

Sense

# SENSE - 37 Redgate Court

## Inspection report

Saltersgate  
Parnwell  
Peterborough  
Cambridgeshire  
PE1 4XZ

Date of inspection visit:  
17 October 2017

Date of publication:  
14 November 2017

Tel: 01733314559

Website: [www.sense.org.uk](http://www.sense.org.uk)

## 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- 37 Redgate Court provides accommodation and personal care for up to six people with a learning disability who also have difficulties with hearing and seeing. The provider is not registered to provide nursing care at the service. The service is a domestic-style dwelling and is situated in a residential suburb of the city of Peterborough. At the time of our inspection there were six people living at the service.

This comprehensive inspection took place on 17 October 2017 and was unannounced. At the last inspection on 20 October 2015 the service was rated as 'Good'. At this inspection we found overall the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Potential risks to people continued to be assessed and minimised. Staff understood their responsibility to protect people from avoidable harm. There were enough staff on duty to meet people's needs and staff recruitment ensured that only staff suitable to work at this service were employed. Medicines continue to be managed safely and people receive their medicines as prescribed.

Staff continued to receive an induction programme, training and support to ensure they are able to do their job well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People's nutritional needs were met and people were supported to have enough to eat and drink. There continued to be a range of healthcare professionals that visit the service to support the people to maintain good health.

Staff showed they genuinely cared about the people they were looking after. Staff treated people with kindness. They respected people's privacy and dignity and encouraged people to be as independent as they could be.

Care plans were person centred and gave staff guidance on the care each person needed. A wide range of activities were provided and people were encouraged to follow their own interests. People knew who to speak to if they were not happy with the service and were confident their complaints would be addressed.

There was a registered manager in post who was approachable, supportive and provided good leadership. People, staff and visitors to the service were encouraged to put forward their views about the service being provided. The quality of the care was monitored by a range of audits that were carried out regularly.

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

This inspection took place on 17 October 2017 and was unannounced. The inspection was carried out by one inspector.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We reviewed the information to assist us with our planning of the inspection.

We spoke with two people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day.

We looked at records in relation to two people's care. We spoke with the registered manager, the deputy managers and four care staff. We looked at records relating to the management of risk, medicine administration, staff recruitment, training and systems for monitoring the quality of the service.

# Is the service safe?

## Our findings

We found that people felt safe living at Redgate Court. One person told us when we asked if they felt safe, "Oh yes, I don't want to leave here, The door is always locked." We saw there was a note on the front door saying that you needed to be able to identify yourself if you wished to enter the service. Staff ensured they checked the inspector's identity before they were allowed to enter the building. They were then asked to sign in the visitor's book.

Staff continued to demonstrate that they would recognise abuse and would not hesitate to report appropriately if they had any concerns. This included reporting to external agencies responsible for safeguarding, such as the local authority and the police. One member of staff said, "Staff occasionally have to raise their voice so people can hear what is being asked of them. It is never in an aggressive way. I would always report anything that I felt uncomfortable with." All staff told us and the records demonstrated they had undertaken training so that they knew how to protect people from avoidable harm.

We saw that people continued to be kept as safe as possible because there were up to date risk assessments for staff to follow. This meant that the people remained safe and that their care and support could be appropriately delivered both in the service and when they were out in the community. Examples of risk assessments we saw included eating and drinking, assistance with medicines and being safe when out in the community. Personal evacuation plans were in place for each person in the event of an emergency occurring.

There continued to be enough staff on duty to meet people's needs in a timely way and to keep people safe. One person told us, "There is always members of staff in the home." We saw that staff responded to people when they required assistance. Staff were able to spend time talking to people, joining in with activities and supporting people in the community. The PIR showed that there is a low turnover of staff. We found that a number of the staff we spoke with had served in excess of five years' service. This supported people in ensuring consistency of staff who knew their care and support requirements. The registered manager told us staffing levels were kept under review to ensure that people's needs continued to be met, especially when people wished to take part in activities in the community.

All recruitment checks were carried out by the provider's personnel department in conjunction with the registered manager. These checks included obtaining references, ensuring that the applicant provided proof of their identity and that they undertook a criminal record check with the Disclosure and Barring Service (DBS).

Medicines continued to be managed safely and people were given their medicines as prescribed. Staff signed the medicine administration record charts to show that medicines had been given, or used an appropriate code to explain why they had not been given. We found that any errors relating to medicines were dealt with promptly and robustly to try to reduce any reoccurrence.

## Is the service effective?

### Our findings

One member of staff told us about their induction when they started work, this included training and a discussion about each of the people who use the service. They told us they had undertaken some shadowing with experienced staff, including the registered manager, until they felt confident to carry out their role. They went on to say "The support never stops and all staff including management are all very supportive. You can always ask questions."

Staff told us that they refreshed their knowledge and undertook lots of training in a range of topics relevant to their role. This included moving and handling; first aid; food hygiene; safeguarding, fire safety and sensory awareness.

Regular supervision from the registered manager continued to be undertaken. Staff told us they were given the opportunities to discuss what was going well and what could be done better within the service. Staff told us that the registered manager worked alongside staff, especially if they needed extra support to manage people's needs in an emergency.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that appropriate DoLS authorisations were in place to lawfully deprive people of their liberty for their own safety. This told us that people's rights in this area were protected as people had no unlawful restrictions imposed on them.

