

Sense

SENSE - 25 Horsegate

Inspection report

25 Horsegate
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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?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This was an announced inspection carried out on 11 November 2015.

SENSE – 25 Horsegate can provide accommodation and care for five people who have a learning disability and who have reduced hearing and vision. There were five people living in the service at the time of our inspection. All of the people living in the service had special communication needs and used a combination of words, signs and gestures to express themselves.

There was a registered manager. 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People were helped to promote their wellbeing, steps had been

Summary of findings

taken to reduce the risk of accidents and medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to care for people in the right way including how to respond to people who had special communication needs. People had received all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had received all of the care they needed including people who could become distressed. People had been consulted about the care they wanted to receive and staff supported people in imaginative ways to celebrate their individuality. Staff had supported people to pursue a wide range of interests and hobbies and there was a system for resolving complaints.

Regular quality checks had been completed and people and their relatives had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. People had benefited from staff acting upon good practice guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to keep people safe from harm.

People had been helped to promote their good health, to stay safe by managing risks to their wellbeing and to use medicines safely.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to care for people in the right way. These skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had received all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

Good



Is the service caring?

The service was outstandingly caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and they were imaginative in how they responded to people's care needs.

Confidential information was kept private.

Outstanding



Is the service responsive?

The service was responsive.

People had been consulted about the care they wanted to receive.

Staff had provided people with all the care they needed including people who could become distressed.

People had been supported to celebrate their individuality and to pursue a wide range of hobbies and interests.

There was a system to resolve complaints.

Good



Is the service well-led?

The service was well led.

Quality checks had been completed to ensure that people received safe care.

Good



Summary of findings

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

There was a registered manager and staff were well supported.

People had benefited from staff acting upon good practice guidance.

SENSE - 25 Horsegate

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 were 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.

Before our inspection we reviewed the information we held about the service. This included the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We visited the service on 11 November 2015. We gave the registered persons a short period of notice before we called

to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spent time in the company of all of the people who lived in the service. We also spoke with two care workers, two team leaders and the registered manager. We observed care that was provided in communal areas and looked at the care records for three of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit we spoke by telephone with three relatives and with one health and social care professional. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

Is the service safe?

Our findings

People showed us that they felt safe living in the service. We saw that they were happy to seek the company of staff and were relaxed when staff were present. For example, we saw a lot of examples of people smiling when staff were present. In addition, we noted that people went out of their way to be close to staff. We saw that when three of the people came home after being out at work, they were happy to join staff sitting at the kitchen table where everyone relaxed and chatted over a cup of tea. Both of the relatives said they were confident that their family members were safe in the service.

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately to raise a concern about the safety of one of the people who lived in the service. We noted that action had subsequently been taken to help prevent the same thing from happening again. This action had helped to ensure that the person concerned and other people who they met were kept safe.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, special arrangements had been made to assist a person to sit safely when using the service's vehicle. This had reduced the risk of them becoming anxious and distracting the driver. Another example, involved a person being provided with a special soft mattress. This equipment was necessary because the person spent quite a lot of time resting in bed and needed a mattress that helped to prevent their skin from becoming sore. In addition, we noted that the registered persons had provided staff with written guidance about how to safely assist people should they need to quickly move to another

part of the building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

Records showed that a small number of accidents or near misses had occurred in the 12 months preceding our inspection. We saw that each of the events had been analysed and that steps had been taken to help prevent them from happening again. For example, it had been noted that people could be unsteady when getting into and out of the bath. As a result a grab rail had been fitted in the bathroom to assist people to use the bath safely. Another example we saw was an extra bannister rail that had been fitted to the stop of the stairs to help reduce the risk of people falling into the stairwell. In addition to these measures, we noted that a shatter-proof mirror had been installed in a person's bedroom so they could use it without being at risk of injury. All of these examples showed that staff knew how to take practical steps to help reduce the likelihood of near misses and accidents.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training. We noted that they were correctly following written guidance to make sure that people were given the right medicines at the right times. We noted that there had been one occasion in the 12 months preceding our inspection when a medicine had not been correctly dispensed by a member of staff. Although records showed that the event had not resulted in people experiencing direct harm, the registered manager had recognised the need to take steps to help prevent the mistake from happening again. These measures included providing additional training for the member of staff concerned and observing their practice to confirm that they had all of the knowledge and skills they needed.

