

Sense

SENSE - Supported Living Services (Lincolnshire)

Inspection report

Windsor Resource Centre
Fairfield Industrial Estate
Louth
Lincolnshire
LN11 0LF

Tel: 01507610925

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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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sense – Supported Living Services Lincolnshire is a supported living service offering care and support to three people in their own home who are living with sight or hearing impairment and a learning disability and or autism.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was similar to other domestic style properties in the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked CQC to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service did not use any restrictive intervention practices.

People's experience of using this service and what we found

The culture of the service was truly person-centred and empowering. The registered manager and staff had an excellent understanding of people's needs and were committed to providing a service which met their dreams, aspirations and enabled people to live a life of their choosing. Without exception, people were supported to achieve their goals. They had made significant progress and the staff were proud of what people had accomplished and celebrated their achievements with them.

People were fully involved and included in planning all aspects of their care and reviews. Communication systems in the service were very effective and enabled people to make decisions and gain independence.

Strong community inclusion enabled people to live fulfilled and meaningful lives, through accessing a wide variety of local vocational and leisure activities and volunteering opportunities. Staff found ways to improve

people's lives by introducing creative activities that provided new experiences for people and encouraged them to be active and healthy.

Staff were very kind and caring and knew what was important and mattered to people. Staff had developed very close, supportive relationships with people that were based on trust and the promotion of people's confidence and self-worth. People were supported and encouraged to maintain contact with friends and relatives. Respect for equality, diversity and inclusion was fully embedded within the service and integral to everything the staff did.

People felt safe and were able to raise concerns. The registered manager and staff team provided safe care for people. They knew how to safeguard people from abuse and managed risk in ways that supported people to continually follow their lifestyle choices as much as possible. There were sufficient staff available to meet people's needs and they had been recruited in a safe way.

Accidents and incidents were monitored closely. Staff supported people to manage their anxieties and behaviours in a positive way. Medicines were managed safely. Staff supported people well with all aspects of nutrition and helped people to attend or prepare for health appointments as needed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

There was a positive, open and caring culture within the service; staff felt listened to and supported and worked well as a team. The management team were approachable and accessible. Systems were in place to improve the quality and safety of the service. People and staff had the opportunity to feedback about the service. People and relatives told us they were very happy with the service they received.

For more details, please see the full report which is on the CQC's website at www.cqc.org.uk.

Rating at the last inspection

At the last inspection, the service was rated good (published 22 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

SENSE - Supported Living Services (Lincolnshire)

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

This service provides care and support to three people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their

service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We visited the supported living house and spoke with two people who used the service about their experience of the care provided. We spoke with the registered manager, the team leader and two care workers.

We reviewed a range of documents, including two people's care and medicine records. We looked at three staff files in relation to recruitment and staff supervision. We reviewed records relating to the management of the service, including policies and procedures.

After the inspection

We spoke with two relatives by telephone to obtain their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection, this key question was rated as good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People were supported by staff who had been safely recruited; appropriate checks helped make sure suitable staff were employed.
- Staffing numbers were sufficient to meet people's needs. Staff continuity was well-maintained as the staff team was small and staff turnover was low.
- Rotas were well managed by the registered manager. Staff covered each other's absences.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff who supported them. One person said, "I feel safe here. I like all the staff."
- Family members felt confident their relatives were safe with the staff who supported them. One relative told us, "I think the service is very safe and I trust all the staff."
- Staff were trained in safeguarding and had the skills and knowledge to identify and raise concerns. Staff told us they were confident any concerns they raised would be acted upon.

Learning lessons when things go wrong

- There had been few incidents and accidents; these had been responded to and action taken to reduce the risk of them happening again.
- Staff were supported to reflect on their practice to help understand and share learning from mistakes.
- Staff demonstrated a lesson's learnt approach to keeping people safe.

Using medicines safely; Preventing and controlling infection

- People received safe support to take prescribed medicines; staff had been trained and the registered manager checked to make sure they followed good practice guidance.
- People were protected from the risks of infection by staff operating and supporting them with good infection prevention and control practices and following good food hygiene guidelines.
- Staff received infection control training and were provided with personal protective equipment such as disposable gloves to help prevent the spread of healthcare related infections. The service was clean and tidy.

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed with the involvement of the person and their family members. Care plans provided detailed guidance for staff to keep people safe from avoidable harm.
- Risks to people were continuously reviewed and records updated to reflect any identified changes to ensure people received the right support in the least restrictive way possible.

