

Lifeworks Charity Limited

Sesame

Inspection report

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Date of inspection visit:
20 May 2019

Date of publication:
10 June 2019

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

About the service: Sesame is registered to provide personal care and support for up to four people living with a learning disability and/or autistic spectrum disorder. Some people also had long-term health conditions and complex communication needs. The service is provided in a large converted home which has been adapted to provide en-suite bedrooms, communal lounge and dining rooms, an activity room, a sensory room and a pleasant garden. At the time of this inspection three people were living at Sesame.

People's experience of using this service:

Sesame had been developed and designed prior to Building the Right Support and Registering the Right Support guidance being published. We found the service supported people in a way which incorporate this guidance, and which promoted choice, independence and inclusion to enable people with learning disabilities and autism to live their life as any citizen.

People received safe and personalised care from staff who understood their needs well. We saw people enjoying staff's company and smiling and making physical contact with staff.

There was a strong emphasis on person-centred support to ensure people could developing their skills and confidence and look to achieve their aspirations. Support plans and risk assessments provided staff with the guidance they required to support people's independence and to protect their safety. Our observations showed staff were patient, calm, clear and consistent with people which supported their communication and understanding of what was occurring during the inspection.

People were supported to take part in activities that involved them in the local community and enabled them to develop friendships outside of the home.

The registered manager promoted an open and positive culture across the service which ensured people's diverse needs were understood and respected. Relatives and professionals were positive about the way in which the service supported people. The registered manager and staff worked collaboratively with other professionals to ensure people received effective care. Staff were well trained and motivated to provide good care.

Quality assurance processes and management systems used to assess and monitor the safety and quality of the service were robust.

The service recorded and acted on complaints and sought the views of people, relatives, professionals and staff on how things could be improved at the service.

Rating at last inspection: Sesame was previously inspected in April 2018 and rated 'Requires Improvement'. (The report was published in May 2018)

At this inspection we found the service met the characteristics of 'Good' for all key questions: The service's

overall rating has improved to 'Good'.

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information and intelligence we receive about the service to ensure good quality care is provided to people. We will return to visit in line our re-inspection programme.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Sesame

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One adult social care inspector undertook this inspection.

Service and service type:

Sesame is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager who registered with the Care Quality Commission in February 2019. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service three days' notice of the inspection site visit to prepare the people living with autism for our visit.

What we did:

We reviewed information we had received about the service, which included details about incidents the service must notify us about and we sought feedback from the local authority and professionals who work with the service. We reviewed the Provider Information Return. 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 used all this information to plan our inspection.

During the inspection, we spoke with two people who used the service, the registered manager and four

staff. The people using the service were unable to give us their views in detail because of their complex needs. We therefore observed how staff interacted with people and how they supported and cared for them. We did this to understand people's experience of living at the service. We spoke with two relatives and two professionals involved in people's care.

We reviewed the care records for two people as well as looked at how the service managed people's medicines. We also looked at records relating to the management of the service, including the staff recruitment process, staff training records, complaints records and quality assurance audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At the previous inspection in April 2018 we found risks were not being managed safely, some people were subjected to punitive practices and staffing levels were insufficient to meet people's needs. At this inspection we found improvements had been made.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People told us they liked living at Sesame. One person said, "yes" and smiled and another person gave us a 'thumbs up' sign. We observed staff and people interacting: people were seen to be at ease with staff and responded with smiles and touch. This indicated people felt safe with the staff.
- The punitive practices identified at the previous inspection in April 2018 were removed immediately following that inspection. The registered manager said the service's focus was on providing positive behavioural support that concentrated on developing people's skills and abilities. No one living at Sesame required any physical intervention from staff to maintain their safety.
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. Staff showed us where they would obtain the contact details for reporting concerns to the local authority.
- Relatives and professionals told us the service was safe and people were being well supported.
- Staff recruitment practices were safely managed. The provider's head office managed the initial stages of recruitment, such as ensuring application forms were fully completed and obtaining references and disclosure and barring (police) checks. The registered manager was given written confirmation that these were all in order prior to staff appointments. The registered manager interviewed prospective staff and involved people living in the service.
- Staffing levels were sufficient to meet people's needs when at home and when they went out. Staffing was managed flexibly to ensure people could enjoy community leisure and social activities.

Assessing risk, safety monitoring and management

- People were protected from risks associated with their needs. Risks had been identified and management plans were in place to minimise these. For example, people were unsafe to be left alone when eating, when in the kitchen or when having a bath and their support plans guided staff about how to support people safely.
- Staff were knowledgeable about the risks to people's health, safety and welfare and knew how to manage these in a way that minimised risks. Staff were careful not to place people in a position they would find anxiety provoking. For example, people who did not like busy, noisy environments were provided with calmer places to be.
- Specialist advice from healthcare professionals was sought, for example, from the learning disability community team and specialist epilepsy nurses.

