Sense

SENSE - 25 Horsegate

Inspection report

Deeping St James
Peterborough
Lincolnshire
PE6 8EN

Tel: 01778347037
Website: www.sense.org.uk

Date of inspection visit:
18 December 2017

Date of publication:
16 April 2018

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 inspected the service on 18 December 2017. The inspection was announced. SENSE- 25 Horsegate is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

SENSE- 25 Horsegate is registered to provide accommodation and personal care for five people who have a learning disability and/or sensory adaptive needs. There were five people living in the service at the time of our inspection visit. All of the people had special communication needs and principally expressed themselves using sign assisted language, vocal tones and gestures. The service has been developed and designed in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service was run by a charitably body who 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 and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 11 November 2015 the service was rated, 'Good'.

At this inspection we rated the service as, 'Good'.

People were safeguarded from situations in which they may experience abuse including financial mistreatment. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included times when people became distressed and needed help to keep themselves and others around them safe. Most of the necessary arrangements had been made to manage medicines safely and there were enough staff on duty to provide people with the individual assistance they needed. Also, background checks had been completed before new care staff had been appointed. Furthermore, there were suitable arrangements to prevent and control infection and lessons had been learnt when things had gone wrong.

Care was delivered in a way that promoted positive outcomes for people and care staff had the knowledge and skills they needed to provide support in line with legislation and guidance. People received the individual assistance they needed to enjoy their meals and they were helped to eat and drink enough to maintain a balanced diet. In addition, suitable steps had been taken to ensure that people received coordinated and person-centred care when they used or moved between different services. People had been supported to live healthier lives by having suitable access to healthcare services so that they received

on-going healthcare support. Furthermore. the accommodation was designed, adapted and decorated to meet people's needs and expectations.

People were supported to have maximum choice and control of their lives. In addition, the registered persons had taken the necessary steps to ensure that people only received lawful care that was the least restrictive possible.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They had also been supported to express their views and be actively involved in making decisions about their care as far as possible. This included them having access to lay advocates if necessary. In addition, confidential information was kept private.

People received personalised care that was responsive to their needs including their need to have information presented to them in an accessible way. In addition, people had been offered opportunities to pursue their hobbies and interests. Furthermore, the registered manager recognised the importance of appropriately supporting people who chose gay, lesbian, bisexual and transgender lifestyles. There were arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. In addition, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a registered manager who had promoted a positive and person centred culture in the service. In addition, there were suitable management arrangements to ensure that regulatory requirements were met. People who lived in the service and members of staff were actively engaged in developing the service. Furthermore, there were systems and procedures to enable the service to learn, improve and assure its sustainability. Also, the registered persons were actively working in partnership with other agencies to support the development of joined-up care.

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, 'Good'.	**Good**
Is the service effective? The service was, 'Good'.	**Good**
Is the service caring? The service was, 'Good'.	**Good**
Is the service responsive? The service was, 'Good'.	**Good**
Is the service well-led? The service was, 'Good'.	**Good**

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 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.

Due to technical problems, the registered persons were not asked to complete a Provider Information Return. This is information we require registered persons to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Before our inspection visit we examined 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 commissioning bodies who contributed to purchasing some of the care provided 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 18 December 2017 and the inspection was announced. We gave the registered persons three working days' notice. This was 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. The inspection team consisted of a single inspector.

During the inspection we 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. In addition, 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 could not speak with us.

After the inspection visit we spoke by telephone with two relatives.

Good

Is the service safe?

Our findings

People showed us by their relaxed manner that they felt safe living in the service. One of them made a point of standing next to a member of care staff and holding their arm when we used sign assisted language to ask them about their experience of living in the service. In addition, both of the relatives were confident that their family members were safe living in the service. One of them said, 'My family member is very settled in their home and the staff make it just like a big family."

