

Sense

# SENSE - 89 Hastings Avenue

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 24 June 2016 and was unannounced.

Sense- 89 Hastings Avenue is a care home for adults who have sensory impairment and learning disabilities. The service is run by the national charity Sense, and can provide care and support for up to four people. The service is situated in a residential area of Margate. There were four people living at the service at the time of the inspection.

There was a registered manager working at the service and they were supported by a deputy 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 registered manager, deputy manager and staff supported us throughout the inspection.

The registered manager had been in charge at the service for a long time. They knew people and staff well and had good oversight of everything that happened at the service. The registered manager led by example. They encouraged and supported the staff team to look at different ways of improving the lives of people and improving the service. They promoted the ethos of the service which was to give personalised care and support to people and support them to achieve their full potential to be as independent as possible. The dedication and attitude of the registered manager and staff was described by others as 'over and beyond the call of duty'. People received care that was personal to them.

Staff understood people's specific needs well and had good relationships with them. People were settled, happy and contented. Visiting professionals and relatives told us they only had positive experiences and praise for the service. Throughout the inspection people were treated with dignity and kindness. People's privacy was respected and they were able to make choices about their day to day lives.

Risks to people's safety were assessed and managed appropriately. Assessments identified people's specific needs, and showed how risks could be minimised. People were supported to take risks and not be restricted by them. The registered manager carried out regular environmental and health and safety checks to ensure that the environment was safe and that equipment was in good working order. There were systems in place to review any accidents and incidents and make any relevant improvements as a result.

The provider had taken steps to make sure that people were safeguarded from abuse and protected from the risk of harm. Staff had been trained in safeguarding adults and knew what action to take in the event of any suspicion of abuse. Visiting professionals and relatives told us that people were cared for in a way that ensured their safety and promoted their independence.

Emergency plans were in place so if an emergency happened, like a fire, the staff knew what to do. Safety checks were carried out regularly throughout the building and there were regular fire drills so people knew

how to leave the building safely.

People and their relatives felt comfortable about complaining. When they did raise concerns they were taken seriously and their concerns were looked into and action was taken to resolve them.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure the service would be able to offer them the care that they needed. People indicated that they were satisfied and happy with the care and support they received. People received care that was personal to them. People, and those close to them, were involved in planning and reviewing their care and support. There was a close relationship and good communication with people's relatives. Relatives felt their views were listened to and acted on.

Staff understood people's specific needs well and had good relationships with them. People were settled, happy and contented. Visiting professionals told us they only had positive experiences and praise. Throughout the inspection people were treated with dignity and kindness. People privacy was respected and they were able to make choices about their day to day lives. People had an allocated key worker. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. The service was planned around people's individual preferences and care needs.

Staff were familiar with people's life stories and were very knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves and become more independent. People's opinions were valued and acted on. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

The registered manager was effective in monitoring people's health needs and seeking professional advice when it was required. Visiting professionals said that staff always followed the advice that they gave. Assessments were made to identify people at risk of poor nutrition and for other medical conditions that affected their health.

People received their medicines safely and when they needed them. They were monitored for any side effects. If people were unwell or their health was deteriorating the staff contacted their doctors or specialist services. People's medicines were reviewed regularly by their doctor to make sure they were still suitable.

People were supported to have a nutritious diet. Care and consideration was taken by staff to make sure that people had enough time to enjoy their meals. Meal times were managed effectively to make sure that people received the support and attention they needed.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied to ensure decisions made for people without capacity were only made in their best interests. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. DoLS applications had been made to the relevant supervisory body in line with guidance.

The management team made sure the staff were supported and guided to provide care and support to people enabling them to live fulfilled and meaningful lives. New staff received a comprehensive induction,

which included shadowing more senior staff. Staff had regular training and additional specialist training to make sure that they had the right knowledge and skills to meet people's needs effectively. Some people used British Sign Language to communicate and staff had received training so they could communicate effectively with people.

Staff said they could go to the registered manager at any time and they would be listened to. Staff fully understood their roles and responsibilities as well as the values of the service. All staff worked hard and were dedicated to provide the best level of care possible to people

A system to recruit new staff was in place. This was to make sure that the staff employed to support people were fit to do so. People were involved in deciding which potential new staff would come and work with them. There were sufficient numbers of staff on duty throughout the day and night to make sure people were safe and received the care and support that they needed. There was enough staff to take people out to do the things they wanted to.

