerns to the registered manager. Staff were able to explain the processes that they had in place for protecting people from harm. Staff also told us that if required they discussed safeguarding issues at team meetings and at supervisions. Staff undertook relevant training to keep people safe from harm and we saw records that confirmed this.

A relative told us, "They [staff] do a huge amount of assessment when things change, can't fault them". We saw in care records that some people displayed behaviour that people may find challenging. We saw that this was detailed in the individual care records with an appropriate risk assessment. The records contained information on how staff could best support people in these situations, for example to give the person time and space. When we spoke with staff they were able to tell us about the different techniques they used with different people. This showed us that staff knew how to best manage situations when they arose and how this helped to keep people safe.

In the care records we viewed we saw that they contained detailed risk assessments for the care and support people required. Some people used specific equipment to take medicines, eat and drink, as they were nil by mouth. This was a relatively new experience for staff. We saw that there were appropriate risk assessments in place for this. Staff knew the risks involved with this equipment and what support they needed if this equipment failed in any way. Staff had brought to the attention of the management team that the training they received was not consistent with general guidance. Therefore the registered manager had arranged further training so staff felt confident to keep people safe whilst using the equipment. Whilst we were on our visit we observed a staff member carrying out tasks with this equipment. This was done in a safe manner that was consistent with the care record and risk assessment.

Some people were at a greater risk of developing pressure areas due to the equipment that they used. Staff were able to tell us the risks associated with this and were also able to tell us of the equipment that was used to minimise risk. For example some people had moulded cushions to use when they were in their wheelchair which were pressure relieving. We saw that there were risk assessments in place and we saw that the equipment was in use; this reduced the risk of pressure areas and kept people safe.

There was information available to staff for dealing with emergencies, and staff told us where this was. Staff could tell us what they would do in the event of an emergency and this was consistent with the documents we viewed. Additionally the service had in place generic assessments for the general health and safety of people and staff, to ensure people were kept safe.

Staff told us that there were always enough staff to meet the needs of the people using the service. The registered manager confirmed how they managed staffing levels and how this was based on people's requirements. We saw from records that these requirements were always met.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process and staff confirmed this was the process they had experienced. This meant that only staff who were deemed suitable were employed to work with people living in the home.

There were safe medicine administration systems in place and people received their medicines when required. We observed staff administering medicines and they followed a methodical procedure and updated records as they went. Staff reassured people as they administered medicines and were gentle and encouraging. Medicines were kept securely and we saw that each person had a Medicines Administration Records (MARs), which was individual to them. The MARs showed people's personal preferences on how they liked to take their medicines and information for people that were nil by mouth. Some people had medicines that they took that were not at set times, known as PRN medicines. We saw that these were recorded on people's MARs and that they took these MARs to college with them during the day, in case they wanted some medicine in this period.

Staff told us that they received medicines training and that they shadowed more experienced staff whilst they learned. Competencies were checked regularly by the registered manager. Staff were knowledgeable and confident with the process of medicines management.

Is the service effective?

Our findings

A relative spoke positively about how staff supported people using the service, and the training they received. They told us, "Think staff are amazing, they [staff] know their jobs well".

Staff told us that they received regular training and that they could ask for any additional training that might be useful to their roles. Staff told us that new staff undertook the Care Certificate (the Care Certificate is a set of standards that social care and health workers work to in their daily working life). Existing staff were supported to undertake a formal qualification in health and social care.

This service supported people with specific communication needs and staff said they were supported to gain the appropriate training, to meet this need. For example, staff undertook courses in basic British Sign Language and deafblind guiding skills. This meant that people were supported with their own communication method, which allowed people to participate and be involved in their care. Staff were supported by professionals from outside their organisation to discuss specific areas of people's care and support needs. The deputy manager told us that they had not been happy with the standard of some training the staff team had received recently. Staff had said that they still did not feel very confident regarding the use of specific equipment. Therefore the management team had secured further training in order to support their staff. We saw that staff records were up-to-date with regards to training and that staff accessed a wide range of course to support their learning and confidence.

The registered manager told us that they felt the assessment day that was added to the recruitment process was extremely useful. It helped managers see the skills people had and who they would work well with, if successful. Staff confirmed that they also found this process helpful, especially if they were new to a care setting. Staff confirmed that they received an induction period when they started with the service. This included shadowing more experienced team members to learn how to support people using the service. Staff and the registered manager told us that if someone felt they needed more shadowing experiences then this was put in place.

Staff received regular supervisions from the registered manager, and records confirmed this. Supervision is a meeting between staff and their manager to discuss their roles, training needs and personal development. Staff told us that they felt like they could discuss anything they needed to at this time. The registered manager told us, and staff confirmed they did not have to wait for formal supervision to discuss issues. We observed that staff undertook a handover between shifts, and that this was concise and informative. A staff member told us that it was important that this handover took place, so that staff knew what had happened earlier in the day. There was also a communication book to ensure staff knew what had occurred since their last shift.

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

possible.

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 were being met or were needed.

We saw that the registered manager had initiated best interest meetings in order to make appropriate decisions for the people using the service, where they lacked the capacity to make this decision themselves. We saw that in some instances family members had made decisions for people using the service as they felt this was in their relative's best interest. However the relative did not have the relevant power of attorney in place to make this decision. We spoke with the registered manager about this and they confirmed that they would use this as a learning exercise to improve knowledge around the different parts of the MCA.

Staff were knowledgeable about the MCA and what that meant to people. We saw that following their training staff had undertaken a questionnaire on MCA and DoLS in a recent team meeting, to further confirm their knowledge. Staff could also tell us that they promoted and encouraged people to make some day-to-day decisions in order to maximise independence. We saw that care records had been discussed using best interest meetings and consent had been obtained.

A relative told us, "We are happy with the quality of the food and there is a huge variety, they [staff] have introduced a lot of different food, it is very good". Staff told us that people did support with basic tasks when getting food ready. Staff explained there was a rota for the evening meals however if someone did not want what was on offer they could have something else. The menu plans were drawn up between staff and the people using the service on a regular basis.

During our visit no one was at risk of not receiving enough to eat or drink. We saw that people were weighed on a regular basis in order for people to maintain a healthy weight. Some people were at a low risk of choking and we saw that the relevant referrals had been made to the Speech and Language Therapist team (SALT). The outcomes of these assessments were detailed in care records and staff were able to tell us of each person's individual needs.

We observed staff supporting people with their evening meal. Staff ensured that people did not put too much food on their spoon which minimised the risk of choking. Some people required support to eat their food and this was done in an encouraging manner and they did not rush the person. We observed that staff offered people drinks on a regular basis throughout the visit and staff kept a record of what people had eaten and drank to ensure they received enough throughout the day.

A relative told us, "They [staff] always listen to the doctor and do as they [GP] ask". On the day of our visit a GP was visiting a person and they confirmed that this was the case. They told us that staff carried out any tasks that the GP asked for, and that they were confident it would be done effectively. We saw in care records that people were supported to maintain a number of health related appointments and one person had recently been supported to go into hospital to have an operation.

Staff told us that they felt confident which healthcare professionals to call if they needed to, and that they would support people to appointments. This showed us that staff were responsive to people's healthcare needs and ensured a positive working relationship with the local GP. This meant that people received healthcare that was relevant to them.

Is the service caring?

Our findings

Relatives told us that staff were very caring and were very positive about them. One relative told us, "Staff are always caring" and another confirmed, "They are amazing, I cannot praise them enough, they have wonderful relationships [staff and people using the service]". Another person told us, "They treat them like a member of their own family".

We observed staff with some people who used the service and we saw that they were kind and compassionate and that they knew the people well. Staff did not rush people they were supporting and were very patient. Staff told us it was important to know a person well in order to support them. A staff member told us, "If my son needed help, like this, I would want him to be cared for here, they are all wonderful".

Staff said that when they knew a person well it would support them to better understand different behaviours and know how to encourage people to undertake tasks themselves. Staff would offer objects of reference or pictures to people to encourage independence. For example a staff member told us that one person liked to dry themselves after a shower. They would offer the towel to the person and they would then carry out the task and give the towel back to the staff member. The staff member told us it was important to give people the choice of doing tasks themselves to maintain some control with their care. We saw that care records contained history about people and what was important to them. People were supported to maintain relationships with people that were important to them care records contained information about people's relationships and relatives.

A relative told us, "Yes, we have regular meetings [about care] with the staff" and another relative said, "They [staff] tell us what is going on and they involve us". The registered manager confirmed that care planning could take place at any time, but was at least completed once a year. They continued to tell us that they took a very interactive approach to care planning, and used an informal approach. They said that people using the service, families and staff found this more useful and we saw in care records photos of the planning sessions and the outcomes.

The registered manager told us that each person had a key worker who was responsible for reviewing care records on a daily basis and ensuring they remained relevant to the person. For example staff would record if a person had taken a sudden dislike to an activity or food and what staff should do when supporting this person to make alternative choices. Records were up-to-date and this showed us that staff and the registered manager were committed to ensuring care records were individual to people's current needs.

A relative told us, "Completely, yes, they treat them with dignity and respect, always". Staff could tell us the principles of good care and that it was important to be discreet. Staff also confirmed how they maintained people's privacy and would shut doors and curtains before delivering care.

We observed that staff were discreet, whilst we were on our visit an incident occurred that meant a person was in a communal that required immediate support. Staff were very quick to respond to protect this

person's dignity and were kind and reassuring. They supported the person back to their room to further support this person. This showed us that staff were aware of respecting people's dignity and maintained it at all times.

Is the service responsive?

Our findings

Relatives told us that they felt people had choices in what they did and that they led active lifestyles. One relative told us, "Oh yes, goes out a lot and they are going away on holiday soon" and another said, "Staff know them well, gets out on lots of trips".

A relative also said to us, "They [staff] relate to people as individuals, person centred care is at the heart of everything they do". We reviewed the care records of two people using the service. We found these to be detailed, up-to-date and that they included information that was needed to best support a person individually. Staff told us that they found these records to be helpful and that they continued to work with people to keep them relevant and individualised to that person. There were records of people's pre-assessments, when they joined Sense in their care records. These records listed people's likes and dislikes which staff used to support with building a fuller picture of the person and their life.

Staff were able to explain to us how different people liked to make choices. For example they could tell which people needed to be given choices one at a time and those that could choose between two or three options. They would show people either a shell from the beach or a riding hat so that the person could make a decision. Staff also knew when a person did not want to do something and would suggest alternatives. For example one person had been a keen horse rider and regularly enjoyed going. Recently this person had pushed the riding hat away to indicate that they did not wish to go. Staff told us that they offered alternatives, but still routinely offered the riding hat in case the person changed their mind and wanted to go back.

The deputy manager told us this was, "A very active house". Some people were supported by staff to attend college four days a week. Each person had one day at home and this was a different day of the week for each person. This meant that they received some specific time from staff to undertake their own activities and hobbies. Staff encouraged people to try new activities as well. For example they knew that one person was not keen to be in busy environments. They were given some free tickets to a county show and thought they would see if the person liked it. Staff risk assessed the situation and had in place a plan in case the person was not happy and wanted to leave. The trip was a success and the person really enjoyed the day and it empowered the person to develop themselves and their confidence. Staff confirmed that they will look to see what other activities this person could attend in the future to maintain this positive change. Staff kept a record of positive behaviour achievements, similar to this, for all people. We saw a number of examples of positive outcomes where staff had effectively planned a new activity.

This showed us that staff were responsive to people's individual needs and to ensuring people had access to hobbies and interests and were able to maintain active and varied experiences.

A relative told us, "No, no formal complaints, we had one issue around teeth and tooth care, and since [person] went to hospital for an appointment regarding this, staff have worked really hard to improve the situation". The relative went on to confirm, "I can talk to staff about issues at any time, and I do".

Due to individual communication needs it was difficult for people to articulate anything they were not happy about. Staff told us that they knew people well and would see if something was distressing them. They would then try and communicate with the person in their preferred method to determine what was wrong. They would report these instances to the registered manager as well as try and find a solution. Care plans were adjusted when staff discovered a person was no longer happy with something and what the alternatives were.

There was a complaints policy available to people and staff felt confident to act on issues if they were raised to them. The service had not received any formal complaints in the past year. The registered manager told us that they did not hold formal 'house meetings'. It was more meaningful to look at individual concerns and find solutions to best meet the person's needs, as well as decide what activities they should do, and the food choices for meals.

Is the service well-led?

Our findings

A relative told us, "Indeed, I can phone and discuss anything with [registered manager]". Staff also stated that the registered manager was always available and very supportive. One staff member told us how they had been supported by the registered manager to become a support worker. They told us, "I asked [registered manager], could I do the job and they said of course, and supported me to get where I am today. I love it here". The registered manager confirmed that there was an open door policy and they were available for staff at any time.

Staff were confident too that they could raise any concerns about the service to appropriate people, if they had cause to. They told us where they could find this information and none of the staff members we spoke with have had to follow this process. Staff were aware of the core values of the service and spoke passionately about them. These included promoting independence and individualised care. Staff took pride in their work, and gave examples of where they encouraged choice and independence.

Staff told us that they felt listened to by the registered manager. Staff told us and records confirmed that there were regular staff meetings and minutes were kept. Staff said that they found these meetings useful and informative. They felt supported through these, as well as their supervisions, to carry out their role to the best of their ability. This meant that staff got sufficient support from the management team and time to discuss their roles. We also saw records of annual appraisals and staff confirmed these took place. These meetings were to look at the overall performance of staff and discuss what they still needed to work towards.

The registered manager told us that they felt much supported by the area manager. They said they felt listened to and had the support they needed to carry out their own role.

The registered manager had a number of audits that they used to track the quality of the service. This included the monitoring of staff performance, and audits around health and safety, including accidents. We saw that these audits supported the registered manager to analyse trends in people's wellbeing and enabled discussion at supervision. Each year 10 audits had to be sent to the service's head office for auditing, the most recent one had just been completed. This enabled the overarching organisation to ensure consistency in care across the country, as well as local level quality assurance. The registered manager was able to tell us what the key challenges for the service were, and they had a plan in place to monitor these.

There was a business continuity plan and risk register in place for the service. This meant the registered manager had effective processes in place in case there was a disruption to the running of the service. The registered manager told us that a large amount of the quality assurance for day-to-day care was done in an informal manner, which included observations, which enabled the registered manager to act in a responsive manner.

Due to the small size of the service the registered manager told us that they informally gained opinions and

concerns. The registered manager confirmed that they were adaptable to making changes should concerns be raised. This was in place of formal meetings or surveys, which were not very adaptable to the people using the service.

The service had submitted all the relevant notifications that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.