We found that people were safeguarded from situations in which they may experience abuse. Records showed that care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. They told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. In addition, the registered persons had established suitable systems to assist the people to manage their personal spending money. This included care staff keeping an accurate record of any money deposited with them for safe keeping and an account of any funds that were spent on someone's behalf. This arrangement contributed to protecting people from the risk of financial mistreatment.

We found that risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. This included measures that had been taken to help people avoid preventable accidents. An example of this was hot water being temperature controlled to reduce the risk of scalds. Another example of this was windows above the ground floor being fitted with latches so that they could be used safely when opened.

We also noted that there was a positive approach to promoting informed risk taking so that people's freedom was respected. An example of this was care staff supporting people to contribute to preparing food in the kitchen without being at risk from misusing items such as sharp knives.

Care staff were able to promote positive outcomes for people if they became distressed. We noted that when this occurred care staff followed the guidance in the people's care plans so that they supported them in the right way. An example of this was a person who was worried because they could not decide how they wanted to spend their day. The person was becoming anxious, loud in their manner and physically assertive. A member of care staff recognised that action needed to be taken to keep the person and others around them safe from harm. We saw the member of care staff gently reminding the person that they had chosen to relax at home where they would be supported to enjoy listening to music. We noted that this information reassured the person who then was pleased to sit at the dining table and enjoy a cup of tea.

We found that suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines. There was a sufficient supply of medicines that were stored securely. The care staff who administered medicines had received training. In addition, we saw them correctly following the registered persons' written guidance to make sure that people were given the right medicines at the right times. However, we noted that care staff were not regularly checking to make sure that most medicines were stored at the right temperature. This is necessary because some medicines lose

part of their therapeutic affect if they are not stored in the right way. We raised our concerns with the registered manager who immediately introduced a new system to address our concerns.

The registered manager told us that they had carefully established how many care staff and other members of staff needed to be on duty. They said that they had taken into account the number of people living in the service and the care each person needed to receive. Records showed that sufficient care staff had been deployed in the service during the two weeks preceding the date of our inspection visit to meet the minimum headline figure set by the registered persons. We also noted that during our inspection visit there were enough care staff on duty. This was because people promptly received all of the care they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed when appointing two new care staff. We found that in relation to each person the registered persons had undertaken the necessary checks. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. In addition, references had been obtained from people who knew the applicants. These measures had helped to establish the previous good conduct of the applicants and to ensure that they were suitable people to be employed in the service.

We found that suitable measures were in place to prevent and control infection. These included the registered manager assessing, reviewing and monitoring the provision that needed to be made to ensure that good standards of hygiene were maintained in the service. We found that all parts of the accommodation had a fresh atmosphere. We also noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we saw that care staff recognised the importance of preventing cross infection. They regularly washed their hands using anti-bacterial soap and wore disposable gloves when supporting people with close personal care.

We found that the registered persons had established suitable arrangements to enable lessons to be learned and improvements made if things went wrong. This included the registered manager and the area operations manager carefully analysing accidents and near misses so that they could establish why they had occurred and what needed to be done to help prevent a recurrence.

Good

Is the service effective?

Our findings

People showed us they were confident that care staff knew what they were doing and had their best interests at heart. One of them did this by smiling and patting a member of care staff on their arm in an appreciative way. Both of the relatives were also confident about this matter. One of them said, "The care staff are very good indeed and they know all of the people who live there as if they were their own relatives. The people who live there simply couldn't get better care."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered persons had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the initial assessments had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered persons carefully establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

Records showed that new care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who experienced reduced mobility or who needed help to promote their continence.

People showed us that they enjoyed their meals. One of them made a positive vocal tone when we used sign assisted language to ask them if they enjoyed their meals. In addition, we found that people were being supported to eat and drink enough to maintain a balanced diet. People had been offered the opportunity to have their body weight regularly checked so that any significant changes could be brought to the attention of a healthcare professional. We also noted that care staff were making sure that people were eating and drinking enough to keep their strength up. In addition, records showed that the registered manager had arranged for one person who was at risk of choking to have their food and drinks specially prepared so that it was easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. These included care staff preparing a 'hospital passport' for each person that contained key information likely to be useful to hospital staff when providing medical treatment. Another example of this was care staff accompanying people to hospital appointments so that they could personally pass on important information to healthcare professionals.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as specialist nurses, dentists, opticians and dietitians.

