

Sense







SENSE - 56 Monks Dyke Road

Inspection report

56 Monks Dyke Road
Louth
Lincolnshire
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Website:

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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	

Overall summary

This was an announced inspection carried out on 3 August 2015.

SENSE – 56 Monks Dyke Road can provide accommodation for up to seven people who have a learning disability or who live with reduced vision and hearing.

There were seven people living in the service at the time of our inspection.

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.

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 are in place to protect people where they do not have capacity to make decisions and where it is necessary to deprive

Summary of findings

them of their liberty. This is usually to protect themselves. At the time of our inspection the local authority had authorised all of the people to be deprived of their liberty and so their legal rights had been protected. Staff had also followed the Mental Capacity Act 2005 Code of Practice in ensuring that whenever possible people were supported to make decisions for themselves.

Staff knew how to recognise and report any concerns so that people were kept safe from harm. People were helped to avoid having accidents and their medicines were safely managed. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received the training and guidance they needed to assist people in the right way including helping them to eat and drink enough. People had received all of the healthcare assistance they needed.

People were treated with kindness, compassion and respect. 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 had reduced vision and hearing, had special communication needs or who were at risk of becoming distressed. People had been consulted about the care they wanted to receive and they were supported to celebrate their diversity. Staff had offered people the opportunity to pursue their interests and hobbies. There was a system for resolving complaints.

Although regular quality checks had been completed they had not identified mistakes in how we had been told about some important events that had occurred in the service. People had been consulted about the development of the service. The service was run in an open and inclusive way and people had benefited from staff receiving 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 recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their health and safety.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had received training and guidance to enable them to provide people with the right care.

People were helped to eat and drink enough to stay well.

People had received all the medical 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 caring.

Staff were caring, kind and compassionate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about their needs and wishes.

Staff had provided people with all the care they needed including people who had reduced vision and hearing, had special communication needs or who could become distressed.

People had been supported to celebrate their diversity and to pursue their hobbies and interests.

There was a system to resolve complaints or concerns.

Good



Summary of findings

Is the service well-led?

The service was not consistently well-led.

The registered persons had regularly completed quality checks to help ensure that people reliably received appropriate and safe care. However, these checks had not identified that mistakes had been made when notifying us about some important events which had occurred in the service.

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 receiving good practice guidance.

Requires improvement



SENSE - 56 Monks Dyke Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons 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.

We visited the service on 3 August 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.

All of the people who used the service had special communication needs. They expressed themselves using a combination of words, signs and gestures. During the inspection we spoke or spent time with all of the people who lived in the service. We also spoke with four care workers, two senior care workers, the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for three people. In addition, we looked at records that related to how the service was managed including staffing, training and health and safety.

After the inspection visit we spoke by telephone with two relatives and a 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 people were happy to approach staff if they wanted their company and were relaxed when staff were present. A person with special communication needs pointed towards a member of staff and walked nearer to them so that they could hold their hand. Relatives were reassured that their family members were safe in the service. One of them said, “I have always found the staff to be completely committed to their work and to be genuinely interested in the people who live 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 they had not seen anyone being placed at risk of harm. They 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.

We noted that since our last inspection there had been two occasions when a concern had been raised about the safety of a person who lived in the service. Records showed that on both occasions action had promptly been taken to keep people safe from harm while the incidents were investigated and resolved.

Staff had identified possible risks to each person’s safety and had taken positive action to promote their wellbeing. For example, some people had been helped to appropriately use continence promotion aids so that they could keep their skin dry and healthy.

In addition, staff had taken action to reduce the risk of people having accidents. This included people being provided with hand rails with which to steady them in order to help prevent them having falls. One person had a special hoist in their bedroom so they could safely and comfortably use its facilities. In addition, each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building.

There was a system to ensure that accidents or near misses were analysed so that steps could be taken to help prevent them from happening again. For example, we noted that arrangements were being made to fit an adjustable toilet. This was necessary to reduce the risk that person with reduced mobility would fall when using the facility.

