

Sense

# SENSE - Supported Living Services (East Anglia)

## Inspection report

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Date of inspection visit:  
27 February 2019  
28 February 2019

Date of publication:  
19 March 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: Sense Supported Living Services (East Anglia) provides care and support to people with learning disabilities. At the time of the inspection it was providing support to two people who used the regulated service. This service provides care and support to people living in "supported living" settings so that they can live in their own home as independently as possible.

People's experience of using this service:

- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
- People were protected from abuse, neglect and discrimination.
- There was a positive approach to risk taking. Individual risks to people were assessed and managed to keep people safe while promoting their independence.
- Medicine systems were organised and people were receiving their medicines when they should.
- We made recommendations that were actioned about the auditing of medicines administration and to follow best practice guidance in relation to medicines taken as required (PRN).
- People's needs were assessed holistically and staff were person-centred in the way that they supported people.
- People were supported by staff who had ongoing training to meet their needs.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff were kind and caring and the service matched people with staff that shared interests and could meet their needs.
- The service was responsive to people's needs. People were supported to pursue interests and hobbies and take an active role in the community.
- The service was well led and managed. The registered manager had made improvements to the service over the past year which people, relatives and staff were very positive about.
- There was a commitment to continual learning and improvement in the service. Feedback from people, relatives and staff were used to develop an action plan for the service.

For more details please see the full report which is on the CQC website [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: At the last inspection the service was rated good. (Report published 12 September 2016)

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

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

## 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** ●

# SENSE - Supported Living Services (East Anglia)

## **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:

This inspection was carried out by one inspector.

#### Service and service type:

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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The service currently provides support to two people who each live in their own flat. Staff provide support 24 hours a day on a rota basis, with sleep in cover at night.

The service had a manager registered with the Care Quality Commission. 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. They are referred to as the "registered manager" throughout the report.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we looked at all the information that we had about the service.

- This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.
- We used information the provider sent us in the 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 also contacted professionals working with the service for their views.

During the inspection

- We spoke to the registered manager, the deputy manager and two support staff. The deputy manager also worked in the service providing care.
- We spoke to one person who used the service and one relative.
- We reviewed two people's care records.
- We looked at the medicine administration records (MAR) and supporting documents for two people.
- We looked at records relating to the governance and management of the service.
- After the inspection we asked the registered manager to send us further documents which we received and reviewed.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe. One person said 'I like being here. Staff look after me well.' Staff had a good understanding of the different types of abuse and what to look for if someone was being abused.
- Staff understood the procedures to follow and who to speak to if they had concerns.

Assessing risk, safety monitoring and management

- There were individual risk assessments for people in their files. These provided guidance for staff on how to manage and minimise risks.
- The risk assessments covered things such as epilepsy, self administering medication, independent living skills such as cooking and activities that people did in the community such as working in a café, swimming etc.
- There was a positive approach to risk taking so that risks were managed in order to promote people's independence.

Staffing and recruitment

- There were enough staff to meet people's needs. Staffing was organised so that people had one to one support during the day and a sleep-in at night.
- The registered manager told us that they had reviewed the rotas to make sure that all of the shifts were covered so that people did not have to share support, unless it was a choice to do an activity with another person.
- We could see from the rotas, and staff told us, that shifts were always covered. The service employed bank staff to cover absences and staff told us that in emergencies they all help out to cover shifts.

Using medicines safely

- Medicines management systems were organised and people were receiving their medicines when they should.
- Staff were trained in the administration of medicines and could describe how to do this safely. Competency checks ensured that staff followed the correct procedures.
- People had medicine support plans. These gave details of the different medicines that people were prescribed as well as medicines that they took 'as required' (PRN).
- We could see from the MAR charts that all medicines had been recorded correctly.
- When we audited the medicines we made some recommendations on record keeping to enhance safety of medicines management.
- By the end of the day of inspection the registered manager put in procedures to ensure that regular audits were carried out within the house and also put in place PRN protocols for all PRN medicines.

#### Preventing and controlling infection

- Staff had attended training and could describe the measures they took to prevent and control the spread of infection.
- One member of staff said, "Wash hands, use the correct chopping boards in kitchen, clean up spills of body fluids, use the correct PPE (personal protective equipment)."

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored by the registered manager to ensure that trends and patterns were identified.
- Any trends in incidents or accidents for individuals were discussed in "peer meetings" with the person and an action plan put in place.
- Actions that required a change in procedures were made part of the service development plan.

# 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.

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

- There were thorough assessments of individuals in their files that detailed all of their needs in line with best practice guidance and the Equalities Act 2010.
- People's choice and preferences were clearly documented to enable staff to support people to be as independent as possible.

Staff support: induction, training, skills and experience

- People were supported by staff who had ongoing training in the areas relevant to their support needs such as safeguarding, equality and diversity, supporting people with their behaviour, moving and handling, person centred support and deaf blind awareness.
- There was an induction programme for new staff. Those new to care had to complete the care certificate. This is an industry recognising training programme for staff working in health and social care.

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

- Staff supported people to prepare food and drinks. Risk assessments were in place and staff described how they supported people with food preparation as part of developing independent living skills.
- Allergies, likes and dislikes were clearly noted in people's care plans. Staff told us that they were aware of people's allergies.
- People were supported to eat a healthy diet, staff were aware of support plans that were in place to help people in this area and people confirmed that staff supported them with this.

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

- People were supported to access healthcare professionals, either at home or by going to appointments in the community.
- Professional consultation forms ensured that records of visits were recorded and staff communicated on a day to day basis through daily notes and a communication book.
- Feedback received said that communication and working with professionals had recently improved.

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.
- We checked whether the service was working within the principles of the MCA.



- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Staff had been trained in the MCA and understood the principles.
- We could see from the records that separate mental capacity assessments had been carried out in relation to different care tasks. For example we saw assessments in relation to supporting an individual around eating a healthy diet and assessments in relation to managing finances.
- If people were assessed as not having capacity to make decisions for themselves, there were records of best interest meetings which provided guidance for staff on how to support people with decisions.
- Staff were aware of the areas of support where people lacked capacity and therefore required more support.

# 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; equality and diversity

- People and relatives told us that the staff were kind and caring. One member of staff said that they always think, "I could be in that situation, so you treat a person how you would like to be treated or would like a member of your family to be treated."
- Staff told us that they felt that they knew people well and understood their needs.
- People had a "matching tool" in their care plan that the deputy manager told us was used to match staff to people based on their support needs and interests.
- People had an equality and diversity inclusion plan which gave details of how to support people in relation to their equality and diversity needs, including ensuring that they are able to feel included in their local community.

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

- People were supported to express their views.
- Care plans recorded summary profiles which gave information on people's likes, dislikes, the activities that they did in the community, their strengths and personality and the way that they like to be supported. Staff told us that these were helpful when they were supporting people.
- People and relatives told us that they were involved and consulted about how people were cared for and supported.
- People's care plans included their "relationship circle" which gave details of the individual's key relationships.

Respecting and promoting people's privacy, dignity and independence

- Staff understood how to maintain people's privacy and dignity and support people with their independence.
- The registered manager told us that they had recently been focussing on making sure staff understood how to support people to promote independence.
- Staff told us how they supported people with independence by making sure that they did not do things for the person but supported them to do things for themselves. One member of staff said that the people supported by the service are very independent and will tell staff that they can do things for themselves if staff try to do things for them.
- A relative told us that while there had been improvements, they felt that there was still more work to do in this area as some staff did not always focus on promoting independence.
- People had been assessed for the use of assistive technology to help them maintain their independence, for example blind people used equipment such as a speaking watch, and speaking microwave. Staff had put spots on the remote control of the TV to enable them to feel for the buttons.

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# 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

- People were supported to pursue interests and hobbies. These were clearly documented in people's support plan, and staff could describe the activities that people like to take part in.
- People were supported with meaningful work based activities such as volunteering in a local care home or café.
- Monthly peer meetings for each person were attended by the registered manager and staff working with the individual. At these meetings the individual was supported to review how their care was going and raise and concerns if they had any.
- Action plans from each peer meeting gave details of future actions to address issues discussed. For example one person had not been happy with one of the support staff so there was an action to use the matching tool to address the staff issues.
- These meetings were also used to book and plan holidays for individuals around their own interests and needs. The deputy manager said that they always researched the places people went for their holidays to make sure that there were appropriate adaptations available that the person might need. For example, hoists in the swimming pool.
- People were supported by a multi sensory impairment team from the provider who provided expertise to work with people to help them around sensory impairment needs. For example, one person who was blind had been supported with training to use a long cane to help them access the community more independently.
- People's communication needs were documented in their support plans. Information was provided in alternative formats where necessary. Staff had completed e-learning training in an introduction to British Sign Language and Braille.
- Following one individual's person-centred review, the registered manager had included training in Braille and British Sign Language in the service action plan as an area for improvement.
- Staff and relatives told us that they felt this training would be beneficial for people using the service. However at the time of the inspection there were no courses available from the provider, and the registered manager was looking into other options for this training.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and people and relatives understood how to make a complaint.
- We looked at the complaints log and saw that complaints had been dealt with appropriately and responded to.
- People and relatives told us that management response to concerns had improved and the current manager was always responsive when they raised issues.

End of life care and support

- End of life care was not an issue that the service was currently working with, but as part of their service audit it had been identified as an issue they needed to address for the future.
- The registered manager acknowledged that this can be a difficult issue for people and told us that they were arranging individual meetings to discuss end of life plans with people and relatives.
- They were also planning training for staff.

# 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.

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

- People, relatives and staff spoke very positively about the management of the service. They told us management was open and transparent.
- They told us that the management had improved a lot over the past year and as a result staff morale was much better.
- The registered manager told us that they had reviewed all of the documentation relating to the service and focussed on improving how people were supported with their independence.
- The manager said that as a result of changes they had introduced they were, "Very proud of a staff team that was very professional and supportive - everything they do is person centred. They are considerate of people's choices and needs and incorporating those to make sure people get the best care and support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager provided clear leadership of the service supported by the deputy manager.
- The registered manager reviewed support plans and carried out audits in areas such as incidents and accidents and people's finances.
- Staff received regular supervisions which they said were helpful for them carrying out their role. During supervision staff were asked to give examples of work practice that put into practice the values of the service, through "I statements". For example "I will listen to others," "I will be honest and open," "I will participate and contribute."
- The registered manager had also reviewed the structure of team meetings to include staff in all services to create consistency across the services.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were engaged in the service. The registered manager had carried out surveys with people and their relatives to gain their feedback.
- Staff told us that the manager was very responsive and listened and responded to suggestions that they made.
- Equality issues were addressed throughout the service, staff had received equalities training and people had equality and diversity inclusion plans as part of their support.

Continuous learning and improving care

- The manager told us that the process of improvement was continuous. They felt they had built a good foundation for them to build on and enhance the service for the future.
- The ethos of continual improvement was delivered through service development plans. These incorporated learning from a range of areas including reviews of accidents and incidents, feedback from people, their relatives and staff, staff meetings and peer meetings.

#### Working in partnership with others

- The service worked in partnership with other organisations. For example, working with a local café and a care home to enable a person to do voluntary work. Working with holiday destinations to ensure that there were appropriate adaptations available to meet people's needs.
- Where people wanted to try different activities the service worked with other organisations and services in the community to identify opportunities.