The registered manager had reviewed each person's care needs and calculated how many staff were needed to meet them. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service indicated that

Is the service safe?

there were enough staff on duty to meet their needs. For example, a person gestured towards a member of staff who was about to help them put on their outdoor clothes. They then clapped their hands and smiled when the same member of staff sat with them and explained which shops they were going to visit so that the person could purchase the items they wanted to buy. A relative said, "I'm sure that there are indeed enough staff because my family member tells me all of the things that staff help them to do each week and it's a lot."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. They noted that in addition to this, other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

Is the service effective?

Our findings

Staff had regularly met with the registered manager and deputy manager to review their work and to plan for their professional development. In addition, we noted that senior staff regularly observed the way in which other staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs for care. Records showed that that staff had been supported to obtain a nationally recognised qualification in care. We saw that in addition to this, staff had received training in key subjects including how to support people who have a learning disability and who have complex needs for care resulting from reduced hearing and vision. The registered manager said that this training was necessary to confirm that staff were competent to care for people in the right way.

We saw that staff had the knowledge and skills they needed. For example, we saw that staff knew how to effectively support a person who had special needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a deliberate way from one activity to the next. A relative said, "A lot of the staff have worked in the service for many years and they know the people who live there almost as family members. Indeed, that's the best description of the service, the staff give people the same loving care they would get from their families."

People said and showed us that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. For example, when we asked about their relationships with staff a person held the hand of a nearby member of staff, gave a thumbs-up sign and said, "Happy."

People were provided with enough to eat and drink. Staff kept records of how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. People had been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered manager had consulted with healthcare professionals to develop special arrangements to support two people who sometimes did

not eat all of their meals and who were at risk of losing weight. The arrangements included staff gently encouraging them to eat and providing them with food supplements that increased their intake of calories.

In addition, staff had consulted with healthcare professionals about how best to assist some people to reduce the risk of them choking when eating their meals. We saw that staff were reliably following detailed guidelines that described how foods such as meat should be softened and how sandwiches needed to be cut up into bite-size portions.

Staff had consulted with people about the meals they wanted to have and records showed us that they were provided with a choice of meals that reflected their preferences. We saw that staff supported people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in taking care of themselves and in addition it contributed to catering being enjoyed as a shared activity.

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health.

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a

Is the service effective?

person's best interests. For example, we noted that key people in a person's life had been consulted when it had been necessary for the person to have an operation that involved the use of a general anaesthetic.

In addition, the registered manager knew about the Deprivation of Liberty Safeguards and had sought the

necessary permissions from the local authority. These permissions had only been granted because the restrictions in use were the least necessary and were designed to keep people safe. The arrangements had ensured that the registered persons were only using lawful restrictions that protected people's rights.



Is the service caring?

Our findings

People who lived in the service were positive about the quality of care they received. We saw a person spending quiet time in their bedroom with a member of staff. In line with their usual routine the person was looking at two television screens at once that were showing different programmes. The member of staff was observed to comment on both programmes to the person concerned who tapped on the nearest screen to indicate that they were enjoying what they were doing. A relative said, "I think that service provides excellent care for people and I can only say that I'm grateful that after a long search we found the service to care for my family member. To be honest caring for my family member in their earlier years wouldn't have been so hard if we'd have known that we would end up with SENSE."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive interactions that promoted people's wellbeing. For example, we noted that one person needed to be supported in a particular way when their relative was due to visit the service. This involved discussing with them when their relatives were due to call, reassuring them about the arrangements that had been made for them to stay with their relatives and explaining when they would return to the service.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, during the course of our inspection a person indicated that they wanted to spend time with a member of staff who had answered the telephone and was busy making some administrative arrangements for SENSE. We noted that as soon as the member of staff noticed the person's request they finished the telephone and spent time with the person in line with their request.