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. Senior staff who administered medicines had received training. We noted that they correctly followed the registered persons’ written guidance to make sure that people were given the right medicines at the right times. Records showed that the registered persons had correctly responded to four instances since our last inspection when a medicine had not been correctly dispensed. This had involved establishing what had gone wrong and taking steps to help prevent the same mistakes from happening again. We noted that none of the mistakes had resulted in people experiencing actual harm.

The registered persons had established how many staff were needed to meet people’s care needs. 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 persons said was necessary. People who used the service, relatives and staff said that there were enough staff on duty to meet people’s care needs. A relative said, “I can only go by what support I see my family member getting and I can tell you that it’s certainly enough for their needs.”

The registered persons had completed background checks for new staff before they had been appointed. These included checks with the Disclosure and Barring Service to show that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from 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 a senior member of staff to review their work and to plan for their professional development. We saw that staff had been supported to obtain a nationally recognised qualification in care. In addition, records showed that staff had received training in key subjects including how to support people who have a learning disability or who live with reduced vision and hearing. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received training and we saw that they had the knowledge and skills they needed. For example, we saw that staff knew how to effectively support people so they could be as independent as possible both within their home and when out in the community.

People 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 people's best interests at heart. For example, when we asked about staff a person with special communication needs nodded their head, made an appreciative sound and touched the arm of a nearby member of staff.

People were provided with enough to eat and drink. Some people received extra assistance to make sure that they were eating and drinking enough. For example, staff were keeping a detailed record of how much one person was drinking to make sure that they had sufficient hydration to support their good health. People were offered the opportunity to have their body weight checked to identify any significant changes that might need to be referred to a healthcare professional. This had resulted in a person being offered a special fortified food because they were at risk of not eating enough. In addition, staff had acted on advice from healthcare professionals so that people who were at risk of choking had their food prepared to make it easier to swallow.

Staff had consulted with people about the meals they wanted to have and picture cards were being used to support people when making their choices. People showed us that they were provided with a choice of meals that reflected their preferences and we saw that people had a choice of dish at each meal time. Staff were encouraging people to follow a healthy diet including using lower fat products so that people were supported to manage their

weight. We noted that staff were supporting people to be involved in all stages of preparing meals from shopping, cooking, laying the table and clearing away afterwards. This helped to engage people in taking care of themselves and 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. Some people who lived in the service had extra needs and had received support from specialist health services such as occupational therapy.

The registered persons knew about the Mental Capacity Act 2005. This law is intended to ensure that whenever possible staff support people to make important decisions for themselves. These decisions include things such as managing finances, receiving significant medical treatment and deciding where they want to live. Supporting people to make these decisions involves staff providing them with information that is easy to understand. We saw examples of staff having assisted people to make decisions for themselves. This included people being helped to understand why they needed to use particular medicines so that they could give their consent.

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. This is because they know the person, have an interest in their wellbeing and can help to determine how particular decisions will benefit them. When a person does not have someone who can act in this way, the law requires that an independent person is appointed to represent their best interests in the decision making process.

Records showed that staff had supported people who were not able to make important decisions. Staff had consistently involved relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. A relative said, "I have always been consulted by staff about important developments such as if they need non-routine medical care. I absolutely want to be involved because I'm family." When a person did not have a relative to assist them, staff had arranged for an independent person who knew the person to assist in the decision making process.

Is the service effective?

In addition, the registered persons knew about the Deprivation of Liberty Safeguards. We noted that they had sought the necessary permissions from the local authority and so were only using lawful restrictions in relation to people who lived in the service.

Is the service caring?

Our findings

People and their relatives were positive about the quality of care provided in the service. When asked if they were settled in their home a person who had special communication needs clapped their hands, smiled and pointed in the direction of their bedroom. A relative said, "I've known my family member for all of their life and I'd immediately know if they weren't happy. I'm confident that the staff are very caring people."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when supporting people. Staff 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 liked to follow a particular routine when they returned home after going out. This involved having a drink and sitting in a favourite position in the lounge. Staff recognised this and helped the person to follow their chosen routine.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, a person who chose to spend time with the registered manager was supported to do this in a compassionate way. We noted how the registered manager explained to the person when they were about to move to a different room. This was done so that the person did not become upset and could move to the new room at the same time.

