

Sense

# SENSE - Supported Living Services (East Anglia)

## Inspection report

32 Bertie Ward Way  
Toftwood  
Dereham  
Norfolk  
NR19 1TE

Tel: 01362854153  
Website: [www.sense.org.uk](http://www.sense.org.uk)

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

The inspection took place on 3 August 2016 and was an announced inspection. This meant that we gave the service notice of our arrival so that we could meet with people who used the service.

The service is registered to provide personal care to people living in their own homes and there were five people using the service at the time of this inspection. The service provided care and support to people with a sensory impairment and physical and learning disabilities.

There was a registered manager for this service, who was available every day. 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.

People felt safe using the service. Staff were trained in adult safeguarding procedures and could identify what to do if they considered someone was at risk of harm, or if they needed to report concerns.

There were systems in place to identify risks and protect people from harm. Risk assessments were in place and carried out by staff who were competent to do so. Risk assessments recorded what action staff should take if someone was at risk and referrals were made to appropriate health care professionals to minimise risk going forward.

There were sufficient staff to keep people safe and meet people's needs, and the registered manager had followed safe recruitment procedures. Staff were competent with medicines management and could explain the processes that were followed.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005. The registered manager understood that there should be processes in place for ensuring decisions were made in people's best interests.

Staff were caring, knew people well, and supported people in a dignified and respectful way. Staff acknowledged people's privacy. People felt that staff were understanding of their needs and had positive working relationships with people.

Care provided was individualised according to each person's needs and preferences. People and their relatives were involved in assessment and reviews of their needs. Staff had knowledge of changing needs and supported people to make positive changes to their care plans.

People and staff knew how to raise concerns and these were dealt with appropriately. The views of people, relatives, health and social care professionals were sought as part of the quality assurance process. Quality assurance systems were in place to regularly review the quality of the service that was provided.

## 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.

Staff knew how to recognise and report abuse and had received safeguarding training. There were enough staff to ensure needs were met and people were safe.

The service managed risk effectively and regularly reviewed people's level of risk. Medicines were managed appropriately.

### Is the service effective?

Good ●

The service was effective.

The service provided staff with training and they received supervision and observations from the registered manager.

People were supported to maintain good health, and were encouraged to eat a healthy diet.

There were effective processes in place to work in accordance with the Mental Capacity Act 2005. Staff sought consent and recorded this.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and dignity. They took time when delivering support and listened to people. Staff acknowledged people's privacy.

People were consulted about their care and had opportunities to maintain their independence.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care which was responsive to their needs.

People were supported to maintain hobbies and interests they enjoyed.

People knew how to express their concerns and feedback was encouraged.

### **Is the service well-led?**

**Good** ●

The service was well led.

The registered manager sought the views of people regarding the quality of the service. Improvements were made when needed.

There were quality assurance processes in place for checking and auditing safety and the service provision.

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## **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 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 inspection visit took place on 3 August 2016 and was announced, as the service was small and people may not be available to talk to us. The inspection was completed by a single inspector.

The provider had submitted some information for the 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 reviewed this alongside the notifications that had been sent to us, as is required by law. We also contacted social care professionals within the county for their views.

We spoke with three people that used the service and two relatives. We also spoke with the registered manager and three care staff. The area manager had also provided some useful information to assist with the inspection, prior to our visit. This included information on if people would be available and what their specific communication needs were.

We reviewed the care records of two people, training records and staff files as well as a range of records relating to the way the quality of the service was audited.

## Is the service safe?

### Our findings

People who used the service told us that they felt safe when they received care and support. One person told us, "I always feel safe with staff" and another confirmed by saying, "I had an accident when I was with [staff member] and they helped me". Relatives too felt that people were safe, with one relative saying, "Yes they are very safe". People confirmed they always knew the person that had come to deliver support, so they felt safe in their own home.

Staff had knowledge of how to protect people from harm when using the service and felt confident that they could refer any concerns to the registered manager. Staff were able to explain these processes to us. Staff were also very responsive to people when they said they did not feel safe, and we saw an example of where an appropriate safeguarding referral had been made by staff. The registered manager told us, and staff confirmed they had received the relevant training to keep people safe from harm and we saw records that reflected this.

The registered manager told us that there were some people whose behaviour could sometimes be viewed as challenging by others. We saw this was detailed in individual care records, with an appropriate risk assessment. Within this record there was information for how staff could best support this person and keep them safe if they became distressed. When we spoke with staff they were able to tell us the different techniques they used with different people and how best to manage situations, to keep people safe.