We saw that staff had responded imaginatively to support a person who had been unsettled in the service but who had then been able to successfully overcome their doubts and concerns. Staff had celebrated this achievement by working with the person to prepare a visual map of all of the milestones they had passed and challenges they had met during their journey. The map was presented on a

large roll of paper and used photographs, colourful drawings and other keepsakes to show how the person had progressed. Staff described to us how they regularly supported the person to look at the map both to confirm the progress they had made and to give them confidence if they were troubled.

Another example of staff using imagination and compassion involved the way in which a person had been assisted to grieve when their grandparents had died. Records showed that staff had spent a lot of time explaining to the person why they had not been able to see their grandparents. In response to the person's questions, staff had helped the person to assemble a memory box. This contained items such as photographs of the person's grandparents, letters they had sent and presents they had given to the person. Staff said that the person concerned often looked through the memory box and then was able to seek and receive assurance from staff about the positive role they had played in their grandparents' lives.

We noted that staff had also responded in an especially compassionate way when it had appeared possible that a person who lived in the service might die. The person concerned did not have relatives who were actively involved in their life and so staff had written a 'Living Well Book'. In this document they had written about all of the positive things the person had contributed to the service such as their sense of humour and kind nature. Staff said that this account had enabled them to keep their spirits up, to not be too sad when supporting the person and to celebrate when eventually the person made a partial recovery.

The registered manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. Although it had not been necessary to use them, there were arrangements to quickly access an advocate if someone did not have family or friends to help them make their voice heard.

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. Staff knocked on the doors to private areas and waited for permission before entering.

People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed



Is the service caring?

sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. We noted that staff had fitted a special lock to a person's bedroom door. This had been done so that the person could easily lock their room when it was not in use and then be confident that no one else would go into their private space. We were invited by the person concerned to visit them in their bedroom where we found them relaxed and resting on their bed. They then spent a lot of time pointing with approval to different parts of their bedroom and then they indicated towards the door and said, "Mine in here."

People had been supported to personalise their bedrooms so that they reflected their interests and preferences. We noted that one person's bedroom reflected the person's interests in lights and reflections. There were string lights attached to the walls, an illuminated glitter-ball and a back-lit simulated fish tank. In addition, the person's love of music was supported by them having their electric organ. Another person's bedroom responded to their interest in motor vehicles and a third bedroom had a lot of soft toys on display that we saw the person holding close to them and then patting.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. When necessary, staff had assisted people to keep in touch with relatives by sending birthday and Christmas cards.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. For example, we observed that staff did not discuss information relating to a person who lived in the service if another person who lived there was present.

Providing people with compassionate care that imaginatively responded to their individual needs, respecting people's privacy and safeguarding confidential information all contributed to the service offering people an outstandingly caring response that significantly contributed to their quality of life.

Is the service responsive?

Our findings

Staff had consulted with people about the daily care they wanted to receive and had recorded the results in their individual care plans. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose clothes they wanted to wear when they next went out into the garden. A member of staff explained that with the change from summer to autumn, cooler weather had arrived that resulted in them needing to wear warm clothing. The member of staff then fetched a warm jumper that the person was seen to wear each time they went out into the garden to enjoy walking about and sitting on a large bean bag.

