

Sense

SENSE - 38 Redgate Court

Inspection report

Saltersgate
Parnwell
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PE1 4XZ

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10 July 2018

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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

SENSE – 38 Redgate Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care home has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism living in the home can live as ordinary a life as any citizen.

SENSE – 38 Redgate Court is registered to accommodate up to six people with physical disabilities and learning disabilities who may also have difficulties with hearing and seeing. The accommodation is on two floors with no passenger lift only stair access. There are six single bedrooms, two on the ground floor with a toilet and bathroom and four on the first floor with a bathroom and shower room.

At our last inspection in March 2016 we rated the home good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the home has not changed since our last inspection.

This inspection was completed on 10 July 2018 and there were six people living in the home at the time of the inspection.

A registered manager was not in post. A manager was in situ and was, in the registered managers absence, responsible for the day-to-day running of the service. The manager told us they would be applying to CQC to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The registered manager had left on 6 July 2018. The provider had appointed a new manager (the previous deputy) who began on 9 July 2018. The manager in SENSE – 38 Redgate Court understood their responsibilities in relation to notifying CQC of certain events that happened at the home.

People were safe because potential risks to people had been recognised and information on how to minimise risks had been recorded as guidance for staff to follow. Staff understood their roles and responsibilities in relation to keeping people safe from harm and abuse. Medicines were managed safely. There were enough staff of the right skill mix on duty to meet people's support needs.

People received an effective service because their needs were met by staff who were well trained and

supported to do their job. People were supported to have choice and control of their lives. Staff supported people in the least restrictive way possible; the policies and systems in the home supported this practice. People's nutritional needs were met by staff who knew each person's needs well. People's health and wellbeing was maintained and they had access to a range of health and social care professionals.

People received good care because staff treated people with kindness, compassion, dignity and respect. People had choices in all aspects of their daily lives and were able to continue with interests, activities and friendships outside the home. Staff ensured people remained as independent as possible.

People received a service that was responsive. People, their relatives and advocates (where appropriate) were involved in their personalised support plans and reviews. The information about them in relation to their care and support was up to date.

People were encouraged to take part in a range of activities that they enjoyed and were the choice of the person at that time. This helped promote social inclusion. Information was in place to support people with end of life care should this ever be needed.

People had received a service that was well led. Quality assurance systems were used to check that the staff provided quality care and the manager made improvements where necessary. People were encouraged to share their views about the quality of the service provided.

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 home remains Good.

Is the service effective?

Good ●

The home remains Good.

Is the service caring?

Good ●

The home remains Good.

Is the service responsive?

Good ●

The home remains Good.

Is the service well-led?

Good ●

The home remains Good.

SENSE - 38 Redgate Court

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 home, and to provide a rating for the home under the Care Act 2014.

This was a comprehensive inspection, which took place on 10 July 2018 and was announced. We gave the home 48 hours' notice of the inspection visit because the was a small home for younger adults who are often out during the day. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We received the completed document prior to our visit and reviewed the contents to help focus on our planning and determine what areas we needed to look at during our inspection.

We also reviewed other information we held about the home including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We requested information from the local authority commissioning teams and safeguarding team, to aid us with our planning.

We spent time in the communal areas of the home and observed interactions between people and staff and observed the support offered to people. This was to help us understand the experiences of some people who lived in the home who were not always able to communicate verbally with us. We spoke with one person living in the home. We looked at two people's care plans.

During the inspection we spoke with the manager, one team leader and one support worker. We also reviewed a range of relevant documents relating to how the home was run including training records, complaints, audits and quality assurance surveys.

Is the service safe?

Our findings

Staff explained how they would recognise if people were at risk of harm and what they would do. One staff member said, "We might see a change in a person's behaviour or any physical signs. Some people here could verbalise and could tell us, but we know the individuals and how they usually are." There were posters in the home, in an easy read format, which explained what abuse was and telephone numbers to ring should anyone suspect any abuse was going on. Staff told us, and records confirmed, that staff had completed regular updated training in relation to safeguarding people from harm.

Staff told us, and information recorded in people's files showed, that potential risks for each person was documented. Staff were provided with the necessary guidance to keep people safe. Potential risks included behaviour that challenged people and others, falls, travelling in the minibus and finances. This meant staff were aware of how to minimise risks for people, but ensured people were enabled to take risks but remain as safe as possible.

