

Sense

# SENSE - 56 Monks Dyke Road

## Inspection report

56 Monks Dyke Road  
Louth  
Lincolnshire  
LN11 9AN

Tel: 01507610877  
Website: [www.sense.org.uk](http://www.sense.org.uk)

Date of inspection visit:  
27 September 2017

Date of publication:  
25 October 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

We carried out this announced inspection on 27 September 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 – 56 Monks Dyke Road is registered to provide accommodation and care for seven people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were seven people living in the service. Some of the people lived with significantly reduced sight and/or hearing. In addition, all of them had special communication needs and used personal forms of sign assisted language.

The service was run by a charitable body that was the registered provider. 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. In this report when we speak about both the charitable body who ran the service and the registered manager we refer to them as being, 'the registered persons'.

At our last inspection that we completed on 2 August 2015 we rated our domains 'safe', 'effective', 'caring' and 'responsive' as being, 'Good'. However, our domain 'well led' was rated as, 'Requires improvement'. This was because the registered persons had not told us about their receipt of two deprivation of liberty authorisations. This oversight had reduced our ability to promptly check that the people who were subject to the authorisations were receiving safe and lawful care. Nevertheless, the overall rating for the service was still, 'Good'.

At this inspection we found we rated all of our domains as, 'Good'. In addition, the overall rating for the service was, 'Good'.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been supported to take informed and reasonable risks. At the same time they were also being helped to avoid preventable accidents and care staff were safely managing medicines. There were enough care staff on duty and background checks had been completed before new care staff had been appointed.

Care staff had received training and guidance so that they knew how to care for people in the right way. People were supported to prepare their meals and drinks and care staff had ensured that people had enough to eat and drink. In addition, 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 kindness and compassion. Care staff respected people's right to privacy and promoted their dignity. Arrangements had been made for people to have access to independent lay advocates if necessary and confidential information was kept private.

People and their relatives had been fully involved in making decisions about the care that was provided. People had been supported to be as independent as possible and they had been helped to pursue a wide range of 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. Good team working was promoted and care staff had been enabled to speak out if they had any concerns.

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 was well led.

People and their relatives had been consulted about the development of the service.

Quality checks had been completed.

CQC's quality ratings had been displayed and the registered persons had told us about significant events that had occurred in the service.

Good team working was promoted and care staff had been encouraged to speak out if they had any concerns about the care people were receiving.

# SENSE - 56 Monks Dyke Road

## 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 persons 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 persons 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 persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the principal 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 27 September 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home.

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

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing

care to help us understand the experience of people who are not able to speak with us.

After our inspection visit we spoke by telephone with three relatives.

## Is the service safe?

### Our findings

People showed us that they felt safe living in the service. One of them smiled broadly when they returned home after attending a day opportunities service. They pointed towards objects in their bedroom and indicated that they were pleased to be home. Relatives were satisfied that their family members were safe in the service. One of them remarked, "It's an excellent service that gives people the individual care they need."

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 told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. We noted that they knew how to contact external agencies such as the Care Quality Commission if they had any concerns that remained unresolved. Furthermore, we saw that care staff followed robust procedures when helping people to manage their personal spending money. This included care staff keeping a clear and comprehensive account of how each person's money was being used.

We saw that care staff helped people to take reasonable risks that are part of everyday life. An example of this was people being helped to safely complete household tasks such as making themselves drinks and snacks. At the same time people were helped to avoid preventable accidents. An example of this was the hot water service being temperature controlled to reduce the risk of scalds. Another example was care staff carefully establishing how much support each person needed to be given so that they could safely go out and about in the local community.

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. Records showed that in the 12 months preceding our inspection visit there had been a small number of instances when medicines had not been administered and/or recorded in the right way. We noted that the people concerned had not experienced any direct harm. In addition, documents showed that the registered manager had introduced a number of improvements to reduce the likelihood of the same mistakes occurring again.

There were enough care staff on duty to promptly provide people with the individual assistance they needed. We noted that as a result of some vacant care staff posts the service had used a number of agency staff in order to maintain a sufficient level of staff cover. However, the registered manager assured us that arrangements had been made with the employment agency in question so that as far as possible the same care staff were provided to work in the service. This had been done to enable the agency care staff in question to develop a comprehensive understanding of the care needs of the people who lived in the service.

Records showed that the registered persons 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 showed us that care staff knew what assistance they wanted to receive and had their best interests at heart. One of them went to the back door with a member of care staff as they were about to leave at the end of their shift. They then waved and used sign assisted language to ask another member of care staff when their colleague would next be on duty. Relatives were also confident about the effectiveness of the service. One of them remarked "The staff are excellent and they truly know each of the people who live in the service so well I mean they know the individual quirks we all have and so they can help them in the right way."

