

Sense

# SENSE - 32a Broadgate Lane

## Inspection report

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## Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

### About the service

SENSE – 32a Broadgate Lane is a home registered to provide accommodation and personal care for six adults who have a learning disability and/or a sensory disability. At the time of our inspection visit there were six people living in the service. Most of the people did not have sight and/or hearing. In addition, all of them had special communication needs and used personal forms of sign assisted language.

The service has been developed and designed in line with the principles and values underpinning Registering the Right Support and other best practice guidance. This ensures 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 which include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support which is appropriate and inclusive for them.

The service is a six bedded bungalow. The building design fits into the residential area and has a garden on two sides overlooking open fields. There were no identifying signs outside to indicate it was a care home.

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

People were supported by staff who were passionate about giving people the right support. The staff team were exceptionally sensitive to the needs of people with sensory loss.

Staff understood which things were important to everyone; skilled support from staff enabled people to experience the world around them, and to feel connected to friends, family and the local community.

People were supported by a small team of staff that knew them well. Staff knew what to do if they were concerned about the safety of the person. Staff were trained, supervised and supported in their roles.

People's needs were assessed, and a comprehensive care plan was in place to help them. This was done working closely with commissioners and health and social care professionals. Feedback was very positive from relatives and professionals about the care and support that was in place for people.

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 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. Relatives told us their supported person "was now doing things we never thought they would be able to, including holding and drinking from a cup, eating with a knife fork and spoon and walking with support from

their home to a car"

The registered manager was keen to continually improve and develop the service.  
For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Good (published 19 September 2017)

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Outstanding ☆

The service was exceptionally Well-Led

Details are in our Well-Led findings below.

# SENSE - 32a Broadgate Lane

## **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 team consisted of one inspector.

### Service and service type

32a Broadgate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means 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 registered manager three days' notice because the people who lived in the service had complex needs for care and benefited from knowing in advance when we would be calling.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We took this into account when we inspected the service and made the judgements in this report. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to

give some key information about the service, what the service does well and improvements they plan to make. We gave the provider the opportunity to share this information during the inspection visit.

#### During the inspection

During the inspection visit we observed all the people who lived in the service, and the interactions they had with staff. We spoke with three care staff, the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service.

We reviewed a range of records. This included three people's care records and 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. We looked at the training data. We spoke to two commissioners who had recently visited the service. The local District Nursing team, Marie Curie Nurse, physiotherapist and Nurse practitioner were also contacted as well as speaking with three relatives by phone.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All staff were aware of the systems and processes for safeguarding and whistleblowing which were in place to protect their residents. Details regarding reporting protocols were openly displayed.
- Staff had completed safeguarding training and knew what to do if they had any safeguarding concerns.

Assessing risk, safety monitoring and management

- Risk assessments were in place to promote and protect people's safety in a positive way. Comprehensive Care plans included information on specific medical conditions, behaviours that may challenge and how to promote independence within specific guidelines. The risks were mitigated as people were supported by small teams and staff knew people well.
- Staff we spoke with were aware of the importance of keeping people safe and knew what to do should they be concerned about someone's safety.
- Audio Monitors were in use for those residents who wished to have some private time on their own in the bedrooms. The Impact of this ensured even those at risk of fall or seizures could have time on their own, safely. The people able to do this were aware when the monitors were on and knew they could request assistance.
- Staff understood how to implement people's positive behaviour plans which meant they could support people to avoid things which may trigger behaviours that may challenge. They actively worked with people to prevent anxiety.
- A relative spoke positively about how the staff worked closely with their family member providing them with reassurance and consistent support. They told us that the home was a "real success story for their relative, "They are doing fantastically well"

Staffing and recruitment

- Staff were safely recruited to ensure they were suitable to work with vulnerable adults.
- People were cared for by suitable numbers of staff. Staffing was planned in conjunction with local commissioners of services who prescribed the hours of support each person required, based on their individual care and support needs.
- Relatives confirmed staffing was enough to keep their loved one safe and provide the support that was needed. People were supported by staff that were known to them. Each person had a small team of staff depending on the hours of support and the number of staff they needed.
- The turn-over of staff was low which contributed to continuity of care.

#### Using medicines safely

- Medicines were used, stored and administered safely.
- Staff were seen to explain, support and assist people to take their medication. Medication reviews were carried out frequently as a result of changes seen and noted in the daily Health action plan logs. For example, to minimise one person's drop seizures or to relieve pain.

#### Preventing and controlling infection

- Protective Personal Equipment (PPE), such as aprons and gloves, were available to staff to use when they supported people.
- Staff had received training in preventing and controlling infection including safe food hygiene.