Staff told us, and we could see, that there were enough staff with the right skills mix to support people and keep them safe. This included people being provided with some one to one staff time and two staff support on occasion. We saw that an extra member of staff was scheduled to work, to provide this additional support. Staffing levels were assessed in relation to the needs of the people in the home. One staff member said, "We have the right ratio [of staff to people in the home]. [On any shift] there are at least two regular staff on duty [at all times] if we use bank and agency staff. We have regular bank and agency staff. We have a good relationship with them [agency and bank staff]."

The provider continued to follow their recruitment process to ensure staff were only employed after appropriate checks had been completed.

We checked and found that people were kept as safe as possible because staff stored, managed, administered and recorded medication appropriately. Staff explained to us the process they would follow if they found any errors in recording medication. There were recorded checks after each administration of medication so that we could ensure that the number of tablets administered reconciled with those available in the home. One staff member said, "All staff are trained each year and we have a medical competency check each year."

We saw that the home looked clean. Staff told us they had completed training in relation to infection control and were aware of the personal protection equipment such as gloves and aprons to be used when necessary. One staff member said, "We have a cupboard with cleaning products like bleach and antibacterial cleaners. There are gloves in every bedroom and bathroom, which we use. There are also red bags for soiled laundry." People were kept safe as far as possible from infection because staff understood the importance of following procedures to prevent the spread of infection.

Staff told us, and we saw, that any incidents and accidents were recorded and investigated. They also told us that information in relation to lessons learned were written in the communication book, discussed at

team meetings and a new risk assessment was completed. This meant risks were reduced for the future as far as possible.

Is the service effective?

Our findings

We saw that assessments of the care and support needed by each person were carried out before the person came to live in the home and then regularly after that. There were details that described how staff could provide people with choices in their health and social care support. Staff were able to tell us about individual people's care and support needs and how they ensured people's level of independence was maintained.

Staff used technology in the home such as flashing door bells and I-pads to aid people's communication. Staff used the equipment to enhance the care and support that was provided to people.

Staff told us they were supported to complete on-going training so that they were able to provide effective support for people. Staff confirmed they had regular supervision and yearly appraisals. One staff member said, "I get regular supervision monthly. We discuss how we are getting on in the job, concerns in the house and individual people [living in the home] and how they are doing."

We saw that people were always given choices of food or drink. To promote people's independence and choice we saw that people went to the local shops with staff to buy food for meals in the home as well as personal snacks. We saw that information from Public Health England and Sense had been provided for staff to action in relation to the hot weather and the issues arising from that for people in the home.

People continued to have access to the necessary health and social care professionals. There were details of GP, optician, dentist and physiotherapists visits. We noted that people were supported by staff to attend any hospital and other appointments that were made. People had communication passports in place. These were used when people attended hospital and provided important information about the person.

People had safe access to all areas of the home and gardens. Staff told us that people were involved in the decoration of the home. One person (with assistance from staff) told us about the wallpaper and the colour of paint they had chosen for their bedroom. They also said that they were going to help with the painting of their room.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people living in the home had their capacity to make decisions and consent to their care assessed appropriately under the MCA. The provider had made DoLS applications to the local authority. Staff understood the MCA and we saw that people were continually offered choices in all areas of their care and wellbeing through verbal, non-verbal cues and actions. Information in people's care plans showed how the MCA impacted them and how staff provided care that was in their best interest and as least restrictive as possible.

Is the service caring?

Our findings

We heard and saw how staff interacted with people and there was a lot of laughter and positive responses from people. This showed us that people were looked after and cared for in a kind and considerate way.

Staff told us, and demonstrated in their actions and conversation, that they knew each person well, including their likes and dislikes. They made each person feel that they mattered. Staff communicated well with each person, in the way each person preferred and could understand. We observed good staff interaction and saw that staff ensured people had understood what had been discussed and were able to use suitable ways to communicate with people. For example, one staff member told us about one person who could become anxious and ask repetitive questions. To help staff, a whiteboard with the answers to the most often asked questions had been made available. This has helped relieve the person's anxiety because all staff were able to answer the questions consistently.

People continued to be supported, if necessary, with personal care in the privacy of their rooms. We were told by one person that they had liked their bath today. We also heard how one person was reminded and supported by staff of how to get into the bathroom and why it was important to wash their hands.