The registered manager had sought informal feedback from people, their relatives and other stakeholders about the service. Informal feedback from people, their relatives and visiting professionals was encouraged and acted on wherever possible. The feedback had not been analysed to drive improvements to the quality and safety of services. This is an area for improvement.

Staff told us that the service was well led and that the management team were supportive. The registered manager was aware of had submitting notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

## 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.

There were enough staff to meet people's needs.

The provider had taken steps to protect people from abuse and operated safe recruitment procedures. Medicines were administered, stored and recorded appropriately.

Risks to people's safety and welfare were assessed and managed effectively. The service and its equipment were checked regularly to ensure that they were maintained and safe.

### Is the service effective?

Good ●

The service was effective.

Staff received the training and support they needed to have the skills and knowledge to support people and to understand their needs. Staff were aware of the requirements of the Mental Capacity Act 2005 and understood how to protect people's rights.

People were supported to eat and drink enough and were protected from the risk of malnutrition or dehydration. Meal times were managed effectively to make sure that people received the support and attention they needed.

The service liaised with other healthcare professionals to maintain people's well-being.

### Is the service caring?

Outstanding ☆

The service was outstanding in providing caring staff to support people.

The management and staff had a strong, visible person centred culture and were exceptional at helping people to express their views so they could understand things from their points of view.

People and relatives valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when

providing care and support. As a result they felt really cared for and that they mattered.

The management team and staff were outstanding in enabling people to remain independent and had an in-depth appreciation of people's individual needs around privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People received the care and support they needed to meet their individual needs. They were involved in all aspects of their care and were supported to lead their lives in the way they wished to. The staff were flexible and responded quickly to people's changing needs or wishes.

People took part in daily activities and work experience, which they had chosen and wanted to participate in. People had opportunities to be part of the local community.

People could raise concerns and complaints and trusted that the staff would listen to them and they would work together to resolve them.

### Is the service well-led?

Good ●

The service was well led

The registered manager was approachable and there was good communication within the staff team. Staff had a clear vision of the service and its values and these were put into practice. They ensured that people were at the centre of everything that they did.

Professionals and relatives said that they could visit at any time. All staff understood their roles and responsibilities.

Staff, people, their visitors and stakeholders were asked for their views about the service. Some views had not been analysed to drive improvements within the service.

Audits and monitoring systems ensured that any shortfalls or areas for improvement were identified and addressed promptly to ensure that a consistently high level of service was maintained.

# SENSE - 89 Hastings Avenue

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 24 June 2016 and was unannounced. It was carried out by one inspector, this was because the service only provided support to a small number of people and it was decided that additional inspection staff would be intrusive to people's daily routines.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

As part of our inspection we spoke and communicated with two people at the service. Some people could not talk to us so we spent time observing them and communicated using body language and signs. We spoke with the registered manager, the deputy manager and three members of staff and the area manager. We observed staff carrying out their duties, such as supporting people to go out and helping people with their lunch and drinks. We had feedback from two visiting professionals who were involved with people. We also spoke with two relatives.

We reviewed a variety of documents which included three people's care plans, training information, staff files, medicines records and some policies and procedures in relation to the running of the service.

We last inspected Sense – 89 Hastings Avenue on 13 February 2014 when no concerns were identified.

# Is the service safe?

## Our findings

Visiting professionals told us the staff contacted them as a matter of urgency if they had any concerns about risks to people and their safety. Relatives said that Hastings Avenue was the 'best place they could ever wish for'. They were totally confident in the staff to look after their loved ones. Relatives felt that they could now enjoy their own lives knowing their relative was safe.

People said and indicated that they felt safe. They were happy, smiling and relaxed with the staff. People were able to let staff know when they wanted something or they wanted to go somewhere. Staff responded immediately to their requests.

People had communication plans that explained how they would communicate or behave if they were anxious or worried about something. If people became concerned about anything staff spent time listening to them to find out what was the matter. Staff knew people well so that they were able to respond quickly and help people if something had upset them. Staff were able to tell if someone was unhappy. They took the time to find out what was wrong and took the necessary action to rectify the situation.

People were protected from abuse. People could be confident that if they were not happy with something the registered manager and staff would recognise this and would listen to them and take action to protect them. Staff explained how they would recognise and report abuse. They had received training on keeping people safe. They told us they were confident that any concerns they raised would be taken seriously and fully investigated to ensure people were protected. Staff were aware of the whistle blowing policy and knew how to take concerns to agencies outside of the service, if they felt they were not being dealt with properly. If staff practice fell below the required standard then the registered manager followed clear staff disciplinary procedures and took the appropriate action to make sure people were safe.

