

Sense

# SENSE - Supported Living Services (Holbeach)

## Inspection report

Sense Centre - Pinchbeck  
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18 December 2019  
20 December 2019  
23 December 2019

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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

### About the service

SENSE - Supported Living Services (Holbeach) is a care agency providing personal care to six deafblind people some of whom may have learning disabilities or autistic spectrum disorder or a physical disability. The service was provided to people living at Morbey House, this is a development of four two bedroomed flats. There is an office on site as well as a small staff area.

### People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that was appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The provider had been using agency staff alongside their own employees to meet people's needs. However, ongoing recruitment was reducing their reliance on agency staff. Recruitment processes ensured that staff were safe to work with people using the service. Staff received training and support which enabled them to provide safe care.

Staff had received training in keeping people safe from abuse and knew how to raise concerns. However, the way transport for the service was organised may not meet everybody's needs.

We have recommended that the provider reviewed people's transport needs.

Risks to people were identified, assessed and care was planned to keep people safe. This included risks associated with the management of medicines and infection control. Where incidents did occur, action was taken to reduce the risk of similar events reoccurring.

People's health needs were monitored, and healthcare advice and support were accessed when needed.

People were offered choices in their everyday lives and people were supported to plan their weekly menu

and to participate in the preparation of their meals. Where people had specific communication needs care plans recorded their preferred method of communication to ensure their choices were understood.

The provider had systems in place to monitor the quality of care provided and to take action to resolve any concerns they identified. A survey to gather the views of people using their service and their relatives had not been completed but the registered manager was always available to listen to concerns. Relatives were not always sure about the benefits moving to a supported living service could offer their family member. The provider told us they would continue to work with families to ensure people were able to take advantages of opportunities offered to them.

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

#### Rating at last inspection

This service was registered with us on 3 December 2018 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on registration of the service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# SENSE - Supported Living Services (Holbeach)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 December 2019 and ended on 23 December 2019. We visited the office location on 18 December 2019.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two relatives about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, operations manager, a senior care worker and a care worker.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to keep people safe from harm. They were clear on the action they would take to raise concerns with the registered manager and with external agencies if they had any concerns.
- The provider had two lease vehicles for the service. People using the service paid a set amount for their use. However, if both of the vehicles were out and another person wanted to access the community they would have to pay for a taxi. We raised this as a concern with the registered manager as people were in effect paying twice for transport.

We recommend that the provider ensures that people's transport needs are covered equitably and fairly and support people's individual transportation needs.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Assessments had been completed to identify any risks to people while receiving care or out in the community. Where risks had been identified action had been planned to keep people safe. For example, some people needed two people to support them to ensure they were safe when accessing the community. Records showed that people's risk assessments had been followed.
- People's ability to evacuate the building safely in the event of a fire had been assessed. The assessments clearly identified the support that people would need to remain safe. This was particularly important as some people using the service were hearing impaired and may not be able to hear the fire alarm.
- Incidents and accidents were recorded separately, and immediate action was taken to keep people safe. Incidents were reviewed to identify if any changes were needed to people's care plans or if learning could be identified to keep people safe from similar incidents occurring in the future.

Staffing and recruitment

- There were enough staff available to meet people's needs. However, the provider did not currently employ enough staff to cover all the shifts and were having to use agency staff to ensure people's care needs were met. Relatives told us that they felt the support had not been so person centred with the use of agency staff. One relative explained how the agency member of staff had not realised that it was the person's birthday.
- The registered manager told us that they tried to ensure they used the same agency staff to increase the consistency of support provided to people. Records showed that the use of agency staff was steadily decreasing over time as the provider continued to employ more staff.
- The provider had processes in place to check that staff were safe to work with vulnerable people. This included checking references and ensuring a Disclosure and Barring Service (DBS) check was completed. The DBS check identified if prospective staff had a criminal record. Systems were also in place to check that agency staff were safe to work with people using the service.

