

Sense

# SENSE - 54 Monks Dyke Road

## Inspection report

54 Monks Dyke Road  
Louth  
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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 24 September 2015.

SENSE – 54 Monks Dyke Road can provide accommodation and personal care for up to six people who have a learning disability and who live with reduced vision and hearing.

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

There was a registered manager. A registered manager is a person who has registered with the Care Quality

Commission to manage the service. Like registered providers, they are ‘registered persons’. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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

# Summary of findings

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 by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people where they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had consulted with the relevant local authorities to ensure that people only received lawful care and that their rights were protected.

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 could become 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 and there was a system for resolving complaints.

Regular quality checks had been completed and people had been consulted about the development of the service. The service was run in an open and inclusive way and people had benefited from staff receiving good practice guidance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Staff knew how to recognise and report any concerns in order to keep people safe from harm.

People had been helped to stay safe by managing risks to their wellbeing and medicines were managed safely.

There were enough staff on duty to give people the care they needed and background checks had been completed before new staff were employed.

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 and they 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 the care they wanted to receive.

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 responsive.

People had been consulted about the care they wanted to receive.

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

Good



# Summary of findings

People had been supported to celebrate their diversity and to pursue their hobbies and interests.  
There was a system to resolve complaints or concerns.

# SENSE - 54 Monks Dyke Road

## Detailed findings

### Background to this inspection

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

Before our inspection we reviewed the information we held about the service. This included the notifications of incidents that the registered persons had sent us since the last inspection.

We visited the service on 24 September 2015. We gave the registered persons a short period of notice before we called

to the service. This was because the people who lived in the service had complex needs for care and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

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

After the inspection visit we spoke by telephone with three relatives and with one health and social care professional. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

# Is the service safe?

## Our findings

People showed us that they felt safe living in the service. We saw that people were happy to seek the company of staff and were relaxed when staff were present. For example, we saw a person with special communication needs pointing towards a member of staff and then smiling when they came nearer so that they could hold their hand. A health and social care professional said that they were confident that people were safe in the service.

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. We found that staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that since our last inspection the registered persons had acted appropriately to raise a concern about the safety of the healthcare one person who lived in the service had received. This had resulted in another agency taking action to help prevent the same situation from happening again.

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. For example, special arrangements had been made to support a person who was at risk of rolling out of bed and possibly hurting themselves. