

Sense

# SENSE - 85 Park Road

## Inspection report

85 Park Road  
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Date of inspection visit:  
10 August 2017  
11 August 2017

Date of publication:  
13 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

SENSE - 85 Park Road is a residential service which provides personal care and support for up to five people with a learning disability or autistic spectrum disorder and a sensory impairment. At the time of our inspection there were four people living at the home.

At the last inspection, the service was rated Good. At this inspection we found that the service remained Good.

We found that staff had been recruited safely. The staff we spoke with were aware of how to safeguard vulnerable adults who lived at the home from abuse. There were safe processes and practices in place for the management and administration of medicines.

People who lived at the home were not able to give us their views directly due to cognitive and communication impairments.

Relatives told us they were happy with staffing levels at the home. During the inspection we found that there were a suitable number of staff available to meet people's needs effectively.

Staff received appropriate training. Relatives felt that staff had the knowledge and skills to meet people's needs.

People received appropriate support with eating and drinking and their healthcare needs were met at the home.

Staff respected people's privacy and dignity. We observed staff at the home communicating with people in a kind and caring way. People looked relaxed and comfortable and moved around the home freely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way; the policies and systems at the service supported this practice. The service had taken appropriate action where people lacked the capacity to make decisions about their care and needed to be deprived of their liberty to keep them safe.

We saw evidence that people received care that reflected their needs and preferences. Relatives had been consulted about people's care and were updated by staff regularly. We received positive feedback from relatives about the activities available and found that people were supported regularly to go out into the community.

People were encouraged to be as independent as possible. Staff used a variety of methods to communicate effectively with people who were visually and hearing impaired, including objects of reference and 'hand under hand' techniques. The 'hand under hand' approach is where the staff member's hand performs the

activity and the person's hand rests on top of it.

The service had a registered manager in post. Relatives and staff told us they were happy with how the service was being managed. They found the registered manager and the deputy manager approachable and could raise any concerns.

The registered manager had sought feedback from relatives and staff about the care and support provided. A high level of satisfaction had been expressed about many areas of the service. Where improvements had been suggested, we found evidence that action had been taken.

Audits of many aspects of the service had been completed regularly. We found that the audits completed were effective in ensuring that appropriate levels of quality and safety were maintained at the home.

Further information is in the detailed findings below.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# SENSE - 85 Park Road

## 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 was 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 was a comprehensive inspection.

This inspection took place on 10 and 11 August 2017. The inspection was announced as this is a small service and we wanted to be sure that the registered manager and people who lived at the home would be in. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service, including previous inspection reports and notifications we had received from the service. A notification is information about important events which the service is required to send us by law. We contacted seven community health and social care professionals who were involved with the service for their comments, including advocates, social workers, a community nurse and a speech and language therapy service. We received responses from four professionals. We also contacted Lancashire County Council contracts team and Healthwatch Lancashire for information. None of the agencies we contacted expressed concerns about the care and support provided at the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form which 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 contained in the PIR and used it to help make our judgement.

During the inspection we were unable to receive feedback from people who lived at the home due to their complex needs. However, we received telephone feedback from the relatives of all four people who lived at the home. We also spoke with three support staff, the deputy manager and the registered manager.

We observed staff providing care and support to people over the two days of the inspection and reviewed in detail the care records of two people who lived at the service. We also looked at service records including staff recruitment, supervision and training records, policies and procedures, complaints and compliments

records, audits of quality and safety, fire safety and environmental health records.

## Is the service safe?

### Our findings

Relatives told us that their family members were kept safe at the service. Comments included, "[Our relative] is always safe. There are always enough staff" and "[My relative's] risks are managed well by staff".

The staff we spoke with understood how to protect people from abusive practice and were clear about the action to take if they witnessed or suspected abuse. A safeguarding policy was available which included the different types of abuse and staff responsibilities. The contact details for the local safeguarding authority were also available. Records showed that all staff had completed up to date training in safeguarding vulnerable adults from abuse.

We reviewed two staff recruitment files and found that staff had been recruited safely. Appropriate checks had been made of their suitability to support vulnerable adults.

Detailed risk assessments were in place for each person living at the home, including those relating to mobility, eating and drinking, medicines, the home environment and accessing the community. We found that the risk assessments were detailed and provided information for staff about the nature and level of each risk and how best to support the person to reduce each risk. We found evidence that risk assessments were reviewed regularly.

We looked at staffing arrangements at the home. The relatives we spoke with felt that there were enough staff on duty to meet people's needs. One relative queried whether there were always enough staff on duty at night during holiday periods, when some people stayed with their family members and the number of staff on duty reduced. However, they told us they planned to discuss this with the registered manager. We reviewed the staffing rotas for three weeks including the week of our inspection and noted that the minimum staffing levels set by the service were met on all occasions. During both days of our inspection we found that there were enough staff available to support people and respond to their needs in a timely way.

We found that there were safe and effective processes in place for the management of medicines. The registered manager told us that all staff administered medicines and records showed that all staff had completed the relevant training. Their competence to administer medicines safely had been assessed regularly. We observed a member of staff administering medicines and found that they did this in a safe way.

During both days of our inspection we found that the home was clean. The staff and relatives we spoke with told us that hygiene levels at the home were always good. One relative told us, "It's always clean. We've never found a bad smell there". Another relative commented, "It's always absolutely spotless". We found that the home was kept very tidy and all floor areas were kept clear and free of obstruction. This helped to ensure that people with a visual impairment could move around the service safely.

We found that checks of the safety of the home environment had been completed. These included fire safety and legionella checks. Legionella bacteria can cause Legionnaires disease, a severe form of pneumonia.

## Is the service effective?

### Our findings

Relatives told us they were happy with the care their family members received and with the staff who supported them. Comments included, "We're quite happy with the care [our relative] is receiving. The staff are brilliant", "They're [staff] excellent. [My relative] is certainly in the right place" and "The staff are skilled. They're trained very well".

Records showed that staff completed a thorough induction when they joined the service and their training was updated regularly. The staff we spoke with felt they had completed all the training they needed to support people effectively and told us they could request further training if they felt they needed it.

People who lack the 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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Records showed that appropriate procedures had been followed where people who lived at the home needed to be deprived of their liberty to keep them safe. We found that mental capacity assessments had been completed and relatives had been involved in best interests decisions relating to their family members' care and support. The relatives we spoke with told us their family members' needs were discussed with them regularly. They told us they attended yearly care plan reviews and were updated regularly by staff if there were any changes in their family member's risks or needs.

We looked at how the service supported people with eating and drinking. Care plans and risk assessments included information about people's nutrition and hydration needs. We found that where there were concerns about people's diet or nutrition, appropriate referrals had been made to community healthcare professionals, including the speech and language therapy service. The staff we spoke with were aware of people's special dietary requirements and guidance was available for staff to refer to. Care files included information about people's dietary likes and dislikes. Relatives were happy with the meals provided at the home and felt that staff worked hard to provide varied and interesting meals.

We looked at how people were supported with their healthcare needs. People's care records included information about their medical history and any needs or risks related to their health. We found evidence that appropriate referrals had been made to a variety of healthcare agencies including GPs, dietitians, speech and language therapists, dentists and opticians. This helped to ensure that people's healthcare needs were met.

The community healthcare professionals who provided feedback about the service did not have any concerns. One professional told us, "I have found the staff to be highly knowledgeable in the area of learning disability and dual sensory loss. At all times they have been approachable, welcoming and responsive". The professional told us that the person who lived at the service that they supported had demonstrated skills development and her quality of life had improved since she had moved to the home. Other comments from

community professionals included, "The care plans are very person centred and the whole environment makes the home very much the home of the people living there" and "I have always been made to feel welcome and have not noted any concerns on my visits. The home has always been clean and calm in atmosphere".

## Is the service caring?

### Our findings

Relatives told us that the staff who supported their family members were caring. Comments included, "It's a very caring environment. We can't fault them. The staff are very helpful and supportive" and "I just want to know that [my relative] will be well looked after and I do. The staff are very friendly. Everything's lovely".

During our visits we observed staff interacting with people in a kind, patient and sensitive way. Staff were relaxed and friendly with the people they supported. The staff we spoke with knew the people who lived at the home and were familiar with their needs, risks, preferences and how best to support them. People moved around the home as they pleased and looked relaxed and comfortable in the home environment. Staff provided support to people when they needed it.

Due to their complex needs, people who lived at the home were unable to communicate verbally with staff. By using objects of reference, staff were able to communicate with people about a number of issues including medicines, personal care, drinks, meals and activities. We saw evidence of this during our inspection, for example a staff member offering a person a medicines pot to indicate that it was time for their medication. Staff told us they gave people choices and encouraged them to make everyday decisions when they could. They told us they sought people's consent before providing care, for example when supporting people with personal care or administering their medicines. They told us that when people refused support such as personal care, staff tried again later and if a person continued to refuse support, this was accepted by staff and documented.

We saw evidence that people were encouraged to be as independent as possible. Staff told us that floor areas around the home were kept clear and furniture was kept in the same place, to ensure that people with a visual impairment could move around the home safely without assistance. The registered manager advised that new flooring had been fitted in the downstairs communal areas where there had previously been carpet. She explained that the removal of the threshold bars that had previously been in place in each doorway had caused problems for people navigating around the home and a decision was made to put them back in place, even though they were no longer needed. The registered manager and staff explained that routine was important to people who lived at the home and helped them to achieve a greater degree of independence.

Staff told us people's rights to privacy and dignity were respected and could give examples of how they did this, such as ensuring doors and curtains were closed when they were supporting people with their personal care and respecting people's right to have time alone when it was clear this was what they wanted.

Records showed that relatives had been consulted about people's care. The relatives we spoke with confirmed this to be the case. One relative said, "We attend yearly reviews. We can make suggestions and staff listen to us and accept what we say". Another relative told us, "We have a very good relationship with the staff. We're involved in decisions about [our relative's] care and attend yearly care plan review meetings. If there are any changes staff contact us and we can raise any concerns".

The registered manager told us that there were no restrictions on visiting and this was confirmed by the relatives we spoke. One relative commented, "I can ring or visit anytime".

## Is the service responsive?

### Our findings

Relatives told us their family members received care that reflected their needs and preferences. Comments included "The staff know [my relative] very well. They're sensitive to her needs" and "[Our relative] has slowed down and wants to rest more. The staff support her at her pace".

The care plans we reviewed contained detailed information for staff about people's individual needs and risks and how to support them effectively. They included information about what people were able to do, what they required support with and how that support should be provided. The staff we spoke with were able to tell us about people's risks and needs and described how they supported people in a way which kept them safe and met their needs.

We noted that each person had a communication chart which provided information for staff about how each person communicated. For example, how people showed that they were hungry, thirsty, bored or upset. This helped to ensure that people were supported to communicate effectively and that staff were able to meet their needs.

In addition to objects of reference, staff used a 'hand under hand' approach to support people with everyday activities, such as making a cup of tea and taking their medicines. The 'hand under hand' approach is where the staff member's hand performs the activity and the person's hand rests on top of it. This means that the person can take their hand away at any time and offers the person choice, control and a sense of freedom.

Record showed that staff supported people to take part in a variety of activities in the home and records were kept of the activities that people had enjoyed to guide staff in the future. Activities provided included sensory activities, arts and crafts, pamper sessions and dominoes. Relatives and staff told us that people went out almost every day and this was confirmed by the records we reviewed. Trips out included pub lunches, swimming, horse riding, cafes, walks and shopping. Relatives were happy with the activities available. Comments included, "People at the home are out and about a lot" and "The staff do lots. [Our relative's] out every day". Relatives and staff told us that people had also been supported to go on annual holidays.

Care records showed that the spiritual and religious beliefs of people's family members were documented in people's care plans. We found evidence that these beliefs were respected by staff and care and support was provided to people in line with the beliefs.

The registered manager used questionnaires to gain feedback from people's relatives about the care being provided. We reviewed the results of the questionnaire issued in March 2017 and noted that three responses had been received. A high level of satisfaction had been expressed about many aspects of the service including the care provided, the safety of the environment, feeling welcome when visiting and activities. We noted that one relative had requested that some of the lounge furniture be replaced as it was worn and uncomfortable. We discussed this with the registered manager who advised that new sofas and chairs had

been ordered and they were waiting for delivery.

A complaints policy was in place which included timescales for a response and the contact details for the provider's complaints manager, the Local Government Ombudsman and CQC. Records showed that one complaint had been received in the previous 12 months and had been managed in line with the policy. Relatives told us they would feel comfortable raising a concern or making a complaint. One relative commented, "You can raise concerns and make suggestions. I have done and I've felt listened to". Another relative told us, "We have had issues in the past but they've been resolved. It's easy to talk to them [management] about anything".

# Is the service well-led?

## Our findings

Relatives told us they were happy with the way the service was being managed. Comments included, "We're very happy with the management. We feel listened to" and "They're a fabulous organisation. We're very happy".

At the time of our inspection the service had a registered manager in post. 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.

During the two days of our inspection, we observed the registered manager and the deputy manager interacting with people who lived at the home and saw that they were friendly and professional towards them.

The staff we spoke with were clear about their roles and responsibilities and felt well supported by the registered manager. They were happy with the management of the home. Comments included, "I've had no issues with the management. [Registered manager's] fantastic and it's a real asset having [deputy manager]" and "[Registered manager's] very approachable. I've never felt uncomfortable. I can raise anything".

Records showed that staff meetings took place regularly. We reviewed the notes of the meeting held in July 2017 and noted that the issues addressed included updates about people who lived at the home, health and safety, new documentation, maintenance, new staff and the home environment. The staff we spoke with confirmed that staff meetings took place regularly and told us they felt able to raise any concerns and make suggestions during the meetings. All staff, including those who had not attended, signed the notes of the meetings to confirm that they had read them. We noted that memos were issued to staff when there was a change in people's needs or risks, including newly prescribed medicines. This helped to ensure that staff remained up to date with changes relating to the service and people's needs.

The registered manager advised that staff feedback about the service was sought each year through questionnaires. We reviewed the results of the questionnaires issued to staff in May 2017 and noted that 9 responses had been received. A high level of satisfaction had been expressed with all areas, including feeling part of the team, training, being kept up to date with relevant information and feeling appreciated. We noted that two staff had suggested that snacks be provided during staff meetings and the registered manager told us that this had been arranged.

Records showed that a variety of audits had been completed regularly by the registered manager. These included audits of health and safety, medicines, the home environment, staff training and care documentation. In addition, regular audits were completed by the provider's operations manager. Action plans were in place where improvements had been identified as necessary. We found evidence that the audits completed had been effective in ensuring that appropriate levels of quality and safety were maintained at the service.