People were protected from financial abuse. There were procedures in place to help people manage their money as independently as possible. This included maintaining a clear account of all money received and spent. Money was kept safely and what people spent was monitored and accounted for. People could access the money they needed when they wanted to. Staff supported people to develop their skills to manage their monies more independently.

There were policies and procedures for managing risk and staff understood and consistently followed them to protect people. Risks to people had been identified and assessed. Some people were identified as being at risk from having unstable medical conditions like epilepsy. Other people were at risk from falling over or choking. The risks relating to these had been assessed and discussed with people so they had as much control and independence as possible. Restrictions were kept to a minimum so that people could feel safe but also have as much freedom as possible regardless of their disability or other needs. Risk assessments were proportionate and centred around the needs of the person. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe. There were systems in place to review accidents and incidents and make any relevant improvements as a result. A recent incident had occurred when a staff member had banged their head on a bar attached to a commode. This was



reported immediately and everyone was made aware of the risk. Foam padding was applied to the bar to prevent any further injuries.

Staff knew the importance of making sure people knew what their medicines were for. One staff member stated, "We explain in a way people can understand to help them know what their medicines are for, such as pain killers".

People received their medicines when they needed them. There were policies and procedures in place to make sure that people received their medicines safely and on time. Staff received training on how to give people their medicines safely and their competencies were checked regularly to make sure their practice remained safe. Medicines were stored securely in a locked cupboard. All the medicines were in date. Medicines with a short shelf life, such as creams, were routinely dated on opening. This was to make sure that they were given before they became unsuitable to administer. The medicine cupboard was tidy, and was not overstocked. Room temperatures were checked daily to ensure medicines were stored at the correct temperatures. The records showed that medicines were administered as instructed by the person's doctor. Some people were given medicines on a 'when required basis' this was medicines for pain. There was written guidance for each person who needed 'when required medicines'. One member of staff had the responsibility to audit and check that medicines had been given to people and that all the medicines records were signed and up to date.

The staff carried out regular health and safety checks of the environment and equipment. This made sure that people lived in a safe environment and that equipment was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked. Regular checks were carried out on the fire alarms and other fire equipment to make sure it was fit for purpose. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of a fire. As people had sensory impairment they had red lights in their rooms that would flash and alert them to an emergency.

The registered manager was in the process of recruiting new staff. There were robust recruitment systems in place. The registered manager had held open days where prospective staff were invited to attend. People were involved in the recruitment process. They met with prospective staff and their opinions were asked for about the experience. The registered manager observed their communication and interaction skills with people. If prospective staff did not have the right skills or people felt they would not get on with them then they were not recruited. Staff completed an application form, gave a full employment history, showed a proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained and checks were carried out with the Disclosure and Barring Service (DBS) before employing any new staff to check that they were of good character. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff had job descriptions and contracts so they were aware of their role and responsibilities as well as their terms and conditions of work. A record of the interview was in place to show how the person performed at the interview to ensure that the process was fair and thorough.

The registered manager kept the staffing levels under review to ensure people received the care and support they needed. The number of staff on duty was calculated by the registered manager and depended on what plans people had for the day and evening. Staff supported people on a one to one basis making sure people had the freedom and flexibility to be where they wanted and do what they wanted. The staff rota showed that staffing levels were consistent and arrangements were in place to cover staff in times of annual leave or sickness. Agency staff were used when permanent staff could not cover to make sure people had

the care and support that they needed. The registered manager told us that they endeavoured to use the same agency staff for continuity of care and rota showed that this was the case. An agency member of staff on duty on the day of the inspection confirmed they had worked at the service on several occasions. They had a basic induction before they started to support people. They told us they worked with another member of staff to ensure they became familiar with the people and were able to offer the support they needed and had read people's care plans so they were familiar with their life stories and how to care for them. Staff felt there was a good ratio of staff to people and this helped to make sure people received the one to one support they needed.

# Is the service effective?

## Our findings

A visiting professional told us, "The staff I have worked with are extremely committed to meeting the needs of people and they do not hesitate to contact me if they need support or advice. For example, they have contacted me regarding where to purchase adapted cutlery and cups" and "The staff always give you good information about clients and they are friendly".

