

Sense







# SENSE - 25 Old Mill Park

## Inspection report

25 Old Mill Park  
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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?		Good	

### Overall summary

This was an announced inspection carried out on 26 May 2015.

There was a registered manager in post, although she was not available to speak with us. 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.

SENSE 25 Old Mill Park can provide accommodation for up to six people who have a learning disability or who live with reduced vision and hearing.

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

The Care Quality Commission is required by law to monitor how a registered person applies the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. The safeguards are in place to protect people where they do not have capacity to make decisions and where it is considered necessary

# Summary of findings

to deprive them of their liberty. This is usually to protect themselves. At the time of our inspection the registered persons had consulted with the relevant local authorities who had determined if people were being deprived of their liberty and so needed to have their rights protected.

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. Staff had ensured that people's rights were respected. This was because the Mental Capacity Act 2005 Code of Practice was followed to ensure that whenever possible people were supported to make decisions for themselves. In addition, staff observed the safeguards made by the law to protect people's rights when decisions needed to be made on their behalf.

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 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.

People had been consulted about the development of the service and regular quality checks had been completed. 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 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



### Is the service well-led?

The service was well-led.

The registered persons had regularly completed quality checks to help ensure that people reliably received appropriate and safe care.

Good



# Summary of findings

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.

# SENSE - 25 Old Mill Park

## 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 including the Provider Information Return (PIR). This is a form in which we ask the registered persons to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications of incidents that the registered persons had sent us since the last inspection.

We visited the service on 26 May 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 one inspector.

All of the people who used the service had special communication needs. They expressed themselves using a combination of short phrases, signs and gestures. During the inspection we spoke or spent time with four of the people who lived in the service. We also spoke with four care workers, the deputy manager and the area 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 three relatives. We did this so that they could tell us their views about how well the service was meeting their family member'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 to a member of staff, smiled and waved to them when they left the room. Relatives were reassured that their family members were safe in the service. One of them said, "I know the place in detail and I'm absolutely confident my family member is safe there."

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.

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 themselves in order to help prevent them having falls. Door hinges had been fitted with protective sleeves so that people were less likely to get their fingers trapped. 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.

Records showed that when accidents or near misses had occurred they had been analysed and steps had been

taken to help prevent them from happening again. For example, we saw that colourful stickers had been placed on glazed patio doors so that people could see when they were closed and not walk into them.

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 two recent instances 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.

The deputy manager and registered person 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.

The deputy manager and registered person 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 worked in the service said that there were enough staff on duty to meet people's care needs. People who lived in the service and their relatives said that the service was well staffed. A relative said, "Overall, I think the service is well staffed because I see people getting individual attention when they want it."

# 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 deputy manager and registered person 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 when they were out in the community so that they were kept safe when crossing the road and being in unfamiliar places.

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 asked about staff a person with special communication needs sat on the sofa, held hands with a member of staff and smiled broadly.

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 some people were eating and drinking to make sure that they had sufficient nutrition and 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. In addition, staff had acted on advice from healthcare professionals so that people who were at risk of choking had their food prepared so that it was 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 said 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 offering salads to a person who had been advised by their doctor to lose some 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 more complex needs and required support from specialist health services such as speech and language therapists and dietitians.

The deputy manager and registered person were knowledgeable about the Mental Capacity Act 2005. This law is intended to ensure that whenever possible staff support people to make both routine and significant decisions for themselves. Significant decisions include items such as managing finances, receiving significant medical treatment and deciding where to live. Routine decisions include making choices about when to visit relatives and where to go on holiday. Supporting people to make these decisions involves staff providing them with information that is easy to understand. For example, this might mean presenting complicated information in smaller pieces and using diagrams to explain particular points. We saw examples of staff having assisted people to give their consent to both routine and important decisions by helping them to understand information. This included a person who had could become distressed and who benefited from using a particular medicine that helped them to manage their anxiety. Staff had carefully explained to the person how the medicine would assist them. This had enabled them to seek and receive the person's agreement to be offered the medicine when it was necessary.

When people lack the capacity to give their informed consent, the law establishes safeguards to ensure that important decisions are taken in their best interests. These safeguards include 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.

We found that staff had supported people who lacked the ability to make important decisions. Staff had consistently involved relatives and health and social care professionals

## Is the service effective?

so that they could give advice about which decisions would be in a person's best interests. A relative said, "Over the years I have been consulted about a number of decisions in particular about non-routine medical treatment. I think it's right that I should be asked because my family member doesn't understand the issues involved and needs to be helped." When a person did not have a relative to assist them, staff had arranged for an independent person from the local authority to get to know the person and assist in the decision making process.

In addition, the registered persons were knowledgeable about the Deprivation of Liberty Safeguards. We noted that they had sought advice from the local authority to ensure the service did not place unlawful restrictions on people who lived there.



# 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 crossed the room to be closer to a member of staff, linked arms with them, clapped and then smiled. Another person said, "I know all the staff and they're all good here." A relative said, "I know my family member and I can see how relaxed he is with staff and they're genuinely kind and caring people."

We saw that people 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 cup of tea and having quiet time in their bedroom to rest before dinner. 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 staff in the office was supported to do this in a compassionate way. When they went in to the room staff immediately put down what they were doing. They did this so that could make the person welcome and engage them in discussion about the activities they had undertaken earlier in the day.

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. Bathroom and toilet doors could be locked when the rooms were in use.

Each bedroom had a front door bell and when this was used a light was illuminated in the room so that people who had reduced hearing knew that someone was at the door. In addition, 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, "It is very much a family affair and so I don't need to have private meetings with my family member. But if I wanted to do so it wouldn't be a problem for staff."

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 being assisted to change the channel on a television so that they could watch a programme that the member of staff knew they liked. Another example, involved staff helping people to wear clean clothes that they liked and which they had chosen for themselves.

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. A person said, "I get lots of help from staff and I like them helping me." Records and our observations confirmed that people were receiving all the practical assistance they needed.

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 short phrases, words 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 were referring to some work they had been doing in the garden and which they were looking forward to completing. They then engaged the person in a discussion about what they needed to do to finish the work and when they planned to do it.

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 have quiet time on their own while sitting in a darkened room.

Relatives said that staff kept in touch with them and that they were free to visit the service whenever they wanted to do so. One of them said, "The staff always let me know if there's something out of the ordinary that I need to know about. This is good because I want to be involved. I know that I'm always welcome to visit the service and it feels just the same as when I visit any of my other relatives."

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. All of the people attended 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. 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 or minor concerns since our last inspection.

# Is the service well-led?

## Our findings

People who lived in the service said that they were asked for their views about their home as part of everyday life. A person said, “I see staff every day and tell them how things are good.” Records showed that relatives had been invited to complete an annual quality questionnaire to give their opinions on how the service was meeting people’s needs and expectations. We saw that relatives considered that the service was providing all of the care and facilities their family members needed. One of them said, “I’m very happy that the staff go above and beyond what they have to do. They usually notice if something needs changing long before I do and just get on with it.”

The deputy manager and the registered person 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.

People showed us that they knew who the deputy manager and the registered person were and that they were helpful. During our inspection visit we saw the deputy manager talking with people who lived in the service and with staff. The deputy manager 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 leadership 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 sure that the service is well run. Each of the people living there have complex needs for support and if it wasn’t well run it just wouldn’t work.”

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, “I’m always impressed by the fact that there’s a happy atmosphere in the service. I think that the staff in general get on with each other and I’m sure they’d speak out if something was wrong”.

The deputy manager and the registered person 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 sight 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 access to household items that were identified by braille labels.