- People were supported to take positive risks to promote their independence. Staff understood people's routines which provided continuity and stability and helped to reduce causes of anxiety or distress.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were competent and skilled. They received an induction and ongoing programme of training. A new competency assessment framework had been introduced to ensure staff continued to have the skills and knowledge to effectively support people.
- Staff received regular support and supervision to discuss their role and the care they provided.
- Staff told us the training was relevant to their role and they felt well supported to deliver good standards of care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Adapting service, design, decoration to meet people's needs

- Assessments were completed with the involvement of people and their family members. These informed the detailed care plans to guide staff and support good practice.
- People's relatives gave positive feedback about the effective support their family member received. They told us, "Staff are always accommodating. They support [Name's] routines really well."
- Staff knew people well and how best to meet their needs.
- The service provided a very warm and welcoming environment. People's rooms were decorated and personalised to their tastes.
- The staff worked closely with the housing provider and landlord to ensure the property remained fit for purpose and well-maintained.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were met. Staff understood the signs and symptoms of people's illness, and promptly obtained the support of medical professionals when required.
- People were encouraged to maintain good health and well-being. One person showed an interest in attending the gym; staff had arranged for the person to have a physiotherapy assessment to determine the type of equipment they could use and the length of time they should exercise for.
- People accessed annual health checks. A new oral health assessment tool had been implemented to improve oral hygiene outcomes for people.

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs were assessed, and professional advice and support was obtained for people when needed.

- People were supported to have a healthy and varied diet. Staff had a good knowledge of people's preferred food choices and provided other choices if they did not want what was offered.
- People enjoyed the meals on offer and assisted with meal preparation. One person told us they liked making sandwiches with staff and their favourite meals were sausage rolls and fish and chips.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff gave people choices and they were supported to make their own decisions where possible. Where people lacked capacity, decisions were made in their best interests with the support of family.
- Staff recognised restrictions on people's liberty and appropriate action was taken.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well and positive, meaningful relationships had been developed. Interactions between staff and people were genuinely kind and compassionate. One person told us, "Staff are nice."
- People benefitted from the kind and caring support staff provided. Feedback from relatives included, "All the staff are so caring" and "Yes, very kind and compassionate staff at the service." We saw people were happy and comfortable around staff as they were smiling, laughing and engaged in discussions with them.
- Staff had a good knowledge of people's personalities, their likes and dislikes and what they could do for themselves. They were committed to people's potential and took pleasure from seeing them achieve their goals. One member of staff told us, "The service is all about the people here; they are our complete focus and have made such progress."
- Staff respected people's equality and diversity. People were supported to follow their faith and live their lives the way they wanted to.

Supporting people to express their views and be involved in making decisions about their care

- People were listened to and encouraged to make choices for themselves.
- People were supported by their families with making decisions. One person's relative had written their care plans with them.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain their independence; care plans recognised what people did for themselves, the new goals they wanted to achieve and reinforced the importance of encouraging and supporting with this.
- People's rights to privacy and dignity was embedded in staff practice and the culture and values of the service. We saw staff supported people in respectful ways, which upheld their dignity.
- People were supported to maintain and develop relationships with those close to them, social networks and the community. A relative told us, "Staff are very welcoming and inclusive. We are invited to everything and so happy to be involved [in celebrations and activities]. We always go and help decorate the Christmas tree each year."
- Staff encouraged people to demonstrate the values of tolerance and respect towards each other. One member of staff told us, "They [people who used the service] show consideration and are very protective of each other."
- Systems were in place to maintain confidentiality and staff understood the importance of this.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection, this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a culture within the service of putting people at the heart of care planning and delivery. People were creatively involved in the development of their personalised support plans and were proud to share these with us which detailed the progress they had made.
- Staff understood people's need for a structured approach whilst offering choices such as how and where they spent their time and who supported them.
- Staff understood the importance of knowing people's personal histories and cultural backgrounds, so they could support them in a very person-centred way.
- The team leader had been successfully working with people and their families to create new 'This is my life' books, to gather stories and photos which were significant for the person. The books clearly presented people in a positive and valued way and helped communicate what was important to them.
- People were involved in frequent discussions with their key worker about how their support could be provided and progress made towards their individual goals.
- People had been successfully empowered to be involved in or take control of the arrangements for their annual person-centred review (PCR) meeting. Their individual wishes had been fully supported and their decisions about this year's meetings had included: pictorial invitations, specific food, bunting decoration, a dvd photo display and songs to sing.
- The registered manager explained how staff wanted to create an atmosphere of celebration at people's PCR's and people were fully supported to celebrate their achievements in the ways they preferred which was usually a party.
- People achieved excellent outcomes. They had improved their communication and independent living skills. They were able to take part in a variety of activities which promoted their self-confidence and wellbeing.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service promoted the use of 'total communication' which involved using body language, objects of reference, symbols, photographs, Makaton (a form of signing) and words to communicate. The registered manager confirmed one person's communication had significantly improved with encouragement from

staff to use Makaton more consistently. Staff also chose a 'sign of the month' which had helped to develop the person's and their signing vocabulary.