People showed us that staff had provided them with all of the practical everyday assistance they needed. This included supporting people to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, organising personal laundry and managing money. We noted that imaginative steps had been taken to support people who lived with reduced vision so that they could be as independent as possible. For example, whenever possible staff ensured that hallways and other communal areas were kept free of any clutter so that people could safely move about without always having a member of staff with them. We noted that there were speaking devices fixed to the wall outside various rooms. When the buttons on these devices were pushed a recorded voice spoke out the nature of the room such as whether it was a bedroom or a bathroom.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using sounds, signs and gestures to add meaning to the single words and short sentences that they preferred to use. For example, we observed how staff knew how to respond to a person who indicated that they wanted to rest on their bed by understanding the signs they were using. These signs referred firstly to the direction of the person's bedroom and then to the action of lying down. The person concerned

smiled and said 'good' when a member of staff supported them to leave the dining room and walk towards their bedroom. Later on we saw them resting happily on their bed.

In addition, staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in the dining room and the heightened level of activity in the space. Staff responded to this by suggesting that the person enjoy some quiet time in the lounge that was nearby and from which the person could still see the dining room. Soon after this event we saw the person relaxing in the quieter surroundings of the lounge while still being able to observe people who were present in the dining room. Another example occurred when we unintentionally

overheard a person in their bedroom who was becoming anxious when a member of staff began to assist them to dress. We noted that the person became calm, laughed with pleasure and willingly got dressed when the member of staff sang a song to them that had words which referred to how people put their clothes on in the morning.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. For example, arrangements could be made to meet people's spiritual needs including supporting them to attend religious ceremonies.

Staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included attending a local resource centre, going swimming, visiting places of interest and attending social functions. In addition, people had been supported to enjoy a summer holiday each year that reflected their particular interests. We noted that one person had been supported to stay at outdoors activity centre in the Lake District and we saw photographs of the person enjoying themselves undertaking various activities such as canoeing. Another person had been supported to stay in a small seaside town where they had been able to

Is the service responsive?

visit a famous local brewery in which they had expressed interest. A third person was due to visit Blackpool where arrangements had been made for them to achieve an ambition to play a Wurlitzer organ in a large ballroom.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. People had been given a user-friendly complaints procedure that explained their right to make a complaint. The registered persons had a procedure which

helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. A relative said, "I've never been even close to making a complaint. I know that SENSE is as keen as me to give my family member all the care they need. If there is something I need to say I just raise it with the staff and things get sorted straight away. However, there hasn't been anything major at all."

Is the service well-led?

Our findings

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

We saw that action had been taken when quality checks had identified problems. For example, records showed that an audit had been completed to establish how well people were being supported to engage with family and friends. As a result of this exercise several improvements had been made including enabling a person to communicate with relatives by using a social media application on the internet. Another improvement was in progress and involved the registered manager enquiring about adaptations that could be made to support a person with limited vision to use a tablet computer.

Checks were also being made of the accommodation and included making sure that the fire safety equipment remained in good working order. In addition, the registered persons had identified the need to have a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

People who lived in the service showed us that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible destinations for trips out so that people could choose where to go. Records showed that staff had kept in touch with relatives and health and social care professionals to let them know about developments in the service and to ask for their suggestions. A relative said, "The staff keep in contact with me pretty much all the time and they let me know how my family member is doing. They always tell me if about big things such as a hospital appointment but also about little things such as social activities my family member has enjoyed."

People showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with

people who lived in the service and with staff. They had a very detailed knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered manager and they were confident they could speak to them if they had any concerns about another staff member. Staff said that positive leadership in the service reassured them that they would be listened to and that action would be taken if they raised any concerns about poor practice.

The registered manager had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved a member of staff attending a national workshop that discussed how use of the visual arts could be used to promote the wellbeing of people who needed care. We saw that as a result of attending the workshop the member of staff had worked with people who lived in the service to prepare a WOW! noticeboard. This noticeboard had been laid out to display a variety of pictures, drawings and cartoons that explained and confirmed the right people had to receive dignified and responsive care. These rights were summarised by the information on the noticeboard that focused on SENSE's central value statement of, 'no decision about me without

Is the service well-led?

me.' The guidance that the member of staff had received through attending the workshop had promoted their ability to imaginatively engage people in reflecting upon and assessing the care they received.