We saw that all care records contained risk assessments for all aspects of care and support that people required. Some people used specific equipment to take medicines and eat and drink, as they were nil by mouth and there were appropriate risk assessments in place. Staff knew the risks involved with this equipment and what to do if they needed support if this equipment failed in any way. This was the same for supporting people to manage their epilepsy. We saw that all types of epileptic seizures had been recorded and their differences and the process to follow. Staff were confident in what to do should a seizure take place.

There was information available to staff for dealing with emergencies, and each person had a copy in their own home. There had been an incident recently where staff had taken action to evacuate two people from their home. This was carried out in line with the evacuation process we viewed. Additionally staff felt that lessons could be learned and approached the manager with the idea of an evacuation bag (this is a bag already packed with things they would need if they had to evacuate again). This was agreed, and staff said it was very reassuring having this in place at the people's homes. It could also be used in the event of an unplanned hospital admission.

People who used the service told us, "I have staff with me all the time" and another said, "[Staffing], yes it is alright". A relative confirmed to us, "Yes, there are enough staff". This is a small service that supplies care 24 hours a day and seven days a week on either a one to one basis or a two to one basis. The registered manager therefore knew the numbers of staff that were required at all times.

The registered manager confirmed what processes were in place to cover annual leave and sickness. They also told us that they had just undertaken fresh recruitment which would enable support to be one to one going forward. Agency staff had been used; however this was during the night and always with a staff member known to the people receiving the care.

The registered manager followed safe recruitment practices, which included the appropriate criminal record checks and references. The registered manager told us about the recruitment process they followed and staff confirmed this to be the process they experienced. Which meant only staff suitable were employed to work with people at the service.

Most of the people using the service administered their own medicines with prompts from staff to remember. For those that did receive support, there were safe administration and storage systems in place. Staff were able to explain these to us and also what they would do if there were gaps in records of medicines. Staff confirmed that they had received appropriate medicines training. Audits and checks were carried out by the deputy manager, and the registered manager told us that people were observed administering medicines.

## Is the service effective?

### Our findings

People who used the service spoke positively about how staff supported them. A relative confirmed this and told us, "Yes, whenever there is a need they get trained, we are very lucky and we have a great team".

The registered manager showed us their records for staff training and the timetable for when this was due. Staff confirmed to us that they received the relevant training and they felt they could ask for any additional training if they wanted it. This service supported people with specific communication needs and staff said they were supported to gain the appropriate training, to meet this need. Staff were supported by professionals from outside their organisation to discuss specific areas of people's care and support needs. Staff told us this gave them greater confidence to perform their roles and found this training useful.

Staff did tell us that they would like to receive more practical moving and handling training. We spoke to the registered manager regarding this, and they confirmed staff had raised this. The registered manager will be undertaking a specific course that will enable them to deliver practical training. This will be taking place in the autumn and should support staff better.

Staff told us that they received an induction period when they started with the service. The registered manager confirmed this, and showed us the content. Staff told us that part of this induction was to shadow people and to meet the people they would support. Staff also told us that during this time they met people's families as well. They told us that this was really helpful as it helped see if people liked staff, and they could really understand their individual needs.

Staff received regular supervisions from the registered manager, and records confirmed this. Supervision is a meeting between staff and their manager to discuss their roles, training needs and personal development. Staff told us that they felt like they could discuss anything they needed to at this time. The registered manager told us, and staff confirmed they did not have to wait for formal supervision to discuss issues.

The registered manager told us that they were starting to use 'video supervision'. This is where the staff member is videoed whilst on shift (in a non-covert manner). This is then watched by the manager with the staff member, staff confirmed this was planned. The idea was to enable a discussion with staff about care practices they undertook and how they could be improved. We saw in care records that people using the service had been consulted about this and three of the five people had consented for it to happen. Only these three people would be involved in this method of supervision with staff. The registered manager confirmed that only they and the staff member would see the recording and then it would be deleted.

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 Act 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 MCA.

No one currently using the service was deprived of their liberty under the MCA and could make their own decisions regarding their care. For example one person's care record stipulated what decision they wanted to make themselves, and when they wanted their family involved for more complex decisions.

The registered manager and staff could explain the MCA and what that meant for people. Some people who used the service had variable capacity, and where this was the case we saw records of best interest meetings in place. Staff were also able to tell us how decisions were made at times when a person's capacity may be reduced.

We saw that the majority of care records were signed by the people using the service, where they were physically able. If they could not sign there were processes in place to explain the document and gain consent. We saw evidence of this in care records. In one case we saw that a relative had signed a document, as they felt it was in their relative's best interest and held a power of attorney. However, they did not have the correct power of attorney and the person had been assessed as having capacity, which meant a power of attorney would not have been evoked. We spoke with the registered manager who told us that they would discuss this document with the person using the service and would also have a discussion with the family member. The registered manager confirmed that they would use this as a learning exercise to improve knowledge around the different parts of the MCA.