A relative said, "I cannot speak highly enough of the staff. Everything is wonderful. They encourage (my relative) to strive and attain. They don't let people just sit there. They are always challenging them with new idea and goals".

There was a core of staff working at the service that were stable and consistent and many had worked there for a long time. Staff told us, "Training is good. We get lots of training". "There is very good management support". "We can always ask for help if we need it". One member of staff said, "I feel well equipped to do my job. It is so fulfilling watching people grow and build up their confidence. It's great".

The staff team knew people well and knew how they liked to receive their care and support. The staff had knowledge about how each person liked to receive their personal care and what activities they enjoyed. Staff were able to tell us about how they cared and supported each person on a daily basis to ensure they received effective personal care and support. They were able to explain what they would do if people were unwell, unhappy or if there was a change in their behaviour.

A visiting professional told us they had attended a clinic appointment with a member of staff to check a person's swallow reflexes. They said the staff had explained everything that was going to happen before hand so the person was well prepared. The staff had a selection of their favourite foods to trial so their swallowing could be assessed. The visiting professional said that the member of staff really supported the person and put them at ease and the appointment was successful.

The registered manager kept a training record which showed when training had been undertaken and when 'refresher training' was due. This included details of courses related to people's specific needs. Specialist training had been provided in British Sign Language (BSL) and all the permanent staff had completed this and were able to competently and confidently sign with people who used BSL. There was also specialist training in supporting people to eat and drink safely if they were at risk of choking. When new staff started work they were given insight of what it was like to have a sensory impairment. They were blindfolded and wore head phones and were taken out into the community to experience how it feels. Staff had completed the training and were knowledgeable about what they had learned. The registered manager checked that staff were competent and had the knowledge and skills to carry out their roles. Staff were on occasion's videoed working with people (with their permission). The video was then played back to the staff so they could look at and reflect on their interactions with people and see what went well and identify areas for improvement.

One staff member told us, "All the staff communicate well with each other. The handovers are good and we

are told what we are expected to do on each shift". We work well together as a team". Staff told us that they felt supported by the registered manager and the deputy manager. They said that they were listened to and were given the support and help that they needed on a daily basis and their requests were acted on. There were handovers at the end of each shift to make sure staff were informed of any changes or significant events that may have affected people. There was also discussion on what people had planned and the support and care people needed during the next shift.

Staff had regular one to one meetings with the registered manager or senior member of staff, this included agency staff. This was to make sure they were receiving support to do their jobs effectively and safely. Staff said this gave them the opportunity to discuss any issues or concerns that they had about caring and supporting people, and gave them the support that they needed to do their jobs more effectively. Staff told us that they had had an appraisal in the past 12 months. The performance of the staff was being formally monitored according to the company's policies and procedures. Each staff member had a 'My performance plan' which was reviewed every six months to measure if staff were achieving their objectives. The staff were supported out of hours by the registered manager or the deputy manager. Staff said they could contact the management team at any time and they were confident they would receive any support and help that they needed.

There were policies and procedures in place for when staff started to work at the service. If new staff started working at the service they completed an induction during their probationary period. The registered manager said that a probationary period could last between three and six months depending on the acquired skills and competencies of the new staff member. The registered manager said that they would have to be totally confident in staff abilities before they were allowed to work at the service. This included shadowing experienced staff to get to know people and their routines. Staff were supported during the induction, monitored and assessed by the registered manager to check that they were able to care for, support and meet people's needs. The induction included covering the standards recommended by Skills for Care, a government agency who provides induction and other training to social care staff. The provider's training manager was introducing the new Care Certificate for staff as recommended by Skills for Care. Staff attended face to face training during their induction and worked closely with other staff until they were signed off as competent. Regular staff meetings highlighted people's changing needs, household tasks allocations, and reminders about the quality of care delivered. Staff had the opportunity to raise any concerns or suggest ideas. Staff had suggested that people would enjoy and benefit from aromatherapy. This suggestion was put forward to the organisation and staff were trained in aromatherapy. A staff member said, "The residents really love and enjoy the aromatherapy sessions. It stimulates all their senses". Staff felt that their views and concerns were taken seriously by the registered manager.

Staff said, "We always assume that people have capacity to make their own decisions and we always ask people if they are happy to do something before we support them". A relative said, "We all work together as a team to work out what is the best thing to do. (My relative), us and the staff team we discuss everything. Everyone is working towards the best outcomes."

