

Sense

# SENSE - Newton Court

## Inspection report

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Date of inspection visit:  
27 September 2017  
23 October 2017

Date of publication:  
14 December 2017

## 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 – Newton Court is a residential care home for 11 younger people with learning difficulties. Ten people were living at the home when we visited. The home is a row of converted terraced houses and is located in a residential area of Peterborough.

At the last inspection, which took place in September 2015, the service was rated Good. At this inspection we found the service remained Good.

There was a registered manager in post at the time of our visit. 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. However, the registered manager was on long term leave at the time of our visit and a senior staff member was acting as manager.

Staff knew how to respond to possible abuse and how to reduce risk of harm to people. There were usually enough staff who had been recruited properly to make sure they were suitable to work with people. Medicines were stored and administered safely.

People were cared for by staff who had received the appropriate training and had the skills and support to carry out their roles. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People received a choice of meals, which they liked, and staff supported them to eat and drink. They were referred to health care professionals as needed and staff followed the advice professionals gave them.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care and what they did on a day to day basis. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and care records guided staff in how to do this. There was a variety of activities for people to do and take part in during the day, and people had enough social stimulation. A complaints procedure was in place and people knew who to speak with if they had concerns.

Staff worked well together to support people to receive the care they needed. The provider's monitoring process looked at systems throughout the home, identified issues and staff took the appropriate action to resolve these.

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 - Newton 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 was a comprehensive (planned) inspection, which took place on 27 September and 23 October 2017 and was unannounced. The inspection visits were carried out by one inspector. We gave the provider very short notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

As part of the inspection planning, we reviewed the information available to us about the home, such as the notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. Before this inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted stakeholders, such as Healthwatch and commissioners, for their views of the home.

During our inspection, we observed how staff interacted with people. We spoke with two people living at the home, three members of care staff, two acting managers and the area manager. We checked three people's care records and medicines administration records (MARs). We also checked records relating to how the service is run and monitored, such as audits, staff recruitment, training and health and safety records. We also spoke with one person's relative following our visit.

# Is the service safe?

## Our findings

The service remained good at safeguarding people from harm. People told us that they thought they were safe living at the home. They knew who to speak with if they were concerned about anything. One person's relative echoed this and told us that this was because there were always staff available. There were processes in place to protect people from abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm, they had received training, they understood what to look for and who to report to. The manager was aware of their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission. We saw from information before our visit that no incidents had been reported. The manager confirmed that this was because any behaviour that may upset or challenge others was not directed towards other people living at the home.

Staff members had a good understanding of how to respond to people if they became upset or distressed. They were able to describe to us the possible reasons for this and the actions they needed to take to reduce the person's distress. Care records showed that there was clear information for staff regarding how they should approach the person if they were upset or distressed, and actions they should take if this occurred. We saw that staff put this guidance into practice; they spoke with people and redirected them to other areas if this was needed. We concluded that staff managed behaviour that challenged or upset others well.

The service remained good at assessing risks to people. The relative told us how staff had assessed risks to their family member so that they were able to do the things they wanted. They said, "They let [family member] do quite a bit, a lot more than I do. It's quite nice to see [family member] doing things, [it's] good for their independence." Staff assessed individual risks to people and kept updated records to show how the risk had been reduced. They told us they were aware of people's individual risks and our observations showed that they put actions into place. We found that environmental checks in such areas as fire safety and equipment used by people had been completed.

The service remained good at ensuring there were enough staff with the required recruitment checks to care for people, although we received mixed views about staff levels. One person told us that there were always staff available. The relative also told us that there were enough staff and this helped their family member to do what they wanted to do each day. However, not all staff members shared these thoughts. One staff member told us that there were not enough staff available, which left staff stressed. Another staff member told us that because of vacancies, sick leave and annual leave, working at the home had been difficult recently. However, both staff members confirmed that people received the care and support they needed and they were still able to attend their scheduled activities.

The area manager confirmed that new staff members had been recruited but that delays in obtaining checks and information before they started working had resulted in a delay in these staff working with people. During our visit we saw that there were staff members available in all areas of the home. They worked in a calm way; we saw that people were not rushed and people who needed attention received this quickly. We found that there were systems in place to increase staff numbers if this was needed, although this was not always a quick solution to obtaining more staff. However, there were enough staff most of the

time to give people one to one attention if this was needed.

We checked staff records and found that all appropriate checks had been satisfactorily completed. This showed that there were effective processes in place to prevent unsuitable staff from being employed.

The service remained good at managing people's medicines. People who needed support with their medicines received this from staff who were competent to provide this. We observed that people received their medicines in a safe way and that medicines were kept securely. Records to show that medicines were administered were completed appropriately.

## Is the service effective?

### Our findings

The service remained good at providing staff with training and support. One person's relative told us they thought staff were adequately trained. Staff told us that they received enough training to give them the skills to carry out their roles. One staff member told us how training they had received helped them to prevent and reduce situations where people may upset or challenge others. Staff training records show that staff members had received training and when updates were next due. Our observations showed that staff assisted people appropriately. We were therefore satisfied that staff members followed the training they had received. Staff members confirmed that they received support and that the management team had an open door policy. This gave them the guidance and support to carry out their roles.