People told us that they were involved in making their meals and that staff supported them to maintain a healthy and varied diet. One person told us, "We cook every Monday night" and another said, "I have support to help with food, I make the choices". A staff member told us that one person liked to be involved in getting the vegetables ready, as it helped them make healthier choices. Some people were being supported to attend a class in the community that promotes weight loss, and they told us staff had been very supportive. There had been positive results and people said they liked to be involved making the food.

We viewed in care records that some people had needed support from a Speech and Language Therapist (SALT) to support with their eating and drinking. We saw that the relevant assessments and risk assessments were in place to manage these recommendations. Staff were able to tell us what support people needed, and whether they required a special type of diet. One person required a thickener in their drink and had a set amount of drink they needed to have each day. Staff could tell us this amount and explained that this person did need encouraging with drinks, and how they did this.

When we asked a relative about access to healthcare their response was, "Yes, they are very good at that". We saw in care records there were a number of different healthcare professionals involved with each person and we saw appropriate referrals when people needed extra support. Staff told us that they felt confident which healthcare professionals to call if they needed to, and they would support people to attend appointments.

## Is the service caring?

### Our findings

People who used the service told us that they were happy with the care that was provided by the staff. One person told us, "[Staff member] is really really good" and another person said, "Yes, staff are kind". We asked relatives what they thought and one person replied, "They [staff] are very good, and very loyal, they do an excellent job and they know [person]". They went on to add that staff were, "Very consistent at promoting independence with [person]".

We observed staff with some people who used the service and we saw that they were kind and compassionate and that they knew the person well. We saw that where possible they promoted a person's independence and encouraged them to try new things. Staff told us that they felt it was important to know a person in order to support them. This was so staff with similar interests could work with people and support them to achieve more.

Staff said that they felt if they knew the person well it would support them to encourage people to carry out some tasks themselves. For example, one person needed support to have a shower and had no understanding of how to wash independently. Therefore staff would hand the shower hose to the person so they could be involved. This person loved water and staff said that it meant a great deal to them to be able to take some control. Staff explained that they used objects of reference or prompt words to ask people if they wanted to carry out a specific task.

People were supported to maintain relationships with people that were important to them. People told us that they visited friends and staff supported them with this. We also saw information in care records about people's family relationships, and people told us that they saw their family often and whenever they wanted.

People who used the service confirmed to us that they were involved in the planning of their care. One person said, "I usually have a discussion with staff [about care plan]" and a relative confirmed, "[Care planning] yes they [staff] involve us very much". The registered manager confirmed that reviews could happen at any time and people did not have to wait for a formal meeting. For example, one person used to love swimming and this was in their plan, staff noticed that this person was not as engaged as normal. They used objects of reference to support this person to see if they still wanted to swim and found they did not. Staff then continued to work with person to update their plan and find alternatives.

People, staff and the registered manager told us about the 'peer meetings' that they held. This was a formal meeting where people set their own agenda and talked about their care and their current plans. This helped them to say what was not working well and what was still relevant and care records were updated. We saw records of these meetings and the outcomes that had been addressed. This showed us that the registered manager and staff were committed to involving people and their families, with care planning, and ensured that records were appropriate to their current needs.

Relatives told us that, dignity is observed by staff, and staff could tell us the principles of good care. We saw in care records that people had made lists of what was important to them when having care delivered. This

included things that were individual to them, and the records showed if this did not happen why they would be upset. We asked staff about individual people's care and they were able to tell us what was important to each of them. Staff also confirmed how they maintained people's privacy and would shut doors and curtains before delivering care.

## Is the service responsive?

### Our findings

People who used the service told us that they were able to make choices about what they did and that this was individual to their needs. One person told us, "I choose to do my cooking" and another said, "I like living in my house, it is my choice, staff help me make decisions to make it mine". All of the people we spoke to said that they liked living in their own homes and staff made that possible.

We reviewed the care records of two people that used the service. The registered manager confirmed that the full version was at the office, and the information that was needed to support a person was in their home. This meant that there was a concise version which enabled staff to have easy access to what they needed. Records were detailed and contained a large amount of information about a person, their likes, dislikes and their history. Staff confirmed to us that they found the records to be helpful and that they continued to work with people to keep them individualised to them. Staff also said that if agency staff supported then these documents were really helpful to them to know a person and their needs.