#### Learning lessons when things go wrong

- There had been an issue over accessibility to new medications required by one person. This home was not used to using or dealing with these medications. The issue was resolved safely. The issue highlighted the need for additional training, processes and secure storage to be put in place which the registered manager had immediately implemented and had also updated the provider and senior team members as part of this.



# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

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

- Before admission to the home there was a full assessment of the person to understand what the persons strengths were, rather than their weaknesses. This assessment then led to the service being able to devise a care plan to work with the person in a holistic and multidisciplinary way to promote their wellbeing. The emphasis was on allowing people to be the best they can be and do whatever they want, and this allowed care and support to be delivered with the person in their own "zone".

Staff support: induction, training, skills and experience

- All training is divided into two "themes" generic training which everyone undergoes and then "needs led" training which is specific to the needs of the people who were being looked after.
- Training includes specialist communication skills relevant to each person to allow their needs to be fully met.

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

- People were given a choice of who would assist them with eating and drinking. People were positively encouraged to eat and drink as independently as possible; those who had not yet learnt these skills were supported to do so.
- People were offered not only choices of what to eat and drink but also who they wanted to assist. An adjustable table was available to facilitate this so people could do as much as possible for themselves.

Staff working with other agencies to provide consistent, effective, timely care

- Staff, teams and a variety of external services were committed to working collaboratively and have found innovative and efficient ways to deliver more joined-up care and support to people, both within their own service and reaching out into the community.

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

- Each person's bedroom was sensitively tailored to their needs. One person's bedroom, although not immediately obvious, was padded to protect them when they had seizures. This meant they could safely spend time in their room, listening to music of their choice, whilst being safe against harming themselves if they had a seizure. Another person's room was textured and decorated with butterflies, butterfly wallpaper, bed linen and cushions in a colour they chose themselves
- Each bedroom had an audible sign on it, so people know where they are. One person had their sign at

ground level, so they could recognise when they had reached their bedroom.

Supporting people to live healthier lives, access healthcare services and support

- The service has successfully transitioned three young adults from Children's services to adults' services over the past years. These young adults now feel this is their home. All relatives spoken too were very descriptive about the positive and "joyful" impact the service had had on their young people in encouraging them to be "young people" who could enjoy life "normally" and do things other young people ( without disabilities) do.
- One person has recently been diagnosed with an end of life diagnosis, and the service has reached out to palliative care teams. These have been into the home to support both the person, and the staff. Staff were starting to gently inform other residents of the situation in a timely and appropriate manner.

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, 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- When we checked we found four people in the home have DoLS, and a further two were awaiting decisions. No-one has any Conditions on their authorisations.
- People were seen to be supported and encouraged to make their own decisions about as much as possible, clothing, eating, activities, and who they wished to help them with something. Consent was seen to be sought prior to every intervention. Best interest decisions were recorded in care plans and regularly reviewed.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

- People reacted well to staff intervention that were seen to be kind and caring. Relatives too told us that people were shown warmth, kindness and compassion.
- Staff enjoyed their jobs and were committed to providing good quality care. One said, "our people have a really good quality of life here - all their needs are met"
- Throughout the day we saw that people and staff laughed and joked together which demonstrated they had good relationships and enjoyed each other's company. People appeared to benefit from this engagement.
- Equality and inclusion for all was promoted. Staff completed training to help them understand the Equality Act and one told us, "Everyone is different and accepted for who they are here." We respect their cultural and religious backgrounds and try to bring those into their day to day activities. One person has a specific religion that is not supported locally, so holidays always incorporate a visit to an available location.

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

- The staff wear "personalisation items" to identify themselves. When approaching a person, they will first gently touch the person, then will introduce their personalisation item to that the person knows who it is interacting with them. They then go on to either ask consent to carry out a care action or to ask the person what they wish to do.
- People have boxes with items in that represent something meaningful to them. They can use these to indicate choices for example a seat belt clasp for a car journey, a piece of "grass" to go outside, a plate if hungry, a piece of a swimming noodle to indicate a swim or hydrotherapy. The impact of this is that people can make positive choices for themselves, that they can have control over. The number of representational items was gradually being extended.
- The registered manager was working on a way for the younger residents to have audible care plans accessed through a voice controlled smart speaker in a simplified form.

Respecting and promoting people's privacy, dignity and independence

- People can shut their bedroom doors, staff always knock. There were signs reminding staff how people may be behind the doors. One person (who has drop seizures) liked to spend time in their room listening to Music on their tablet, they were mobile around their room as they do this.
- People were enabled to spend private time alone in their rooms. Notices were on the outside of doors to

remind staff that people might be behind the doors when they had knocked and opened them.