Staff used different ways of communicating with people. They talked slowly, used gestures and hand signs. Staff put their hands out to touch people in a kind and gentle manner. Staff were able to understand people through body language, facial expressions and certain sounds and supported people in a discreet, friendly and reassuring manner. There were positive and caring interactions between the staff and people. People were comfortable and at ease with the staff. When people could not communicate verbally, staff anticipated or interpreted what they wanted and responded quickly. Staff asked people if they were happy to do something before they took any action. They explained to people what they were going to do and waited for them to respond.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 MCA

The registered manager and staff had good knowledge of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and were aware of their responsibilities in relation to these. Staff had been trained about the principles of the Mental Capacity Act 2005 (MCA). Staff asked people for their consent before they offered support. People's capacity to consent to care and support had been assessed and assessments had been completed. The registered manager and staff knew people well and had a good awareness of people's levels of capacity.

If people lacked capacity staff followed the principles of the MCA and made sure that any decision was only made in the person's best interests. If a person was unable to make a decision about medical treatment or any other big decisions then relatives, health professionals and social services representatives were involved to make sure decisions were made in the person's best interest. Everyone got together with people to help decide if some treatment was necessary and in the person's best interest.

Some people were constantly supervised by staff to keep them safe. Because of this, the registered manager had applied to local authorities to grant DoLS authorisations. Some applications had been considered, checked and granted to ensure that the constant supervision was lawful. Other applications were still under consideration by the local authority DoLS office. The registered manager said they always used the least restrictive ways to support people and people were free to come and go as they wished with the right support. During the inspection people were supported to make day to day decisions, such as, where they wanted to go, what they wanted to do, and what food or drink they wanted.

A visiting professional said, "During mealtime observations, care staff always ask what people would like to eat or drink by offering two choices. They involve people in the preparation of the meals for example hand over hand whisking. I am confident that the care staff that I have worked with follow eating and drinking guidelines and take them extremely seriously and if anything requires further clarification they would phone or email for advice".

People were supported in maintaining a balanced and nutritious diet. At mealtimes people ate different meals according to their needs and preferences. Staff knew about people's likes, dislikes, and how people's food should be prepared if they were not able to eat because of swallowing difficulties. People had a choice about what they ate and drank. Staff understood people's eating and drinking needs. People had special cutlery and plates so they were able to eat their meals independently. Staff were competent and skilled at managing people's nutritional needs. People received the amount of nutrition that they needed and they were monitored to make sure their weights were stable. Support plans for eating and drinking were detailed and clear on the process staff should follow so people had their food safely.

There were reliable procedures in place to monitor people's health needs. People's care plans gave clear written guidance about people's health needs. Each person also had a 'Health Action Plan' which set out in

more detail each person's health needs and the action that had been taken to assess and monitor them. This included details of people's medical conditions, specialist appointments, like physiotherapy, occupational therapy and speech and language therapy, dental visits and needs concerning people's mobility.

The service had close, supportive links with health care professionals, including doctors, the local learning disability team and nutritional teams. All health care professionals we spoke with gave positive feedback about their involvement in the service. They said that the registered manager always contacted them with any queries, that timely and relevant referrals were made, and that any guidelines given were always followed and monitored.

Visiting professionals said the staff actively sought support when they needed it and did not work in isolation. They said the staff engaged with them and were keen to learn. A physiotherapist had trained staff to provide stretching exercises for one person and these were carried out daily. The person's movements had improved. Staff were working closely with the 'Positive Behaviour' support team and had implemented the plans and techniques they had worked on together. The outcome of this was people's life's had improved. People were making more choices and decisions for themselves.

People had a hospital passport so if that had to go to hospital all the important information about their health went with them. Hospital staff had an overview of the person, their health needs, medicines they were taking and other relevant information.

A record was made of all health care appointments including why the person needed the visit and the outcome and any recommendations. People had regular health checks. People's weights were recorded on a monthly basis so that prompt action could be taken to address any significant weight loss, such as contacting the dietician or doctor for advice.

# Is the service caring?

## Our findings

People indicated and said they thought the staff were caring and that they liked staff. People chose to sit next to staff. They went to staff when they wanted something. People smiled a lot. People were very relaxed and comfortable in their home and with the staff that supported them.