- People were involved as much as possible with decisions about risk management. Relatives told us they were included in all discussions about people's safety and welfare.

Using medicines safely

- Medicines were managed safely and people received their medicines as prescribed. Only those trained in the safe administration of medicines administered medicines to people. All medicine administration was overseen by two staff to minimise the likelihood of errors.
- Protocols were in place for medicines that were to be taken as and when needed.
- Improvements had been made to the way in which the service managed people's medicines when they went out. Records detailed what and how much medicine was taken out and how much was returned.
- A recent audit by the local pharmacist found the service's medicine practices to be safe.
- There were safe arrangements to receive, store and dispose of medicines.

Preventing and controlling infection

- Staff had received training and understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.
- Daily observations and audits of the safety and cleanliness of the environment meant the service was well maintained and clean.

Learning lessons when things go wrong

- The service had taken action to learn from the findings at the previous inspection in April 2018. Staff told us the home had improved significantly since then.
- People, relatives, staff and visiting professionals were invited to share their views about the service and action was taken when suggestions for improvements were made. For example, changes had been made to the way in which staff were trained to administer medicines.
- Where incidents had occurred, action had been taken to review how the incident had occurred and whether any changes were necessary to minimise the risks of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At the previous inspection in April 2018, we found records did not demonstrate that the principles of the Mental Capacity Act 2005 had been followed and staff had not been provided with the support and supervision necessary for them to undertake their role. At this inspection, we found improvements had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were comprehensively assessed. Support plans guided staff with how to provide support in line with best practice, and which respected people's choices and provided opportunities to develop their skills and confidence. For example, the service worked with the local authority's intensive assessment and treatment team to develop positive behaviour support plans, which provided staff with strategies on how best to support people when they became anxious.

Ensuring consent to care and treatment in line with law and guidance

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".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager and staff demonstrated a good understanding of the MCA and DoLS. The registered manager had sought guidance from the local authority's DoLS assessment team to ensure the service's practices met with legislation.
- People were supported to have as much choice as possible about their daily routine, for example what time they got up and settled for bed, and how and where they spent their day and what and when they ate.
- Relatives also told us people were supported to make decisions and staff respected these. For example, one person had been supported to choose a new pair of glasses.
- Where people lacked the capacity to make certain decisions, assessments had been undertaken and best interests decisions made on people's behalf.

- Where people were being deprived of their liberty to protect their safety the relevant applications had been made for legal authorisation.

Staff support: induction, training, skills and experience

- Staff received the training and supervision they required to support them in their role. The registered manager and staff told us they had undertaken a lot of training since the previous inspection. One member of staff said, "We have done a tremendous amount of training since the [registered manager] has been here." Other staff told us the support they received had improved since the appointment of the new manager. They said they felt listened to now.
- Staff told us they could request additional training and this would be arranged for them. For example, one member of staff said they had requested further training in the needs of people living with autism, and this was being arranged for them.
- New staff received an induction and were supported to undertake the Care Certificate.
- Staff were motivated to develop their skills and knowledge to ensure people were supported to the best of their ability. They had regular supervision meetings to discuss their performance and ongoing training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to choose what and when they would like to eat. People were supported to make themselves drinks, snacks and meals.
- Mealtimes were flexible depending upon what people wished to do during the day. People could choose to eat with other people or to take their meals in their rooms.
- Staff spent time with people and ensured the mealtime was a sociable experience.
- People's food preferences and specialist dietary needs were identified in their support plans and met.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and engaged with healthcare services as required. For example, people were supported by specialist healthcare services, such as the epilepsy nurse specialists, as well as GPs, dentist and opticians for routine health screening.
- The service maintained detailed monitoring records of people's medical conditions and behavioural support needs. This enabled healthcare professionals to have a good understand of, and to better advise the service about, people's healthcare and behavioural support needs.