#### Using medicines safely

- Medicines were safely stored and administered. Risk assessments were completed to identify where it was safe to store people's individual medicines, for example in their flat or in communal areas.
- Staff had received training in how to support people to take their medicines safely. Records showed that people had received their medicines in line with their prescriptions.

#### Preventing and controlling infection

- Staff had received training in how to keep people safe from the risk of infection and were able to tell us about the different types of protective equipment they would use.
- Each flat had a cleaning schedule to ensure that they were kept clean and hygienic for people. Where possible people were encouraged to work with staff to keep their flats clean.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- The people currently using the service had all transitioned from residential homes owned by the same provider. Their care plans had moved with them as all their needs were known. Since they had moved the provider had reviewed people's needs and aspirations so that they could get the most benefit from moving to a supported living service.
- A new person was starting to use the service. The registered manager had worked with the person and their family to ensure a smooth transition into the home. They had visited the person to complete an assessment and had plans in place for the person to visit the service a number of times before moving in. This ensured staff knew the person's needs and that the person was comfortable at the service. In addition, support was planned for the person who would share their flat with the new person to ensure their needs were still being met.
- The provider had defined their values in set of statements. These statements put people's individual worth, equality and respect for diversity at the centre of service. The statements were used in the provider's recruitment, monitoring of staff and management of services.
- People's risks had been assessed in line with the latest guidance and best practice guidelines. For example, when assessing people's nutritional risk or risk of developing pressure areas. The provider had a national team of staff at head office who ensured any changes in best practice were shared with each service.

Staff support: induction, training, skills and experience

- Staff told us that they had received an induction to the service which supported them to provide safe effective care to people. The provider had an induction process which included training in the basic skills needed to care for people and shadowing an experienced member of staff so that they could learn first-hand how to support people individual needs.
- The provider had an ongoing training programme to ensure that staff remained up to date with any changes in guidance or best practice. The training was monitored by the registered manager and they were able to prompt staff when training was due. It included training in how to use aids for deafblind people to maximise their independence. For example, using a cane.
- Staff received regular support in the form of one to one supervision meetings with the registered manager. This allowed them to raise any concerns they had around the care they provided.

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

- People's ability to eat and drink safely and to maintain a healthy weight were assessed. Where needed people had been referred to other healthcare professionals for guidance and support. Care plans contained all the information staff needed to know in order to provide safe care.

- People were offered a choice of food and drink. People were supported to plan their menus and to shop and cook their own food with support from the staff. A relative said, "Staff are good at telling me what [Name] has eaten. They go shopping and [Name] chooses what they would like to eat. Staff encourage [Name] to eat healthily and monitor their weight."

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

- Staff knew about people's medical histories and people were offered support to access healthcare when needed.
- A relative told us that staff were good at supporting people to access healthcare and ensured that they were kept up to date with any issues.

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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Staff had received training in the MCA and were able to explain who had the ability to make decisions and who needed support. Where necessary decisions were made in people's best interest involving family and healthcare professionals.
- Some people living at the home were unable to make a decision if that was where they wanted to live. Therefore, the registered manager had worked with the relevant local authorities to arrange for applications for community based DoLS to be put in place.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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

- Staff had received training in promoting people's equality and diversity and it was one of the values of the provider. Within people's care plan there was an equality and inclusion plan to ensure that their needs were being met and their protected characteristics were identified.
- People were supported to maintain relationships with their families. One relative told us how they would speak to their family member on the telephone. Another relative said, "They send me pictures so that I know what he is doing. He has an [tablet computer] so that we can [video call]. He is always happy when I contact him, laughing and giggling."

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

- People using the service had some level of sensory impairment such as loss of sight or hearing or both. People's care plans clearly recorded their communication needs. For example, some people used a sign language and others used reference objects to make choices.
- Staff we spoke with understood people's communication methods and how to offer people everyday choices. For example, one person chose which film to put on by using reference objects. A relative told us, "I feel that they are given choices and that he is asked. If they do not want to do something, they can make themselves quite clear."

Respecting and promoting people's privacy, dignity and independence

- Staff had received training in how to support people's privacy and dignity. They were able to explain how they provided care to respect people's privacy, for example by ensuring doors and curtains were closed before providing care.
- Additionally, they supported people to have time alone in a safe environment if people wanted time and space for themselves.
- Relatives also commented that people's independence was supported. One relative said, "They encourage [Name] to walk both inside and outside the home to maintain his mobility."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans showed that people were supported to take an active part in the local community. For example, some people were able to attend a work placement in the local community. Other people accessed facilities in the community like local shops or visited pubs and restaurants for meals.
- People's likes and dislikes were used to identify suitable outings for them. In addition, the registered manager was looking at activities to support people to be more involved in the local communities. An example of this was looking at how they could take part in gardening to support the 'Holbeach in Bloom' preparations.
- The provider also had a day service that was offered to everyone and people could choose whether to attend or not. This was discussed at their annual reviews. At the centre people were able to develop life skills such as cooking alongside creative skills such as arts and crafts.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were in place and reflected people's needs. In addition, staff we spoke with were clear on how people should be supported. Where people's abilities were declining, their care needs were reviewed to ensure that people were not overstretched. Relatives we spoke with were confident that people's care needs were being met.
- Following people's move to the service from the provider's other services comprehensive person-centred reviews were completed for everyone in March 2019. This was to in order to develop new support plans to reflect the person's change of environment and their needs in the new setting
- Care plans showed that people using the service and their relatives were invited to an annual review to discuss any changes in care that would support the person. However, relatives told us they felt they knew less about their family members lives since the move to the supported living service. We raised this with the provider who told us that they supported and welcomed relatives to be engaged with the planning of care and identifying their support their relative needed. In addition, they said they would look at what further action they could take to support this.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service identified people's information and communication needs by assessing them. Staff understood

the Accessible Information Standard. Care plans recorded the support people needed to access written or verbal information. For example, they noted when people used a sign language or needed help to understand information. These needs were shared appropriately with other health and social care professionals.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints policy which laid out how they would deal with complaints and how quickly they would work to resolve them.
- Relatives told us that they were confident to raise concerns with the registered manager and that minor issues were dealt with quickly. No one we spoke with had felt the need to raise a formal complaint.

#### End of life care and support

- There was no one using the service who were at the end of their lives. However, the registered manager had raised people's end of life wishes with them, or their relatives where people were unable to make decisions for themselves.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Some of the relatives we spoke with told us that they were not always clear on the change and benefits that living in a supported living service would bring their family member as opposed to living in a residential home.
- We raised this with the provider who told us that they had supported people and their relatives with information during their transition from residential care to supported living. However, they were happy to provide further information and support as needed. They told us, "This is a setting that is still developing... we expect to see people's understanding of supported living and the benefits that it can offer grow as they become more established in their home."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had taken action to comply with the regulatory requirements. They had notified us about events which happened in the service.
- The provider had been open and honest with people and relatives about incidents which happened. They had ensured that relatives were kept up to date with any concerns about people's care needs.
- The provider had audits in place to monitor the quality of care in the home. We saw they had identified concerns and the provider had taken action to improve the care people received.

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

- People using the service and their relatives were encouraged to share their thoughts on the care they received on an ongoing basis with the registered manager. However, no quality surveys had been completed due to this being a recently opened service. The registered manager had plans in place to complete a survey in 2020.

Continuous learning and improving care

- The provider has employed specialist who could be called on for support and guidance by the registered manager when needed. For example, specialists in communication for people with sight and hearing loss and for supporting people when they became distressed.
- The registered manager worked with other registered manager colleagues within the provider's

organisation to share best proactive guidance and to develop new ways of supporting people. This ensured that the service was continually developing good care.

#### Working in partnership with others

- The provider and registered manager engaged with the community to promote the needs of people they support and to build relationships which enabled people to become a part of the community. For example, by supporting people to work in the local community and providing employers with advice, support and learning to enable them to offer employment opportunities.