Some people communicated with the staff through noises, body language and gestures and staff knew what they were saying and asking and responded to their requests. People had different ways of communicating. Some people used British Sign Language and all permanent staff could sign and used this method to communicate with people. Other people were being supported to use communication apps on electronic tablets to make their needs known. An agency member of staff said, "What stands out here is the amount of choice people have. Their opinions are always asked for and acted on. People choose what deodorant and perfume they want. They choose what they do in the evenings. People feel valued and important here".

A relative said, "I am absolutely thrilled with the place. (My relative) has not been there that long and already they are more independent. The staff understand and know what they want. The way (my relative) communicated has really improved. They are signing more. (My relative) is really happy. This is the sort of home we have always wanted. We are all so lucky to have found it". Another relative said, "You can feel the warmth the minute you walk in the door. The staff really care. They really want people to get the best out of life. There is such attention to detail".

A relative said, "The staff don't want to do everything for (my relative). They want them to become as independent as possible. They expect things from them. Staff support (my relative) to do her washing, prepare meals, make own decisions."

People trusted staff and had trusting relationships, relatives trusted staff and said they 'could now get on with their own lives' because of that trust.

Staff said, "I just love working here" and "It's their home and we just happen to work here. It's all about the people who live here". Other staff said that they made sure that they included people in all aspects of the day. Staff worked a shift pattern that fitted with people's activities and hobbies.

All the people were supported and empowered to develop their independence. Staff said they had got to know people and encouraged them to do as much for themselves as possible. Staff were doing activities 'with' people and not 'for' people like cooking and making drinks. One person was supported to do their own laundry which was something they had not had the opportunity to do at their previous placement. Their relative said this was something they really enjoyed and was giving them the opportunity to develop independence. People and staff completed daily records and these included what activities people had participated in. When people were able they completed their daily records themselves. People were supported to take photographs of what they were doing and these were used to remind people of important events that had taken place. The photographs supported people to decide what activities they had enjoyed and wanted to do again. People had 'goals' (skills or tasks identified that people were learning to become



more independent in) and staff supported people to achieve their goals.

The service had a strong, visible person centred culture. People received care that was individual to them. Staff understood their specific needs. Staff had built up strong relationships with people and were familiar with their life stories, wishes and preferences. This continuity of support had resulted in the building of people's confidence to enable them to make more choices and decisions themselves. People were very happy living at 89 Hastings Ave. There was a lively, friendly and inclusive atmosphere at the service. Throughout the inspection people were laughing, smiling and having a good time with the staff and each other. Observations showed that all the staff interacted well with people. They spoke with people kindly, laughed and joked. They took time to listen to what people had to say and acted on their wishes. The staff team were polite while supporting people and while talking with each other. People were involved in what was going on and were supported to understand what was being said. They were involved in all conversations. Staff gave people the time they needed to say what they wanted. Staff were outgoing and friendly which impacted on the response they got from people and it was obvious that people liked the staff.

Staff encouraged and supported people in a kind and sensitive way to be as independent as possible. People's preferences about what care and support they needed with their personal hygiene routine were detailed. Staff said people were supported to do as much for themselves as possible. People were encouraged to help with housework and laundry. Staff asked people what they wanted to do during the day and supported people to make any arrangements. Staff explained how they gave people choices each day, such as what they wanted to wear or eat and where they wanted to spend their. Some people liked to go out and others preferred to stay indoors. This was respected by the staff. Staff changed their approach to meet people's specific needs. The staff had a very good knowledge of the people they were caring for.

Staff said that they kept themselves up to date about the care and support people needed by reading people's care plans and from the handovers at the beginning of each shift. The key worker system encouraged staff to have a greater knowledge, understanding of and responsibility for the people they were key worker for. Key workers were members of staff who took a key role in co-ordinating a person's care and support and promoted continuity of support between the staff team. Staff took their role as key worker very seriously and spoke at length about how they cared for and supported people. Key workers met regularly with the people they supported to find out what they wanted to do immediately and in the future. They told us how they planned trips out and supported people to get the things that they wanted. When one person was no longer able to go skiing due to mobility problems a staff member researched, in their own time, how this could be overcome. They had found a specialist dry ski centre that provided specialist skiing equipment for people with disabilities. They person had gone and experienced skiing. They had thoroughly enjoyed themselves and there were plans to go again. A member of staff told us that the aim was to get them back out on the slopes again.

Treating people with dignity and respect was central to the philosophy of the service and staff. Care plans contained guidance on supporting people with their care in a way that maintained their privacy and dignity. Staff knew the actions that they needed to take to put this into practice. This included explaining to people what they were doing before they carried out each personal care task. All personal care and support was given to people in the privacy of their own rooms. Staff described how they supported people with their personal care, whilst respecting their privacy and dignity. This included explaining to people what they were doing before they carried out each personal care task.

