

Sense

# SENSE Manor Court

## Inspection report

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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?	Requires Improvement ●

# Summary of findings

## Overall summary

We carried out this announced inspection on 31 July 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 – Manor Court is registered to provide accommodation and personal care for five people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were five people living in the service.

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 the last inspection on 10 July 2015 the service was rated Good.

At this inspection we found the overall quality rating for the service remained Good. However, we found one breach of the Care Quality Commission (Registration) Regulations 2009. This was because the registered persons had not as soon as practical told us about two significant events that had occurred in the service. You can see what action we have told the registered persons to take at the end of the full version of this report.

Our other findings were as follows. Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been supported to take reasonable risks while also being helped to avoid preventable accidents. Medicines were safely managed and there were enough care staff on duty. Background checks had been completed before new care staff had been appointed.

Care staff had received training and guidance and they knew how to care for people in the right way. This included knowing how to communicate with people using sign assisted language. People enjoyed their meals and 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 compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. There were arrangements to help people access independent lay advocates if necessary and confidential information was kept private.

People were involved in making decisions about the care they received and they were supported to be as independent as possible. People had been had been helped to pursue their 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. The registered persons had displayed the ratings we gave the service at our last inspection. Good team work was promoted and care staff were supported 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?

Requires Improvement ●

The service was not consistently well led.

The registered persons had not told us as soon as practical about two significant events that had occurred in the service.

People had been consulted about the development of their home.

Quality checks had been completed and the registered persons had displayed the ratings we gave the service at our last inspection.

Good team working was promoted and care staff were able to speak out if they had any concerns.

# SENSE Manor Court

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 the 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 one of the local authorities 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 31 July 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.

During the inspection visit we spoke or spent time with all of the people who lived in the service. We also spoke with four 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 spoke by telephone with three relatives.

## Is the service safe?

### Our findings

People told us and showed us that they felt safe living in the service. One of them said, "I'm good at home." Another person who had special communication needs pointed in the direction of their favourite armchair and then deliberately sat down in it to show us that they saw service as being their home. Relatives were satisfied that their family members were safe in the service. One of them remarked, "I think that the staff are very good and I can tell that my family member is completely relaxed in their company."

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 were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved. In addition, records showed that people were being reliably supported to manage their personal spending money so that they always had enough to go shopping when they wanted.

We saw that care staff promoted responsible risk taking. An example of this was people being helped to safely complete household tasks in the kitchen and to use the appliances in the laundry. At the same time measures were in place to help people avoid preventable accidents. An example of this was a new walk in bath that had been installed. This replaced a conventional bath which some people had found difficult to safely use.

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.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to receive individual assistance when necessary.

Records showed that the registered person 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 told us and showed us that care staff knew what help they wanted to receive and had their best interests at heart. One of them held hands with a member of care staff and said, "Okay." Another person who had special communication needs and who used signs assisted language gave a thumbs-up sign when we asked them about their experience of living in the service. Relatives were also confident about this matter. One of them remarked "The staff are excellent, that's the only word I can use. Even the new, younger ones know what they're doing. I don't have any concerns at all about SENSE - Manor Court. It's the right place for my family member."

Records showed that care staff had received training and guidance. We noted that care staff knew how to provide people with the care they needed. Examples of this were gently encouraging people to maintain their personal hygiene and supporting people to budget their money so that they had enough to buy the things they wanted.

People said that they enjoyed their meals and we noted that care staff were ensuring that people had enough nutrition and hydration. In addition, people were being helped to promote their health by having a balanced diet without too many high fat foods.

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 for a person who benefited from using a medicine that helped them to manage when they became distressed. Records showed that the person had been given information about the medicine in question and had agreed for it to be offered to them when care staff considered it would be helpful.

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 relatives and social care professionals so that a person could be supported to only have drinks that did not contain caffeine in the evening. This was necessary because care staff had noticed that when the person drank tea and coffee in the evening this often resulted in them not sleeping well and then being tired the following day.