Staff told us that people had a relative who advocated on their behalf or, if not, an independent advocate was provided. Independent advocates help support people or speak on their behalf to express individual's needs and wishes to get the care and support they need.

Staff were able to tell us about the people they supported and knew how to provide the care they needed. We saw that individual routines in relation to day centre attendance and activities for people were detailed in their care plans.

Staff told us how they ensured people's privacy and dignity in a way that did not take away their independence. We saw that staff supported and treated people with respect. Confidential information was only discussed in private and people's personal records were stored securely.

Is the service responsive?

Our findings

The registered provider stated in the information they sent prior to the inspection that the support plans were "developed with the individual, people who knew them well, relatives and other health care professionals." We found that these plans took into account people's changing needs and had their wishes in relation to their needs and their choices recorded.

We saw comprehensive and individualised care plans which detailed, for example, the methods of communication for each person so that their choices were promoted and respected. The records contained detailed information about the person, including their life story, likes, dislikes and preferences. We observed how staff interacted with people in a positive way and provided appropriate choices in line with the person's support plan.

People continued to be supported by staff to access the community and follow their interests. For example two people were attending their day centre and one person had gone out to visit the local shops. Staff said that people went to the theatre, cinema, swimming, went to a local music clubs, arts and crafts groups and arranged holidays and day trips. We saw that people had individual time with staff on duty and were able to communicate what they needed.

Information from the registered provider showed that there had been no complaints. There was an easy read complaints policy in the hallway and staff knew how to raise any concerns for people.

Staff told us that end of life wishes for people living in the home was in the care plans in a sealed envelope to ensure privacy. Staff said that relatives and advocates, where appropriate, had provided the information. Staff had completed some training in end of life care. However, health and social care professionals would be involved with people's end of life care because the home does not provide nursing care. This would ensure that people received a comfortable and pain free, dignified death as possible.

Is the service well-led?

Our findings

There was no registered manager in post. The last registered manager had left on 6 July 2018. The provider had already appointed a new manager (the previous deputy) who began on 9 July 2018. The manager told us they would be applying to CQC to become registered. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

The home had been developed and designed in line with the values that underpin the CQC guidance, Registering the Right Support, and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism who lived in the home could live as ordinary a life as any citizen.

The manager promoted an open and transparent culture within the home. Staff told us the management team was always available and phone numbers were available should the need arise. We saw that people and relatives had completed the 2017 quality assurance questionnaire. We saw that where relatives had made comments, such as a request for different sorts of activities for their family member, these had been addressed. Changes had been made in the breadth of activities to improve the lives of people at the home.

Staff told us that there were monthly 'core' meetings with each person in the home and relatives were encouraged to be part of them. One staff member said, "We look at aims and objectives. Are we meeting goals? It's about individual discussions and what people want." Staff told us that families, friends, advocates and health and social care professionals were encouraged to visit and be part of the methods to improve the home.

Staff said they attended regular staff meetings and were able to discuss anything about the home or people living there. They commented that the meetings were also used to inform staff about any improvements needed after any incident or accident had occurred. One staff member said, "We discuss everything like health and safety, the guys [people who live in the home], any problems [about individuals' or the home] and any things that need changing."

The manager was aware of their legal responsibilities and the required information they needed to submit to the CQC. This included notifications of events that had taken place in the home, which they were required by law to notify us about.

The provider stated in the information they sent prior to the inspection that, 'service development plans drive improvement. Self-assessment audits are completed monthly to look at areas of improvement and actions created and acted upon to support this. We learn from mistakes, incidents and investigations by analysing data, setting actions and seeing them through. We work closely with the local city council improvement team.' We saw that areas had been improved as a result of this monitoring.

Staff understood their roles and responsibilities and received support and training to do so. This was in line with the provider's values and expected standards of care.

There was an audit process to check the records in relation to areas within the home such as medicines, concerns and complaints, care and welfare and individual support plans. We saw that the previous individual support audit had found minor issues relating to best interest decisions for one person and the completion needed for equality and diversity for another person and these had been addressed. This meant that the audits were robust and issues that had been actioned to improve the home had been followed through by staff.

Evidence showed that health and social care professionals were involved with people who lived in the home and that they worked in partnership with the manager.