- Signs, posters and photos were situated around people's accommodation, so people had access to the information and could see and read items on display. For example, one person had photos and labels in the kitchen area to support them to make decisions around their choice of food and drink.
- People also used a range of pictorial systems to help them communicate. These included a picture exchange communication system (PECS). One person used a communication 'app' on their tablet computer.
- People's care plans clearly recorded their communication needs and communication passports had been developed to share important information with other agencies. Staff knew people well and communicated very effectively with them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff actively encouraged community inclusion and demonstrated an excellent knowledge of people's social and cultural needs.
- Staff developed imaginative activities that promoted and enhanced people's cultural wellbeing. They described how they had recently arranged a game of food tasting bingo, based on a French theme and how this had helped widen people's taste experiences. One person told us they had enjoyed eating the croissants and deep-fried camembert.
- Relatives praised staffs support with new activities. One told us, "I'm very impressed with the range of activities. [Name] loves the carriage driving and has been invited to help drive a bride in the carriage to their wedding this summer. They will be 'suited and booted' and absolutely love the experience. I'm so proud of their achievements."
- Staff encouraged and empowered people to try a range of pursuits and work-related activities to lead a fulfilling life. One person volunteered in a local charity shop and had recently attended a staff meeting to talk about themselves and their future wishes, to develop their confidence and communication skills.
- People shared with us personal albums they had maintained with their key workers to capture through photographs, goals they had set themselves and their personal achievements. Examples included; sailing, yoga, going on a steam train, using a one-cup kettle and learning to cook.
- People chose how they spent their time. They enjoyed a wide range of activities such as the cinema, discos, Rieke, yoga, shopping in the local community, visiting places of interest and seeing their friends and family.
- People were supported to practice their faith and attended church services of their choice and those without any religious beliefs had their views respected.
- Staff supported people to make their dreams and aspirations a reality. One person told us enthusiastically about a dream holiday to Euro Disney they had enjoyed last year with the other people who used the service. Afterwards they had invited their families for a special meeting to watch the holiday dvd and talk about their experiences. They said, "I loved Euro Disney."

Improving care quality in response to complaints or concerns

- There was a complaint policy and procedure in place. The service provided a range of accessible ways for people to raise any concerns.
- There had been no complaints made about the service. Relatives were very complimentary about the service and confident any concerns would be addressed. One told us, "This is how it's meant to be. We are very happy with the service and have a great relationship with all the staff."

End of life care and support

- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.
- People's wishes and preferences in relation to end of life care had been discussed with their families and recorded. Staff supported people to purchase a funeral plan to ensure their wishes would be respected.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection, this key question was rated as Good. At this inspection, this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and team leader promoted an open, honest and pro-active culture. Staff and relatives felt they were accessible and approachable. A relative said, "[Name of team leader] is excellent and we have a positive relationship with all the staff and can discuss any issues. We feel very lucky to have such a good service."
- Staff were aware of the vision and values of the organisation and applied these in their day to day roles.
- Staff felt valued and very supported in their roles; there was a positive team morale. A member of staff told us, "We have a great team here and learn from each other. It's not just a job, it's much more."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was supported by a team leader; they worked well together to ensure the smooth running of the service.
- The provider valued the importance of providing high quality care. Staff were proud of the quality of care they provided.
- There were robust systems in place to monitor the quality and safety of the service. Regular audits helped identify where changes or improvements could be made and were used to support continual improvement.
- The provider demonstrated a strong commitment to continuous learning and improving care within its services. For example, a member of staff had been praised and nominated for an award for their work in preparing people for their person-centred reviews.
- The registered manager was aware of their regulatory requirements.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and transparent; they understood their responsibility to apologise to people and give feedback if things went wrong.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were engaged and involved in their care with full consideration of their diverse needs. Difference was fully understood and respected.
- People and their relatives felt listened to and their views were acted on. Feedback was sought through a

variety of means including meetings and surveys; this was used to drive improvement.

- Links had been developed with other organisations and services in the community to improve outcomes for people.
- People benefitted from good partnership working between the service and a range of health and social care professionals.
- Meetings were held to ensure staff were kept informed and they were encouraged to suggest ideas. A member of staff said, "The manager and team leader are very open and supportive. We are always looking to make improvements and try new things."