

Sense

# SENSE - 163 Newington Road

## Inspection report

163 Newington Road  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

SENSE - 163 Newington Road is a residential care home providing personal care to four people the time of the inspection. The service can support up to four people.

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

People told us they were happy living at the service. When we asked people if they liked living there one person signed 'happy' and another person beamed a big smile in response. Relatives were also happy with the service. One relative said, "[My relative has] really bloomed there. [They are] happy there and can express [themselves]. [They] like the atmosphere.

### Right Support:

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.

People were supported to make day to day choices and set goals and aspirations. When decisions needed to be made on people's behalf staff followed appropriate processes to ensure decisions made were in the person best interest.

### Right Care:

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. People's care, treatment and support plans reflected their range of needs and staff knew people's needs well.

The service had enough appropriately skilled staff to meet people's needs and keep them safe. Safe recruitment processes were followed. People received their medicines as prescribed and medicines were managed safely. The service was clean, and people were protected from the risk of infection.

### Right Culture:

Staff were motivated and felt well supported. There was a positive culture at the service and people benefited from being supported by happy staff which was reflected in the atmosphere at the service. Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. People and those important to them were involved in planning their care.

When incidents occurred, these were reported, and action was taken to reduce the risk of incidents re-occurring. Regular audits were undertaken to ensure the quality of the service was maintained. The service worked well in partnership with other health and social care providers such as occupational therapists to ensure people were well supported and safe.

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

The last rating for this service was good (published 18 June 2019).

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing and staff not recording incidents. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained good as a result of our findings on this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SENSE - 163 Newington Road on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# SENSE - 163 Newington Road

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

SENSE - 163 Newington Road is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. SENSE - 163 Newington Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

### 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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We communicated with four people who used the service about their experience of the care provided. Some people did not communicate with us verbally and were supported by staff to communicate using sign language or deafblind manual. Deafblind manual is a way to communicate using only touch. We also spoke with two relatives.

We spoke with six members of staff including the registered manager, senior care staff and care staff. We reviewed a range of records. This included all or parts of three people's care records and medication records. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including audits, training records and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- There had been no safeguarding concerns since the last inspection. However, staff understood what the signs of abuse were and how to report these. Staff also knew how to whistleblow if they needed to raise concerns about practice at the service.
- Relatives told us they felt their loved ones were safe. One relative said, "I think [my relative] is in the best place, it's safe and [they are] very happy there."

Assessing risk, safety monitoring and management

- Staff knew how to support people to remain safe where there were risks to their health and well-being. For example, one person needed support with their epilepsy. They had a device fitted for the purpose of which aimed to reduce the number, length, and/or the severity of seizures. Staff knew how to operate this device and ensured they had the equipment to operate the device with them including when they went out with the person.
- Risks to people were assessed and there was information for staff to enable them reduce risks. Staff were aware of this guidance and knew to follow it. For example, one person needed to walk on the inside of the pavement when out in the community in case they became suddenly unwell. Staff provided this support to keep the person safe.
- Risks from the environment were assessed and managed. For example, there were checks on the gas and electric to ensure they were safe. There was a plan in place in the event of a fire and water temperatures were checked to ensure people were not at risk from scalding.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Where people were unable to make

decisions for themselves best interest meetings were held in line with the MCA.

- Staff had a good understanding of mental capacity and that people had the right to make decisions for themselves where this was possible. Staff told us how they supported people to make choices. Staff understood that each person needed a different level of support. For example, one person needed to be offered a small number of options, another person needed time to make some decisions.

#### Staffing and recruitment

- There were enough staff to provide support to people. Staff hours were planned around what activities people planned to do and when to ensure people were able to go out when they wanted to do so. One relative said, "There is always enough staff. I have no concerns about staff being there as needed."
- Staff and the registered manager recognised when people's changing needs meant more staff were needed. For example, two people's needs were increasing as they got older. The registered manager identified they needed more support at night and waking night staff had been recruited to meet people's changing needs.
- Staff continued to be recruited safely. Recruitment checks continued to be carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. There was information for staff on what medicines were for and how and when to administer them. One relative said, "I am happy with the support for medicines and they make sure it all comes home with him."
- Where people had 'as and when' medicines such as pain relief, there was information for staff such as how often the medicines could be taken and when it may be needed. People could take their medicines in private when appropriate and safe.
- The service ensured people were not subject to being controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

People were supported to have visitors in line with government guidance. Relatives told us they were able to



visit when they wanted to do so and people went out with their relatives, for example to a zoo or restaurant.

#### Learning lessons when things go wrong

- Staff knew how to report incidents and incidents were reported and documented when things went wrong. When things went wrong action was taken. For example, one person had fallen. What had caused them to fall wasn't identifiable. Staff had referred the person to an occupational therapist to assess if any aids and equipment would help reduce the risk of falls or injury. Medical attention was also sought to help identify the reason the person fell. Sensors were put in the person's room so staff knew when the person was getting out of bed and could provide them with support.
- Trends in incidents were analysed and actions were taken to reduce the risk of incidents reoccurring.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- The registered manager and staff put people's needs and wishes at the heart of everything they did. The registered manager was passionate about the service and providing good support to the people who lived there. Staff reflected this passion and spoke about people positively. One staff said, "Here I like it as you have time for people and can give attention to people."
- Staff felt respected, supported and valued by the registered manager which supported a positive culture. One staff said, "The manager is supportive, if you need anything you can just ask, and she helps. The staff are really amazing and work together well, we help each other."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff said, "I am happy working here. If I didn't like something, I would raise it".

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 registered manager understood the need to be open, transparent and apologise if there was a duty of candour incident. A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- We did not identify any incidents or accidents at the service which qualified as duty of candour incidents. However, when incidents had occurred relatives told us they were kept informed.

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

- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. People's needs were regularly reviewed. Staff discussed people's needs in team meetings, for example, to share information on any possible changes in people's behaviour.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Regular audits were undertaken to ensure areas such as care planning, medicines and health and safety were monitored. External audits were also undertaken to ensure checks were robust.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff retention levels were high, and the staff team was stable. Staff had a good

understanding of people's needs and their role within the service. One relative said, "It's important to us that staff understand [my relative]. Staff do have a good understanding of [their] needs."

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

- The provider sought feedback from people and those important to them and used the feedback to develop the service. There were annual surveys for relatives and feedback was positive. Comments included, "So impressed at how the staff have worked tirelessly to make the past 18 months safe and secure."
- Feedback from people was gathered in a less formal way on a regular basis as this was more appropriate for people's needs. People also had keyworkers and regular contact with the registered manager and attended regular review meetings where they discussed their goals, aspirations and outcomes.
- One relative said, "I really do think they listen to me and we have an open relationship. They talk to me and listen. They listen to [my relative]". They also told us about a time their relative was unhappy with how a member of staff communicated and that action was taken to address this concern.

Continuous learning and improving care; Working in partnership with others

- The registered manager engaged in local forums to work with other organisations to improve care and support for people using the service and share ideas. For example, about local or new accessible facilities for people.
- People were referred to health and social care services appropriately such as GPs, occupational therapists, specialist consultants and physios. Staff were kept informed of the outcome of any health visit as appropriate.
- Staff worked with health and social care professionals to improve outcomes for people. For example, staff had worked with an occupational therapist to identify safe ways to reduce one person's risk of falls. The registered manager also learnt about new technology to support the person when a pressure alert mat was assessed as unsafe for the person as they might trip over it. Instead light beams were used to alert staff when the person got out of bed.