One care record we viewed showed that this person did not like to have choices made on their behalf about daily tasks. Staff confirmed this was the case, and that they should show or give this person four of five choices. This not only enabled this person to do things they wanted to, but maintained their independence. Staff confirmed that they would always prompt the person if the weather was bad and they wanted to go out, or if there were risks involved to ensure the person was supported to make the best decisions.

Staff told us how they would support people to make decisions. Sometimes they would suggest things they knew the person liked to do or they would show people objects. For example, they would show someone a swimsuit or arts and crafts. They would be able to tell if that person wanted to do something else, and would offer another suggestion.

People led very active lives and were supported to maintain their hobbies and interests and were supported to plan holidays. One person told us, "I like to go swimming and to the gateway club" and another said, "[Trampoline] yes, I enjoy that and I like to make special birthday cakes". One person told us that they liked sewing and that, "I have made a t-shirt and finished curtains, staff help me with my sewing". We saw that other people enjoyed traveling to London to the theatre and were involved in volunteering and accessed adult education. One person had set up their own charity event.

Additionally to this people were able to maintain their identity, one person had followed a particular religion and staff had supported with this. However as they became older they decided they did not wish to pursue this and staff respected this. They supported the person with ideas for alternative activities. People were also supported to maintain relationships with the Deaf community if this was their wish. People were involved with the Deaf association and the Deaf signing choir.

This showed us that staff were responsive to meeting people's individual needs and to ensuring that they had access to their hobbies and interests to maintain active and varied experiences.

People told us that they felt confident to say something if they were not happy. One person said, "If I am not happy with something I would tell staff", and another person said, "No I have not really had to complain". Relatives we spoke to said that they too would raise concerns if they needed to and these were addressed.

There was a complaints policy available to people and staff felt confident to act on issues if people raised them. The service had not received any formal complaints in the past year. The registered manager used to have a meeting that all people using the service were invited to. However, this did not seem to work as people did not always want to talk about things in front of others. Therefore the registered manager told us that they now used 'peer meetings' to give people the opportunity to raise any concerns.

## Is the service well-led?

### Our findings

People who used the service told us that they could talk to the registered manager, area manager and staff at any time. One person told us, "I can talk to [registered manager] or [area manager]", a relative confirmed this and said, "[registered manager] pops and see's [person] from time to time". The registered manager told us that some people who used the service would email them just to have a chat or to meet for a coffee, and they were happy to do that. We observed people with the registered manager and saw that the manager did know people and what was important to them. People were at ease with the manager and could talk about anything they wanted to.

Staff also said that they could see the registered manager whenever they wanted, but also had a lot of day-to-day support from the deputy manager. They felt confident that they would be listened to and that action would be taken. They also said that they were a close team and staff were very supportive of one another.

Staff were confident that they could raise concerns about the service to appropriate people, if they had cause to. They told us that there were contact details for this in the folders in people's homes. No staff member has had to follow this process. Staff were aware of the core values of the service, which included promoting independence and individualised care. Staff gave us examples of where they encouraged choice and independence and took pride in their work.

There were team meetings in place, and we saw records to confirm this. Staff told us that they were not always at convenient times, and that they did not have time to discuss all the issues they wanted. They did say that they could raise concerns in supervision which they found to be supportive of their roles. This meant staff got sufficient support from the management team and time to discuss their own role. We also saw that there were annual appraisals recorded to look at the overall performance of staff and what they still needed to work towards. The registered manager told us the process they would follow if they found a staff member was not performing as they should. However they added that in the last year they had not undertaken this process.

The registered manager also told us that they felt much supported by the area manager. They said they felt listened to, for example with staffing capacity. The registered manager had spoken about staff numbers and the impact if they were reduced. This resulted in the area manager agreeing further recruitment which has just been completed.

The registered manager had a number of audits that they used to track the quality of the service. This included the monitoring of staff performance, and audits around health and safety, including accidents. We saw that these audits supported the registered manager to analyse trends in people's wellbeing and enabled discussion at supervision. The registered manager was in the process of auditing daily records at the time of our visit, this they said was important to ensure people were receiving care that met their needs. Each year 10 audits had to be sent to the service's head office for auditing, the most recent one had just been completed. This enabled the overarching organisation to ensure consistency in care across the country. The registered manager had a good understanding of the key challenges that the service could face

in the future, and explained how this was managed.

The service used to use satisfaction surveys to gain feedback regarding the service, with both families and the people who used the service. However this was not effective for people and families did not always return them. As the service was small the registered manager used a more informal manner to gain opinion and concerns. Relatives confirmed that they could call to discuss anything at any time. The registered manager confirmed that they were adaptable to making changes should concerns be raised.

The service had submitted all the relevant notifications that they were required to do and had policies and procedures in place to manage quality care delivery and health and safety.