We found that suitable arrangements had been made to ensure that people were fully protected by all of the safeguards contained in the Mental Capacity Act 2005 (MCA). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make 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 in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the Mental Capacity Act 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager and care staff were supporting people to make decisions for themselves whenever possible. They had consulted with people who lived in the service, explained information to them and sought their informed consent. Records showed that when people lacked mental capacity the registered manager had ensured that decisions were made in people's best interests. An example of this was the registered manager liaising with relatives and healthcare professionals when a decision needed to be made about a person using a special multi-point seat belt. This restrictive device was necessary so that the person could safely travel in the service's people carrier vehicle by remaining seated.

In addition, records showed that the registered persons had made the necessary applications for DoLS authorisations. Furthermore, they had carefully checked to make sure that any conditions placed on the authorisations were being met. These measures helped to ensure that people who lived in the service only received lawful care.

We found that the accommodation was designed, adapted and decorated to meet people's needs and expectations. There was enough communal space and all areas of the accommodation were decorated, furnished and heated to provide people with a comfortable setting within which to make their home.

Good

Is the service caring?

Our findings

People showed us that they were positive about the care they received. We saw one of them holding hands with a member of care staff and laughing as they both danced together. Both of the relatives were also confident about this matter. One of them remarked, "The staff are very caring indeed and they're just the right people to have working there."

We saw that the service ensured that people were treated with kindness and that they were given emotional support when needed. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we saw a member of care staff sitting with a person in the lounge and chatting with them about what activities they planned to undertake for the rest of the week. The member of staff supported this conversation by helping the person to look at pictures that referred to some of the activities they were planning to enjoy. Another example of emotional support was a person who had been helped to understand that a relative had died so that they could remember them and celebrate the times they had spent together.

Care staff were considerate and recognised that people benefited from being supported to personalise their home. We saw that each person had been supported to personalise their bedroom with wallpaper, pictures and ornaments they had chosen. In addition, we noted that care staff had supported people to decorate the garden shed as an 'outback shack'. This was laid out as a beach bar and had been set up in response to people wanting to make more use of their garden in the summer time.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most of the people had family and friends who could support them to express their preferences. Relatives told us that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bedroom, bathroom and toilet doors could be secured when the rooms were in use. In addition, we saw care staff knocking and waiting for permission before going into rooms that were in use. We also noted that one person had been supported to express their wish to move from the service so that they could enjoy living in a more independent setting.

People could spend time with relatives and with health and social care professionals in private if this was their wish. In addition, we noted that care staff were assisting people to keep in touch with their relatives by post and telephone. Furthermore, we were told that one person had been supported to re-establish contact with a family member after many years of not hearing from them.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition,

computer records were password protected so that they could only be accessed by authorised members of staff.

Good

Is the service responsive?

Our findings

People showed us that care staff provided them with all of the assistance they needed. One of them said "Good" when we gestured towards a member of care staff. Both of the relatives were also positive in their comments with one of them remarking, "I'm very satisfied that all my family member's care needs are fully met and I would never agree to them leaving SENSE."

We found that people received personalised care that was responsive to their needs including their right to have information presented to them in an accessible manner. Records showed that care staff had carefully consulted with each person about the care they wanted to receive and had recorded the results in an individual care plan. Some parts of the care plans presented information using pictures and colours so that they were more accessible to the people concerned. The care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes. Other records confirmed that people were receiving the care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, promoting their continence and undertaking household tasks such as doing their personal laundry.

People showed us and records confirmed that they were offered the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. Most of them attended a local day opportunities service where they could take part in various activities related to learning life skills. In addition, we saw that people were supported to enjoy being out and about in the community to go shopping, to meet up with friends, dine in restaurants and to visit places of interest.