People who lack mental capacity to consent to arrangements for necessary care can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service remained good at ensuring people were able to make their own decisions for as long as possible. One person's relative told us that staff did not force their family member to do anything. They went on to explain how staff gave their family member information in different forms, such as through signing and verbally, to make sure the person understood and could make their own decision. Staff showed us that they had a good understanding of the MCA and worked within its principles when providing people with care. Staff completed mental capacity assessments and could access guidance to show the help people needed to make sure they were able to continue making decisions.

The service remained good at providing people with enough to eat and drink. One person's relative told us, "[Family member] eats pretty well." We observed that refreshments were offered throughout the day and people were offered drinks with their meal. Staff talked about the menus with people and showed people the available meals so that they could choose. We saw that people were properly supported with eating and drinking. Staff monitored people at risk of not eating or drinking enough and took action to reduce this. This included referring people to health care professionals such as dieticians or speech and language therapists.

The service remained good at ensuring people had advice and treatment from health care professionals. One person's relative told us that their family member saw their GP whenever they needed to. People's care records showed that they had access to the advice and treatment of a range of health care professionals. These plans provided enough information needed to support each person with their health needs.

## Is the service caring?

### Our findings

The service remained good at caring for people. One person told us, "I like living here, I'm happy here." They went on to tell us that they also liked the staff who worked at the home. A person's relative said about staff, "They're all very friendly, always very happy."

We saw that staff were kind and thoughtful in the way they spoke with and approached people. This was designed to put people at ease and we saw that staff achieved this by considering their actions first. They faced people, spoke directly with them and when people were sitting at a different level, staff lowered themselves so they were not standing above the person. Staff members spent time with individual people when they returned after being out for the day. They spoke with them about their day, what people had done and what they would like to do in the evening.

We found that staff knew people well and that they were able to anticipate people's needs because of this. They knew what people would do, although they continued to make sure people were able to make their own decisions. One staff member told us that they encouraged people to do things for themselves and that staff were there for support rather than to do things for people. We saw that staff members told people what they were going to do before doing it, which meant that people were not suddenly surprised and they were able to indicate if they were not happy for staff to continue. We also saw that people were made aware of those close by so that they were not startled if people were not in their direct eye line.

The service remained good at respecting people's right to privacy and to be treated respectfully. A person's relative told us that their family member was given a choice to have either male or female staff and their choice was respected. We saw that staff spoke and interacted with people in a polite and respectful way. Staff checked to make sure people's clothing was straight and suggested quietly to people when and if they needed to have personal care.

## Is the service responsive?

### Our findings

The service remained responsive to meeting people's needs. People told us that they were happy living at the home. One person told us, "I can do the things I like doing."

Staff had a good knowledge of people's needs and could clearly explain how they provided support that was individual to each person. Staff were able to explain people's preferences, such as those relating to health and social care needs, personal preferences and leisure pastimes.

We looked at people's care plans and other associated records. All files contained details about people's life history, their likes and dislikes, what was important to each person and how staff should support them. Plans were written clearly and in detail to guide staff members care practice and additional care records were also completed. Plans for the care of more individual needs, such as for positive behaviour, were also written in as much detail. This provided staff with information about what to avoid, what they should do in certain situations and what each person expected of staff. We saw the care plans were reviewed on a regular basis and if new areas of support were identified, or changes had occurred. Daily records provided evidence to show people had received care and support in line with their support plan.

People had access to a large variety of activities that staff supported them to take part in. People told us that they liked to go out and one person said that they especially liked to go bowling. We saw that people had events arranged regularly and that staff supported them to take part in these. There were staff members constantly present in communal areas and this helped people to do what they wanted and choose where to spend their time.

The service remained good at managing complaints. People told us they would speak with a member of staff if they were worried about anything. One person's relative told us, "I would probably go to the manager but I've never felt the need to." Staff confirmed they knew what action to take should someone in their care indicate they were not happy. We saw that there was a complaints procedure in place, which provided guidance about investigations and timeframes. However, the manager advised that no complaints had been made.

## Is the service well-led?

### Our findings

The service remained good at providing a positive and open culture. One person at the home told us that they liked living at the home and they were happy there. A person's relative commented, "They [family member] seem happy. They never don't want to go back."

Staff members told us that there was a stable staff group and that they got on well together. One staff member said, "On the whole we do get on well. We do support each other." We saw that staff spoke respectfully to each other and generated a friendly, welcoming atmosphere in the home.

There was a registered manager 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. At the time of our visit the registered manager was on long term leave and their role was covered by another senior staff member. One staff member told us that there was an open door policy and this had continued and they were able to speak with an acting manager if they needed to. They also explained that they had received additional support from the area manager during the transition of managers. However, one staff member felt that not enough had been done quickly enough in relation to staffing levels and that their concerns had not been taken seriously enough. We spoke with the area manager who confirmed that sometimes recruitment checks took longer than expected but that their communication with staff about this could be better. We concluded that staff members were supported and that the home was well run, with an open atmosphere.

The service remained good at assessing and monitoring risks to people and the quality of the service. The manager used various ways to monitor the quality of the service. These included audits of the different systems around the home, such as environmental, medicines and the care records. The audits identified issues and the action required to address them. The registered manager monitored accidents and incidents and we could see that staff took appropriate actions to reduce reoccurrences. A trends analysis was completed, such as whether incidents occurred more frequently at one time of day.

We saw that the views of people and their relatives were obtained on either an annual basis through a questionnaire or through meetings and reviews of care. The information was then collated and a summary of the findings made available. The most recent responses showed that there was a positive response about the service provided.