The service had links to local advocacy services. They are independent of the service and the local authority and can

support people to make and communicate their wishes. This helped to ensure that people who could not easily express their wishes and who did not have family or friends could be effectively assisted to make their voices heard.

Staff recognised the importance of not intruding into people's private space. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas. Each bedroom had a wash hand basin and three of them also had a private bathroom. Communal bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

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. A relative said, "When I call to the service I'm struck by its family feeling. It's the residents' home. I normally chat with staff in the kitchen or lounge but I could see my family member in private in their bedroom if I wanted to."

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information. For example, we noted that staff did not discuss information relating to any of the people who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

Staff had consulted with people about the daily care they wanted to receive and had recorded this process in a care plan for each person. Records confirmed that 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 who did not have any vision being assisted to choose which packet of crisps they wanted to have as part of their lunch. We noted how a member of staff supported the person by selecting two packets of crisps. The packages were of different sizes and contained products the nature of which could be felt through the foil wrapping. After some time feeling the packages, the person made their choice and smiled when they tasted the softer crisps they had selected.

People showed us that staff had provided them with all of the practical everyday assistance they needed. This included support with a wide range of everyday tasks such as washing and dressing, using the bathroom and getting about safely. In addition, staff regularly checked on people during the night to make sure they were comfortable and safe in bed. When asked about the help they received a person smiled and pointed to their shirt which a member of staff had just helped them change.

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 words, signs and gestures. For example, we observed how a person pointed towards a window that looked out onto the garden. A member of staff realised that they wanted to walk in the garden and we saw them being accompanied out into the sunshine. Later on we saw the same person being assisted to potter in the greenhouse which we noted engaged their interest for an extended period of time.

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 a person was becoming anxious and responded to this by helping them to avoid a situation that had started to involve them in a disagreement with another person who used the service.

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. We saw that staff were aware of how to support people if they used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. Most of the people had chosen to attend a local day opportunities service where they undertook a range of occupational and social activities. In addition to this, staff were supporting people to enjoy a number of recreational activities including taking part in archery and swimming. One person had been helped to find work in a local animal charity. Each person had been helped to go on holiday. They had been accompanied by staff and we saw photographs which showed people enjoying their time away. A person who had special communication needs pointed to a photograph of themselves on holiday and gave a thumbs-up sign when asked if he wanted to go away again.

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. The procedure said that they had a right to make a complaint and explained how they could raise an issue. 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 relating to the care provided in the service that had not been resolved. A relative said, "Of course there'll be the occasional issue but when I raise something the staff are very receptive and I don't feel that I'm treading on anyone's toes."

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 and people's money was used correctly. In addition, checks were being made of the accommodation and included making sure that the fire safety equipment remained in good working order. However, some of the checks had not been robust. This was because mistakes had not been noticed in the way the registered persons told us about important events that had occurred in the service. These events involved permissions that had been received by the registered persons to deprive four people of their liberty. Although, this shortfall had not resulted in people experiencing actual harm, it had reduced our ability to check that permissions were being correctly sought in order to ensure that people received lawful care.

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 pointing to objects that were related to possible destinations for trips out so that people could choose where to go. We noted that relatives had been invited to attend a 'family day' at the service. This had given them the opportunity to meet with staff in relaxed setting and discuss how well the service was meeting people's needs and expectations. A relative said, "I don't have any concerns at all really. I'm reassured to know that my family member has a comfortable home that will outlast me."

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 thorough 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. There were handover meetings at the beginning and end of each shift so that staff could review each person's care. 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. A relative said, "I'm pretty sure that the service is well managed. Although there have been quite a few changes of staff recently the service hasn't really changed in that the staff seem to work together well as a team."

There was 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.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. Staff were confident that 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. A relative said, "There's a relaxed feeling in the service and I think that the staff would speak up if they were concerned about something."

The registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff receiving good practice guidance. This involved consulting closely with health and social care professionals who specialise in supporting people who have reduced vision and hearing. The guidance which staff had received had enabled them to introduce practical developments that made a positive difference to people living in the service. For example, some people had been supported by having items of furniture in their bedroom that were fitted with handles that were shaped to make them easier to use.