Relatives and visiting professionals told us they were greeted with a warm welcome when they came to the service. They said they could visit at any time. They commented on the caring nature that was present and



that staff were highly motivated. We observed that staff were very attentive and dedicated to people. They were enthusiastic, motivated and passionate about people.

Everyone had their own bedroom. Their bedrooms reflected people's personalities, preferences and choices. People had chosen the colours, wallpaper furnishings and the accessories they wanted in their bedroom. One relative said, "I know my relative chose everything about her room. It's so her". People had posters and pictures on their walls. People had equipment like televisions and music systems, so they could spend their time doing what they wanted.

## Is the service responsive?

### Our findings

One visiting professional told us, "I always get the sense that they are putting people at the centre of the care and that they are acting in their best interests". Another visiting professional said, "I have no concerns about this service. People are responding well and improving. They are happy".

People were supported to be involved in the care and support that they needed. The staff worked around their wishes and preferences on a daily basis. People indicated to staff about the care and support they wanted and how they preferred to have things done.

When people first came to live at the service they had an assessment which identified their care and support needs. The registered manager made sure that everything people needed was in place before people moved into the service. When necessary staff received extra training to meet people's needs. All equipment was sourced and obtained to make sure everything was ready. Staff went and met people and spent time with them before they moved in so people knew who they were and had started to build relationships. This made the transition for people a positive experience and they settled quickly in to their new environment.

When staff had all the information they needed and were 'getting to know' the person they started to develop a care plan. People were fully involved in this process. Each person had a care plan. The plans were a celebration of the person's life and the support they needed. They gave staff the guidance and information they needed to look after the person in the way that suited them best. The care plans were personalised and contained details about people's background and life events people's views and likes and dislikes. There was information about what made people happy and what made them unhappy and what made them angry. People's ability to express their views and make decisions about their care varied. To make sure that all staff were aware this information was recorded in people's care plans.

Staff had knowledge about people's life history so they could talk to them about it and were aware of any significant events. The care plans were in a format that people could understand and could be involved in. When people could not communicate using speech they had an individual communication plan. This explained the best way to communicate with the person. Staff were able to interpret and understand people's wishes and needs and supported them in the way they wanted. People had choice cards so they could tell staff and others what they wanted. People had started to use 'electronic tablets' to assist them in communicating. They were currently completing a trial with a communication app. This was to support people to increase their independence, for example people could use the electronic tablet to order a drink in a café. People were supported to keep in touch with their families using computers to talk to and see their relatives.

There were lots of pictures and symbols so that people could look at their care plans and explain to staff what they wanted and how they liked things done. One person went through their care plan with us. When we had gone through the plan we knew exactly how to support the person in the way they had chosen, their likes and dislikes, how to keep them safe without restricting them. We knew about their family and friends, their goals and aspirations, their health needs how best to communicate with them. We knew what they did

when they were unhappy and happy.

People who were important to people like members of their family and friends were named in the care plan. The registered manager and staff had close contact with people's families and they were fully involved in people's care. The staff made sure that people were supported to send cards and gifts for significant events like birthdays.

People were encouraged and supported to join in activities both inside and outside the service. A variety of activities were planned that people could choose from. People decided what they wanted to do. Some activities were organised on a regular basis, like sensory activities, pampering sessions, aromatherapy, puzzles and games. People went out regularly and had recently been to Chessington Zoo. People went out in the evening to night clubs and discos and to the local pub for a drink. People were supported to have work experience. One person had recently worked in the clothes department of a shop on a regular basis. Another person was working with horses and also worked at a local organisation which provided meals for the elderly. People were occupied and enjoyed what they were doing. Staff were attentive to know when people were ready for particular activities and when they had had enough. People were supported to book holidays every year and staff said people really enjoyed this time. They also said that they really liked having uninterrupted one to one time with people. People visited and stayed with their families regularly.

Relatives said they would have 'no qualms' about complaining if they needed to. They were totally confident that the registered manager would act to resolve any issues. A relative told us when they had raised a concern it had been dealt with quickly and efficiently with a positive resolution and outcome. The service had a written complaints process that was written in a way that people could understand. It was available and accessible and people had a copy in their bedrooms. Key workers regularly checked and asked people if they were alright and if they were unhappy about anything. Staff knew people well and were able to tell if there was something wrong. They would then resolve the issue.