We saw that suitable provision had been made to acknowledge personal milestones. An example of this was people being helped to celebrate their birthdays in a manner of their choice. This often involved them having a special cake. It also included them being supported to enjoy Christmas by shopping for presents to give to family and friends.

We noted that care staff understood the importance of promoting equality and diversity. This included arrangements that could be made if people wished to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services. Furthermore, the registered manager and care staff recognised the importance of appropriately supporting people who choose gay, lesbian, bisexual and transgender lifestyles. This included being aware of how to help people to access social media sites that reflected and promoted their lifestyle choices.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. We saw that the registered persons had established robust arrangements to ensure that any complaints would be thoroughly investigated and resolved so that lessons could be learned.

Suitable provision had been made so that people could be supported at the end of their life to have a

comfortable, dignified and pain-free death. The registered manager told us that arrangements could be made for the service to hold 'anticipatory medicines'. These are medicines that can be used at short notice under a doctor's guidance to manage pain so that a person can be helped to be comfortable. In addition, we were told that the registered manager had established how each person wanted to be supported at the end of their life. This included clarifying their wishes about what medical care they wanted to receive and whether they wanted to be admitted to hospital or stay at home.

Good

Is the service well-led?

Our findings

People showed us that they considered the service to be well run. One of them smiled and made a positive vocal tone when we asked them if they liked living in the service. Relatives were also complimentary about the management of the service. One of them told us, "I have no reservations at all about SENSE. It's a national charity and they run their care homes to the highest standard."

We noted that the registered persons had taken a number of steps to ensure the service's ability to comply with regulatory requirements. There was a registered manager in post. Care staff told us that the registered persons were committed to promoting a positive culture in the service that was focused upon achieving good outcomes for people. In addition, records showed that the registered persons had correctly told us about significant events that had occurred in the service. Records also showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. This included CQC's website that is designed to give registered persons information about important developments in best practice. This helps registered persons to be more able to meet all of the key questions we ask when assessing the quality of the care people receive. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

We found that a number of systems were in place to help care staff to be clear about their responsibilities. This included there being a senior member of care staff who was in charge of each shift. In addition, arrangements had been made for the registered manager or the deputy manager to be on call during out of office hours to give advice and assistance to care staff should it be needed. Furthermore, care staff had been invited to attend regular staff meetings that were intended to develop their ability to work together as a team. This provision helped to ensure that care staff were suitably supported to care for people in the right way.

Care staff told us there was an explicit 'no tolerance approach' to any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered persons if they had any concerns about people not receiving safe care. They told us they were confident that any concerns they raised would be taken seriously so that action could quickly be taken to keep people safe.

We found that people who lived in the service and their relatives had been engaged and involved in making improvements. Records showed that people and their relatives had been regularly invited to meet with the registered manager and care staff to suggest how their experience of using the service could be improved.

We found that the registered persons had made a number of arrangements that were designed to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them up to date guidance about their respective roles. Another example was the registered persons had subscribed to a number of professional journals and websites that focused on developing new ways of promoting people's independence. In addition, records showed that the registered persons had regularly completed quality checks to make sure that people were 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 being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed.

Records showed that the registered persons adopted a prudent approach to ensuring the financial sustainability of the service. This included operating efficient systems to manage vacancies in the service. We saw that the registered persons carefully anticipated when a vacancy might occur so that they could make the necessary arrangements for new person to quickly be offered the opportunity to receive care in the service. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered persons preparing regular updates about how much money had been spent and how much was left for the remainder of the financial year. These measures helped to ensure that sufficient income was generated to support the continued operation of the service.

We found that the service worked in partnership with other agencies to enable people to receive 'joined-up' care. An example of this was the registered manager liaising closely with a specialist nurse when one of the people who lived in the service had needed to go to hospital for dental treatment. As a result the nurse had been able to work with hospital staff to fully support the person so that they did not find the experience to be too daunting.