Records showed that new care staff had received introductory training and that established care staff had also received on-going training and guidance. We noted that care staff knew how to provide people with the care they needed. An example of this was care staff gently enabling people to promote their continence. Another example was care staff tactfully helping a person when they wanted to change their clothes in the lounge. They gently encouraged the person to wait until they were in the privacy of their bedroom.

We saw that people were encouraged to make themselves drinks and to contribute to the preparation of meals. People showed us that they enjoyed their meals with one of them smiling and gesturing as if they were eating. In addition, we noted that the registered manager had consulted with dietitians and speech and language therapists to ensure that people were fully supported to eat and drink safely. They had also ensured that people had enough nutrition and hydration while following a healthy and balanced diet.

Records showed that care staff were helping people to safely manage and live with particular health care conditions. We also noted that people had been given all of the help they need to see their doctor and other healthcare professionals such as dentists and opticians.

The registered 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 to involve people in making decisions about the clothes they wanted to buy. We saw that people had been given information in a way that was meaningful to them about the garments they may wish to buy in order to complete their wardrobe and how much they would cost.

Records showed that when people lacked capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with health and social care professionals in relation to a decision that need to be made about the medical treatment they should receive at the end of their life. This had enabled all of the circumstances to be considered so that arrangements were made for the person to only receive care that ensured their comfort and which promoted their dignity.

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 persons had obtained the necessary authorisations and were complying with any conditions that had been set. These measures helped to ensure 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. We saw a person being supported to enjoy looking at different shapes and colours that interested them. A member of staff assisted them to find a range of different objects by looking at posters and magazines. The person smiled and showed by their continued attention that they appreciated the time they were spending with the member of staff concerned. Relatives were very complimentary about care staff. One of them said, "The staff are very good and it's their commitment that make it such a homely service."

We saw that people were being treated in a kind and respectful way. Care staff took time to speak with people and we witnessed a lot of positive occasions that promoted people's wellbeing. An example of this occurred when a person came home after being out all day attending a day opportunities service. We saw that the person was assisted by a member of care staff to spend time relaxing in the kitchen/dining area with the member of staff using sign assisted language to enable the person to recount the various activities they had enjoyed that day.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this was 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. Shared use 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. Furthermore, three of the bedrooms had their own private bathroom. However, we noted that the hoist that was fitted in one person's private bathroom was not working and had not been so for several weeks. This had resulted in the person not being able to be assisted to safely bathe in the service. This was because the bath in the communal bathroom was not fitted with a hoist. We were told that care staff were assisting the person to use a suitable bath in another service that was on the same site. However, although the person was being supported to bathe the arrangement involved them having to leave the comfort and familiarity of their home in order to do so. The registered manager assured us that plans were in place to repair or replace the damaged hoist and they anticipated that the necessary work would be completed in the near future.

We found that people could spend time with relatives and 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. Care staff also regularly spoke with relatives by telephone and email to let them know how their family member was doing.

Although people had family and friends to support them, the registered manager had also made arrangements for people to have access to lay advocates if this became necessary. 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 care staff.

## Is the service responsive?

### Our findings

People showed us that care staff provided them with a lot of care so that they could be as independent as possible. An example of this occurred when we saw a person being supported to manage their laundry by sorting out clothes that needed to be washed. They then helped the person to make sure that garments were only washed together when their colours would not run. Relatives were confident that their family members received the right care. One of them told us, "It's really just like a big family there and the staff just know what individual care each person needs."

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 people being helped to make decisions about how they wanted to be supported to better manage their weight. We noted that when doing this care staff had carefully used a range of methods to explain to the person that losing weight only involved moderating their use of certain foods rather than having to go without them altogether.

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 one 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 and which helped them to adjust to their loss. Another example was a person who had been supported to use personal grooming products that were suitable for their skin type.

Records showed that people were being supported to enjoy a wide range of opportunities to engage in occupational and social activities. We noted that the day opportunities service most of the people attended offered them a wide range of choices to enjoy activities such as learning life skills. The social activities people enjoyed included swimming, sailing and attending local dances.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. Records showed that the registered persons had not received any complaints during the 12 months preceding the date of our inspection visit.

## Is the service well-led?

### Our findings

People showed us that they considered the service to be well run. One of them smiled and used sign assisted language to tell us that they liked living in their home. Relatives were assured that the service was well run. One of them said, "I absolutely do think it's a very well run service. The staff are professional while being caring and there can be no question that SENSE is a first class organisation."

We noted that people were regularly being invited to give feedback to care staff about their home and to suggest improvements. There were a number of examples of improvements then being made including the decoration of bedrooms and communal areas of the accommodation.

Records showed that the registered persons had 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 managed safely and good standards of hygiene were being maintained. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. In addition, we saw that the registered manager had suitably displayed the quality ratings we gave the service at our last inspection.

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 told us that they could speak with a representative of the registered person or with the registered manager if they had any concerns about the conduct of a colleague.