## Is the service well-led?

### Our findings

One staff member said, "I am proud to work for Sense. They are unique services and stick to their visions and values". Staff said "There is a good atmosphere, it's homely". "People have lots of different needs and goals. We always take these into account. It is their home". "People are individuals and that is what we promote here". Staff said 89 Hastings Avenue was a good place to work and that they really enjoyed their jobs.

Relatives said, "It feels like the staff team are part of our extended family". "They are always so professional but friendly and engaging at the same time".

The registered manager and staff were clear about the aims and visions of the service. People were at the centre of the service and everything revolved around their needs and what they wanted. There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the organisation which was based on 'person centred support' and supporting people to reach their full potential. Their mission statements, which were at the centre of the care and support people received, were 'I will listen to others, I will understand and respond, I will respect others, I will be honest and open, I will participate and communicate, I will take informed risks, I will find things to celebrate., No decision about an individual will be made without involving them'. Throughout the inspection staff adhered to and followed these key principles.

Staff had created and implemented a 'WOW' board to celebrate the people they supported and staff success. There was celebration about what people had achieved, like going skiing, participating in deaf /blind week when they had helped organise a party. They had made and sent invitations and people from other services within the organisation had visited for a 'Bake Off' competition. Staff achievements were celebrated when they went 'over and above the call of duty'. Staff had, in their own time, researched topics like 'person centred care' and was sharing their knowledge within the organisation about how people's lives could be improved and enhanced.

People said and indicated and relatives, staff and visiting professionals told us that the service was well led. They said that the registered manager had an open door policy where they welcomed family and professionals to drop in at any time. When they visited they said that they always received a warm welcome. Visiting professionals commented that the registered manager was "proactive" in ensuring that people received the individual care and treatment that they required. They said that the registered manager and staff advocated for people.

The registered manager had worked at the service for many years. They were supported by a deputy manager and senior staff who had also worked there for a long time. There was a strong and stable core staff team. The registered manager regularly worked 'on shift' to support people. They were keen to develop and improve the service; they encouraged people to share their views. The registered manager knew people well, communicated with people in a way that they could understand and gave individual and compassionate care. On the day of the inspection people and staff approached the registered manager whenever they wanted to. There was clear and open dialogue between the people, staff and the registered

manager. We saw that even though the registered manager was in one part of the service, they were able to tell by noises and sounds what was going on in other areas. They were immediately responsive to certain sounds that people made and the different noises that indicated what was happening throughout the service. They were sensitive and compassionate and had a real understanding of the people they cared for. The registered manager was open to any new ideas that the staff suggested on how to improve the care and support people received. Staff said that the registered manager was available and accessible and gave practical support, assistance and advice.

The people and staff had good links with health and social care professionals, such as with GPs and the local team who supported people with learning difficulties. There were links with the local and wider community and people had friends that they saw regularly. People had built relationships with people in the community and were supported to keep in touch with their friends and family and to make new friends.

The provider had a quality assurance system to monitor the quality and safety of the service and to identify any areas for improvement. A wide range of audits were carried out. The registered manager, deputy manager and staff audited aspects of care monthly such as medicines, care plans, health and safety, infection control, fire safety and equipment. When any areas for improvement had been identified, these had been acted on. There was also an area manager who visited regularly and carried out audits and checks and supported the registered manager. An audit had taken place on 'Communication' in September 2015. The audit had rated the service highly. When any areas for improvement had been identified, these had been addressed.

The provider surveyed staff annually; this was a general staff survey and not specifically about 89 Hastings Avenue. When shortfalls had been identified the provider developed an action plan to make improvements. People, relatives and visiting professionals were regularly asked for their views about the service. They told us that their views were taken seriously and acted on. The registered manager had not analysed their views to drive improvements to the quality of the service. The PIR stated that there were plans to address this. They were going to organise quarterly meetings with families to gain their input into how the service was managed. The input was going to be used with the feedback from people to make changes and further develop the service. This is an area for improvement.

Accidents and incidents were checked by the registered manager, although there were very few of these. These could be discussed at meetings so staff could learn from them and try to prevent them from recurring. Staff ensured the environment remained safe by carrying out regular tests and checks such as on fire safety procedures and equipment. The registered manager had notified the Care Quality Commission of any significant events which had occurred in line with their legal responsibilities.