- Staff were observed to approach people with sensitivity in a calm gentle manner, personal care was carried out in bathrooms or bedrooms. Independence was promoted and encouraged with some people learning skills they had not had previously been able to achieve.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Care plans were extremely detailed. Support centred on choice and promoting independence. Care was tailored to each individual, it was responsive, evolving and proactive.
- Health and Social care professionals as well as commissioners consistently praised the care provided at 32a Broadgate. One professional commented, "The registered manager is very proactive, there is a strong focus on providing opportunities for individuals to partake in many different and varied activities, they push back the boundaries for people."
- The service was exceptional in how it considered people's goals and aspirations, hopes and dreams. One person, who had found having a holiday away from the home difficult because it interrupted their routine, expressed they would like to attend a show or two instead. After research two were identified which gave the person the opportunity to have an overnight stay. Beforehand, audio books relating to the show were played on voice-activated internet technology at night in place of the person's usual night-time story. By reflecting on previous experiences staff put a plan in place. The person really enjoyed the shows, meals and activities they went to in London, and reflected on them frequently when they returned home. Staff used the knowledge they gained from the person's previous holiday to ensure their trips to shows were enjoyable for them and met their needs.

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 registered manager understood their responsibilities around AIS, and people's communication needs were identified, recorded and highlighted in their care plans. Care plans were extremely detailed in respect of how people communicated, as most people were unable to communicate verbally all of the time.
- Anyone regularly interacting with people had a specific personalisation item which the person knew them by, for example one person presented their bald head, another their curly hair, and someone else has a soft fluffy cloud to identify them. Frequent visitors were introduced to the person by staff, and they also had their own personalisation item. The Marie Curie Nurse, for instance, had a dress ring which the person recognised. This mean people were able to recognise staff and others who supported them with their care which was reassuring for them.

- Holidays were used to further support people with their communication skills. Staff said this was because people were more receptive to new things when they were on holiday as they were more relaxed and benefitted from the focused one-to-one support they received.
- Some people used their own personalised version of hand signing which staff also learnt. People had access to technology to support them, such as tablets and voice activated internet technology.

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

- Each person had a staff team assisting them. Each staff team was carefully chosen to have mix of people so, for example, one younger person had both a mature and a younger support worker in their team.
- One person had medication which was removing most sensations, including those associated with continence. Working with the physiotherapist and the pharmacist and GP had meant gradually the person had learnt to be continent. The registered manager was committed to supporting people to manage their continence without the reliance on continence aids wherever possible. Slowly the staff were introducing feminine hygiene and clothing to the relevant people in their care. Something previously not attempted with these individuals in their previous services.
- One person who had now 'retired' from attending day services indicated they wanted a more relaxed pace of life and to spend time outside. Staff were able to facilitate this both at home and on holiday. The person enjoyed water-based activities, so they holidayed at a place with a hoist and swimming pool access and a spa. This meant the person was able to enjoy a foot massage on holiday and was able to indicate they enjoyed this very much. Another action for the person was to try an adapted cycle, this too proved successful, so the registered manager was looking to purchase one for the whole service. The registered manager was trying to get all residents' passports who don't have one. The aim was to be able to take people abroad to further broaden their experiences.
- Other people holidayed at a seaside resort in an adapted cottage with a swimming pool and spa access. People had been to this destination before and staff said people enjoyed re-visiting it because of its familiarity and the opportunity they had to connect with people they had met before. Staff said people found this relaxing and reassuring. Building on previous visits one person was taken to a tribute show of some of their favourite musical artists., which they were able to indicate they really enjoyed, as they were unable to access this when at home.
- Staff created opportunities for three people who were friends to build bonds through shared experiences and activities. One holiday these people had both joint and separate activities to promote their independence and communication skills. The activities planned for all three were fun activities like the pleasure beach and various attractions. One person was able to experience things which had been ruled out in previous care settings as they wouldn't wear their safety helmet but do now as the registered manager had made the helmets "trendy". They have done this by sourcing and purchased a number of safety helmets they were happy to wear from a jockey cap, to a summer hat to one similar to one worn by a pop star. Now they were safe and enabled to do things their family had never thought would be possible.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people to raise issues, concerns and compliments. This included on-going discussions with staff. People's relatives were made aware of the complaints process when their family members started using the service. They said they would have no hesitation in making a complaint if it was necessary. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider, the local Authority and the Care Quality Commission. This ensured people's relatives or advocates were given enough information if they felt they needed to raise a concern or complaint.

- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

#### End of life care and support

- Health and social care professionals and commissioners spoken too commended the service on their person-centred approach to end of life care. Staff had overcome challenges in order to ensure people had the medicines they needed. They had also had additional training to ensure they could respond to people's end of life care needs.
- Staff told us the additional training was very helpful and demystified how to look after people in a way they had previously not needed to know about. They found it reassuring.
- Another person who had retired from the day service so staff wanted to support them to have some lovely experiences in their "retirement". The service was aware the person enjoyed tactile involvement so arranged for them to visit a place they had been to before which also provided a spa and sensory experience. The person really enjoyed this and seemed rejuvenated, so another break was planned so there would be opportunities to explore other activities and experiences.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- All community staff commented on how good, clear and up to date all records were. This meant whenever they were called in because there had been a change in the person's presentation there was a clear record of what had changed and how. So "it was if the person themselves was telling us". This meant the best outcomes good be achieved for people, all the time.

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

- People benefitted from a provider who was open and transparent. If complaints or concerns had been raised, full investigations had been carried out to identify what had gone wrong and what lessons could be learnt. An example was confusion over access to end of life medication for one person. The registered manager had worked with other relevant parties, such as general practitioners and Marie Curie, to make sure people's health and well-being was promoted. Recommendations were followed along with additional training, and new processes put in place from provider level across the organisation as a result.

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

- Staff said the registered manager had made a "Big difference in a positively massive way, I like how (name) registered manager has got to know the residents and knows how to interact with the people, (name) registered manager concentrates on doing good for them and finding the things people like to do"
- Staff who were upset about one person having an end of life diagnosis were able to express this and feel their opinions and feelings were valued and trusted and then supported.
- Feedback from commissioners, the local authority and care professionals was unanimous in saying there had been a significant improvement in the quality of service delivery during the time the present registered manager has been manager. Professionals spoke of the registered manager being an excellent role model for staff by modelling the behaviours and attitudes towards people that they expected staff to replicate. Relatives could not speak highly enough about them and the opportunities and the care they ensured was delivered to their relatives. "The registered manager pushes the boundaries for (our) people".
- One staff member told us the values were embedded in the way the service delivered care, so all residents



have a "really good quality of life here all their needs are met".

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

- Staff all told us this was "a good place to work" and the registered manager was "The best manager they have ever had"; team meetings were helpful and productive, and their opinions/ideas/suggestions were valued and acted upon. One staff member said, "this is one of the very better places there could be" "I feel honoured to be here".
- Relatives and commissioners and visiting professionals all had their views sought – both verbally and in writing, all were very positive about the service. One commissioner wrote "I found the placement very welcoming; I was at the service for several hours and witnessed the interaction between the staff and individuals, they were treated with respect and dignity at all times. The person was engaging in different activities with support from their staff and reacting well to the input they were receiving. There was lots of laughter and smiles, and I could see they were following the risk assessments in place for the person I was visiting".
- The registered manager had persevered and managed to re-engage with some relatives and those relatives were rebuilding relationships with people, which was having a beneficial impact.
- Another staff member told us that "Since the (name) registered manager has been here, they have pushed people's experiential boundaries. Broadened things like offering new tastes, new food and new smells".
- One staff member said "my concern is I never quite do enough for the people here as they deserve so much but I don't think I could do more".

Continuous learning and improving care

- The registered manager had just been accepted on a master's degree as a way to support their own leadership development. All staff members can develop and were supported to do this. Staff said they were confident they were given and could access any relevant training.
- The registered manager made sure team members were supported, respected and valued by encouraging them to be reflective and develop themselves with coaching and mentoring support. The registered manager had successfully spotted opportunities for succession and trained three deputy managers, one of whom had achieved the position of registered manager in a local service.
- As a standing agenda item within team meetings, quality and continuous improvement is discussed.. They have Champions for holidays and short breaks, activity and wellbeing, infection prevention and control, menu and nutrition and health and safety. Near misses and accident forms are standing agenda items within team meetings.
- The registered manager has sought training from Lincolnshire NHS in delivering the ReSPECT package, and there is now a culture of continued learning; signing up to packages such as Autism awareness, suction training and the 'NHS learning for health hub'.

Working in partnership with others

- Relatives cannot speak highly enough of (name) the registered manager and the opportunities and care that they ensure is delivered to their relatives. "The registered manager pushes the boundaries for (our) people"
- The registered manager demonstrated the skills, knowledge, experience and integrity they needed to lead effectively. They were a member of networks within the National Care Forum and Voluntary Organisations Disability Group (VODG). They regularly attended good practice guidance meetings with VODG particularly in the tackling health inequalities areas. The team utilised good practice guidance from NICE, SCIE and Skills for Care
- The registered manager had introduced a 'Patient Transfer sheet' to ensure that information regarding the

individual was accessible to hospital team members at all times. Every individual had an Accessible Information Standard personalised to them and this was an integrated part of the accident and emergency and hospital passport systems.