Menus seen had a variety of choices which included healthy options. Staff told us, "We have a meeting with everyone to decide on meals for the following week so that people can choose what they would like to eat." People were supported by staff to assist in food preparation and to also join in cake making sessions. We saw that drinks were readily available throughout the day.

People continued to be supported to maintain good health by the involvement of a range of external healthcare professionals, such as the GP, community nurses, chiropodist, dietician and optician.

# Is the service caring?

## Our findings

People we spoke with made positive comments about the staff and the care provided. One person told us, "I love it here the staff are very helpful and support me."

Staff we spoke with talked with warmth and kindness about the people they were supporting. Our observations showed that people were comfortable and at ease with the staff who supported them. Both the people using the service and staff sat on the sofas and drank tea together; they also talked about what they had been doing at the various activities. One person said, "I don't want to talk." The staff member responded by saying, "do you want some chill time." The person replied, "Yes." This was respected by the staff checking they were okay and leaving them alone.

We saw that people were appropriately dressed for the temperature in the service. People were clean and tidy which maintained their dignity.

Staff told us that it was important to them that they treated people with respect, dignity and promoted their independence. One staff member told us, "We try to promote independence and allow people to take risks. The residents help with the planning of the meals, the shopping, the cooking and the clearing up." People confirmed that when staff assisted them with any personal care they always made sure this was carried out in private. Staff respected people's privacy and dignity. People stated that care staff ring a bell which flashes and rings in their bedroom. Staff wait for a response before entering their room. This was confirmed during our inspection where we saw staff ringing the bedroom door bells. One person said, "The staff always ring the doorbell before entering."

Staff continued to show us that they knew people's individual likes and dislikes well. People told us they were given choices in all aspects of their lives. For example, we saw that people chose where they wanted to sit in the communal lounges/areas. Choices were offered at all mealtimes. We saw that the menu reflected people likes and dislikes and pictures of meals were available to help people make decisions.

Meetings continued to take place for both people who use the service and staff. These meetings gave people and staff the opportunity to have a say in what was happening in the service, raise any concerns and to make any suggestions to improve the service. Minutes of these were taken and available to view. People confirmed that meetings were held.

Visitors were welcomed at any time. Families were encouraged to be as involved in each person's life as they and their family member wanted them to be. Staff told us that families are invited to attend both Christmas and Birthday parties and will attend if possible.

There was information and contact details about advocacy services that were available should people wish to use this type of service. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

## Is the service responsive?

### Our findings

People continued to have a pre-admission assessment undertaken prior to a person being offered a place at the service. Although the people have lived together now for over six years. If a new person was to be admitted they would where possible be, encouraged to visit the service to look around and also meet the other people living there. This was to ensure that the service had the facilities and staff to fully meet the person's needs.

All care plans continued to be reviewed. Those we looked at were written in the first person and were personalised to each individual. They were up to date, reflected the person's needs and gave staff detailed guidance on how the person preferred their care needs to be met. They also showed that relatives had been involved where appropriate.

Staff told us that they were given time to read the care plans. When care plans were changed staff told us this was discussed at handovers at the beginning of each shift. This ensured that they provided the correct support for each person.

People continued to be involved in planning their lives, and activities they wish to take part in. Each person has a weekly calendar in place although they can deviate from the plan if they wish to go elsewhere. The people had recently attended a beer festival that had been held in a local service. Staff also told us they had taken part in a neon walk which was to celebrate deaf blind awareness week.

The provider had a complaints policy and procedure which was available in the service in an audio format, braille as well as the written format. People told us they knew how and to whom they would complain if they needed to. However, they said they had not needed to complain. One person said, "I have no complaints. I love it here. I would tell [name of registered manager] if I was unhappy." The registered manager told us, "I always talk with people and their relatives; it helps to sort any problems out before they escalate into full blown complaints."



# Is the service well-led?

## Our findings

All staff we spoke with enjoyed working at 37 - Redgate. Comments from people and staff included: "I love it here. The [registered] manager is really supportive as is all the staff. I couldn't ask for a better place to work." "[Name of registered manager] is very supportive and very approachable." and "They [staff] do their best for the residents [people living in the service]."

A registered manager was 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.

The registered manager was aware of their responsibility to send notifications to the CQC as required by the regulations.

A range of audits continued to be in place on various aspects of the service and any issues found were addressed. For example, we saw that audits of medicines had been undertaken regularly and audits of care plans were on-going. The registered manager told us that incidents and accidents were recorded in detail. They would undertake a thorough investigation of any incidents would take place which they would try to ensure that the same incident did not happen again.

The registered manager said that, "Action plans are shared with the staff in staff meetings to create a sense of achievement and ownership." We also saw a copy on the notice board in the office which staff were able to view at any time. The regional manager visited the service and provided guidance and support to the registered manager and identified further action where necessary.

People, visitors and the staff were given opportunities to put forward their suggestions for improvements to the service. This was both formally via meetings or written questionnaires and informally through chats with the registered manager. When asked for comments or suggestions for improvements. The registered manager told us that one way to develop the service facilities was by future proofing it and ensuring that they can provide a service for when people's mobility declines. Especially for those people who live upstairs.

Staff helped people to maintain links with the local community by using the local facilities and day services.

Staff knew about the provider's whistle-blowing policy and felt they could safely raise any issues about poor practice if they needed to. The registered manager was confident that staff would report any concerns.