

Sense

# SENSE - 25 Old Mill Park

## Inspection report

25 Old Mill Park  
Louth  
Lincolnshire  
LN11 0NY

Tel: 01507608052  
Website: [www.sense.org.uk](http://www.sense.org.uk)

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10 July 2017

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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

We carried out this announced inspection on 10 July 2017. We gave the service a short period of notice. This was because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling.

SENSE – 25 Old Mill Park is registered to provide accommodation and personal care for six people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were five people living in the service.

The service was run by a charitable body that was the registered provider. There was a manager in post who had applied to be registered by us. 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. While the manager's application for registration was being dealt with, they were being assisted by the person who was previously the registered manager for the service. In this report when we speak about the charitable body who ran the service we refer to them as being, 'the registered person'.

At the last inspection on 26 May 2015 the service was rated Good.

At this inspection we found the service remained Good.

Care staff knew how to keep people safe from the risk of abuse. People had been supported to take reasonable risks while at the same time avoiding preventable accidents. Medicines were safely managed and there were enough staff on duty. Background checks had been completed before new care staff had been appointed.

Care staff knew how to care for people in the right way. This included knowing how to communicate with the people who lived in the service most of whom used personal forms of sign assisted language. People enjoyed their meals and they had been helped to obtain all of the healthcare assistance they needed.

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

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. There were arrangements to help people access independent lay advocates and confidential information was kept private.

People had been consulted about the care they received and they had been given all of the assistance they

needed. People had been supported to pursue their hobbies and interests. There were arrangements for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed. Care staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from care staff acting upon good practice guidance.

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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Good ●

The service remained Good.

### Is the service well-led?

Good ●

The service remained Good.

# SENSE - 25 Old Mill Park

## **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 was planned to check whether the registered person continued to meet 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.

Before the inspection, the registered person completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered person had sent us since our last inspection. These are events that happened in the service that the registered person is required to tell us about. We also invited feedback from the local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 10 July 2017. The inspection team consisted of a single inspector and the inspection was announced.

During the inspection visit we spoke or spent time with all of the people who lived in the service and with two relatives. We also spoke with the manager and the former 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 also looked at records that related to how the service was managed including staffing, training and quality assurance.

After our inspection visit we spoke by telephone with a further two relatives.

# Is the service safe?

## Our findings

People told us that they felt safe living in the service. One of them said, "I'm okay here. I'm good." Another person who had special communication needs pointed towards a member of staff and then to an image of a smiling person in a picture at which they were looking. Relatives were satisfied that their family members were safe in the service. One of them remarked, "The best test is that my family member never has any concerns about going back to the service. Indeed, they look forward to it."

Records showed that care staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

Measures were in place to help people avoid preventable accidents such as trips and falls. In addition, we noted that care staff promoted responsible risk taking. An example of this was the way in which people had been supported to enjoy going into the community. Care staff had checked that they were safe to negotiate road traffic on their own and that they knew how to find their way home.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

Records showed that the registered person had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures helped to establish that only suitable people were employed to work in the service.

## Is the service effective?

### Our findings

People told us that care staff knew what help they wanted to receive and had their best interests at heart. One of them remarked, "I like the staff and they help me." Relatives were also confident about this matter. One of them remarked "The staff are excellent and they know my family member like the back of their hand. Really, the whole service is just like an extended family."

Records showed that care staff had received all of the guidance and training they needed. We noted that care staff knew how to provide people with the care they needed. Examples of this were tactfully encouraging people to maintain their personal hygiene and helping them to deal with important correspondence. Another example was care staff supporting people to budget their money so that they had enough to buy the things they wanted.

People said that they enjoyed their meals and we noted that care staff were ensuring that people had enough nutrition and hydration. In addition, we saw that one person was being helped to follow a diet that had enabled them to meet their goal of losing weight. Another person was being helped to follow a diet that helped them avoid a particular allergic reaction.

Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists and opticians.

The manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this was the arrangements that had been made for a person who benefited from using a medicine that helped them to manage when they were distressed. Records showed that the person had been given information about the medicine in question and had agreed for it to be offered to them when care staff considered it would be helpful.