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 so had ensured 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. One of them beckoned to a nearby member of care staff, smiled and showed them how they were playing a tune on their keyboard. Another person responded to our question by smiling and walking with a member of care staff as they moved between rooms. Relatives were very complimentary about care staff with one of them remarking, "The staff are the best and they make SENSE - Manor Court a very special place. Relaxed and informal. I know that my family member is well cared for and I couldn't want anything better for them."

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 conversations that promoted people's wellbeing. An example of this occurred when a person became worried because earlier in the day they had broken their spectacles. A member of care staff noticed them becoming anxious and spent a long time using sign assisted language to reassure them that their spectacles would be repaired as soon as possible. While doing this the member of staff found the person's other set of spectacles which the person was pleased to be given.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this included 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. 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. We saw care staff knocking and waiting for permission before going into bedrooms, toilets and bathrooms.

We found that people could speak with relatives and meet 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 by telephone and also by means of an internet social media portal.

Records showed that most people had family and friends to support them. However, for other people the registered manager had developed links with local lay advocacy services that could provide guidance and assistance. 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 told us and showed us that care staff provided them with a lot of care so that they could be as independent as possible. One of them remarked, "Me and the staff are good." Another person who had special communication needs pointed to the outdoor shoes that a member of care staff had just helped them to take off. They smiled and indicated that they were pleased to be comfortable back at home after a day out at work. Relatives were sure that their family members received the right care. One of them told us, "I would never agree to my family member leaving SENSE. Over the years care managers have talked about my family member living more independently and I don't agree at all. They have a great quality of life where they are now because the staff know them so well and I want that to always carry on."

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. In addition, each person had a 'life book' that contained photographs, drawings and memorabilia to record and celebrate the various personal goals they had achieved.

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. Another example was the way in which care staff encouraged and enabled people to enjoy friendships with people outside of the service

Records and photographs showed us that people were offered the opportunity to participate in a range of occupational and social activities. We noted that each person attended a local day opportunities service where they could enjoy activities such as learning new literacy skills, crafts and horticulture. Social activities included canoeing, going to parties and attending sporting events. In addition, we were told that each person was supported to go on holiday each year to a place of their choice. In recent years this had included going to holiday camps and enjoying bus tours.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. People told us that they had not made any complaints but they also said that they would feel free to do so if the need arose. Records showed that in the 12 months preceding our inspection the registered persons had not received any expressions of concern.

## Is the service well-led?

### Our findings

Relatives told us that they were also confident that the service was well managed. One of them said, "Yes, I do think SENSE - Manor Court is very well run indeed. The staff know what they're doing, the manager is absolutely on the ball and things are organised without being too formal. Another relative remarked, "I'm just relieved to know that SENSE Manor Court is there because I don't have to worry about what happens after I'm gone."

However, we noted that two deprivation of liberty authorisations had been received from local authorities' supervisory bodies about which the registered persons had not promptly told us. The law says that as soon as practical we must be informed about these and certain other events so that we can establish that people are being kept safe. Although the registered manager had submitted the necessary notifications several days before our inspection visit, the registered persons' delay in telling us about the events in question had reduced our ability to promptly assess the circumstances surrounding the occurrences.

Failure to submit as soon as practical the statutory notifications was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

We noted that people had regularly been invited to chat with care staff in order to give feedback about their home and to suggest improvements. There were a number of examples of these suggested improvements being put into effect. These included various changes being made to the menu so that it offered a wider range of meals that better reflected people's individual preferences.

The registered manager told us and records confirmed that they were regularly checking 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 dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, we noted that safety equipment was being checked to make sure that it remained in good working order.

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 at which care staff reviewed how well the service was performing and suggested ways in which it might be improved. Care staff told us that they were free to speak to the registered persons if they had any concerns about the conduct of a colleague and they were confident that if necessary action would quickly be taken to keep people safe.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered persons had not as soon as practical submitted statutory notifications to tell us about deprivation of liberty authorisations that had been received in relation to two people who lived in the service. This shortfall had reduced our ability to quickly confirm that the people concerned were receiving safe and lawful care.