Adapting service, design, decoration to meet people's needs

- The service was spacious and provided a number of safe communal areas people could use to engage with others or in which to relax. For example, an activity room and a sensory room provided ample space for people to engage in activities or to relax. A garden with raised flower beds and sensory equipment was a pleasant area for people to spend time outdoors. A covered patio meant people could be outside regardless of the weather.
- Bedrooms were provided on the ground and first floors with a stair lift providing access to the first floor.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were skilled in delivering care and support and had a good understanding of people's individual needs. Relatives and a healthcare professional spoke positively about the care and support people received. One relative said the staff knew their family member well and described the staff as very supportive and patient. A professional said the service "couldn't do enough for people".
- Throughout our inspection, we saw people positively engaging with staff, sharing conversations and making plans for the day. Staff responded calmly and consistently in situations that could have caused increased anxiety to people.
- Support plans contained information about people's past, the people and things that were important to them, as well as their future aspirations. Staff used this information to get to know and build positive relationships with people.
- Staff took a positive approach in encouraging and supporting people to increase their independence whilst recognising when people needed some added support. For example, when preparing meals or planning trips.
- Staff understood people's differing communication needs. For example, one person used a number of sounds and words and these were interpreted for all staff to have a consistent understanding of and response to. The service used a total communication system which included using sign language, pictures and objects of reference to support people to communicate their needs and to make choices about their daily routine.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. During our inspection we saw staff supporting people to make choices about how they spent their day and whether to be involved in an activity.
- People and relatives were encouraged to share their views about the support people received at regular reviews and meetings. People were allocated a 'keyworker' who was responsible for consulting with people and their relatives about whether they were being supported in the way they wished. Monthly keyworker meetings ensured people's views were listened to, their successes celebrated and their aspirations supported.

Respecting and promoting people's privacy, dignity and independence

- The registered manager described how the service's approach of positive behavioural support, promoted people's independence and skills development. People were supported to be as independent as possible with their personal care as well as domestic tasks around the house.

- People's right to privacy and confidentiality was respected. Staff knocked on doors and waited for a response before entering bedrooms, bathrooms and toilets.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- There was a strong person-centred culture at the service and people received individualised care and support from staff who knew them well: this was recognised by the professionals we spoke with. The registered manager said they and the staff supported people "to have the best day possible". They described the service as being one which promoted "life, love, laughter".
- Relatives told us the staff had a good understanding of their family member's needs.
- Support plans were written in simple language supported with pictures and signs. They provided staff with the guidance they needed to support people in a safe and consistent way. Each person's support plan contained a one-page "all about me" description, giving staff important information about people's likes, dislikes and preferences. People were aware of their support plans and showed us particular pictures in them.
- Support plans identified people's communication needs and guided staff about how to present information to people. For example, through simple sentences, pictures, and objects of reference. This approach helped to ensure people's communication needs were known and met in line with the Accessible Information Standard (AIS).
- People were encouraged and supported to lead full and active lives, to follow their interests and develop new interests, and to take part in social activities. For example, people enjoyed playing football at the weekend, going surfing and meeting friends at the local pub.

End of life care and support

- The people living at Sesame were young adults and although they did not have life limiting conditions, conversations had been had with them and their relatives to guide staff about their wishes.

Improving care quality in response to complaints or concerns

- The service had received one complaint since the previous inspection. The service worked co-operatively with the local authority to investigate the complaint. An internal investigation had been undertaken and the registered manager had taken action to address any issues identified.
- Information about how to make a complaint was displayed in an easier to read format to guide people how to raise concerns. However, the staff told us they would be able to tell if something was worrying someone or they weren't happy about anything by their body language and how they expressed themselves. Regular meetings with people and their relatives provided opportunities for concerns to be raised and dealt with promptly.
- Relatives told us they had no concerns over the care and support provided and felt they would be able to speak to the registered manager should they need to. One said they were "completely satisfied" with the support provided.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People, relatives and staff told us the home was well managed. Relatives told us the communication between themselves and the registered manager was very good and included regular phone calls and meetings. Staff told us they felt listened to and the registered manager was approachable. One said, "I'm so glad [registered manager's name] is here. The home has improved very much since [the registered manager] has come. We're listened to now, and she has shared ideas and made lots of changes for the better. It's one staff team now who are all valued." Another said, "The home had come on leaps and bounds since [the registered manager] came."
- The registered manager was supported by a team leader who shared the quality assurance and staff support processes. This included internal audits, staff supervisions and meetings, as well as reviews of people's well-being.
- The registered manager was looking to continually improve the service. They were members of the local authority's provider forums and attended registered managers support meetings. This gave them access to advice and up to date information relating to people's support needs.
- The registered manager understood the requirements of registration with us and notified us of important events as required.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager was committed to providing high-quality care for people in an environment that was very much people's home. They recognised staff training and development as a key to this. Staff were supported to undertake care qualifications as well as additional training to become 'champions' for specific topics, such as communication, training and medicines. The registered manager told us they were proud of the staff team and their commitment towards the people living at Sesame.
- Professionals described the registered manager as open and transparent and who had made very positive changes to the culture of the home. The registered manager described their values as being fair, respecting others and promoting equality. They said they used these principles in their decision making and in their communication with others.
- Relatives and staff told us communication within the service was very good and important information was shared.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was supported by the local authority's intensive assessment and treatment team and the quality assurance and improvement team. Feedback received from these professionals showed the service worked collaboratively with them to ensure people achieved the best possible outcomes.
- The registered manager had made links with the local community which increased people's social inclusion. For example, people used local community facilities, such as sports centres, cafes, and got involved in community fund raising projects. People were supported to develop friendships outside of the home.