Records showed that when people lacked mental capacity the manager had ensured that decisions were taken in people's best interests. An example of this was the manager liaising with relatives and social care professionals so that a person could be kept safe by using a special seat belt when travelling by car.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered person had obtained the necessary authorisations and so had ensured that people only received lawful care.

## Is the service caring?

### Our findings

People were positive about their relationships with care staff and about the support they received. One of them went to stand close to a member of care staff when we asked them how well they liked their home. Another person responded to our question by smiling and holding hands with a member of staff. Relatives were also complimentary about care staff with one of them remarking, "The staff here are quite simply the best you could hope for. Kind and gentle and genuinely interested in the people they're caring for." Another relative said, "The staff are just lovely. It's a bespoke service."

We saw that people were being treated with respect and kindness. Care staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when a person became worried because they could not decide whether to have a hot drink or to go into the garden to check that the hot tub was working properly. A member of care staff noticed them becoming anxious and suggested that they first spend time in the lounge having a cup and then go into the garden. The person followed this advice and later on we saw them being helped to examine the hot tub to make sure that the water heater was switched on.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this included care staff having established with people how they wished to be addressed. Another example was care staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which was their own personal space that they could use whenever they wished. We saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives by telephone and also by means of the internet. Records showed that most people could express their wishes or had family and friends to support them. However, for other people the manager had developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised staff.



## Is the service responsive?

### Our findings

People said that care staff provided them with a lot of care so that they could be as independent as possible. One of them remarked, "The staff help me do things every day." Another person who had special communication needs pointed to the T shirt they had just changed and indicated that a member of care staff had helped them choose what they wanted to wear. Relatives were sure that their family members received the right care. One of them told us, "I couldn't ask for more. My family member simply couldn't get better care anywhere else. The staff know him and his ways so well."

Each person had a written care plan that described the care they needed. The plans also focused on supporting each person to achieve goals that were important to them. An example of this was a person who was being helped to be more comfortable in the presence of domestic pet dogs. This was important to them so that they could spend more time with one of their relatives who had a pet dog at their home.

Care staff understood the importance of promoting equality and diversity. An example of this was the arrangements that had been made to support a person when two of their relatives had died. We saw that care staff had carefully explained to the person what had happened in ways that were meaningful to them.

People said that they were offered a wide range of opportunities to engage in occupational and social activities. We noted that each person attended a local day opportunities service where they could enjoy activities such as crafts and horticulture. Social activities included sailing, going to local dances and attending sporting events. In addition, we were told that each person was supported to go on holiday each year to a place of their choice. In recent years this had included going to holiday camps, staying in hotels and going on walking holidays.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. People told us that they had not made any complaints but they also said that they would feel free to do so if the need arose. Records showed that in the 12 months preceding our inspection the registered person had not received any expressions of concern.

## Is the service well-led?

### Our findings

People told us that the service was well run. One of them said, "I like it here." Another person responded by giving a thumbs-up sign when asked how well the service was living up to their expectations. Relatives were assured that the service was well run. One of them remarked, "I don't have any concerns at all about SENSE in general or about this service in particular. When you attend a care plan review meeting it's all very professional and the staff know exactly what they're talking about. Every little last detail."

We noted that people had regularly been invited to chat with care staff in order to give feedback about their home and to suggest improvements. There were a number of examples of these suggested improvements being put into effect. These included various changes being made to the menu so that it offered a wider range of meals that better reflected people's individual preferences.

The manager said that they regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there were regular staff meetings so that care staff could review how well the service was performing and suggest how it might be improved. Care staff were confident that they could speak to a representative of the registered person or to the manager if they had any concerns about the conduct of a colleague.

We also noted that people who lived in the service had benefited from care staff acting upon good practice guidance. An example of this was the manager attending a local infection control workshop. This had enabled them to provide additional guidance for care staff about how to maintain good standards of hygiene in the service. We saw that this was reflected in the way that the service was kept clean and in the way that care staff followed good food hygiene practices.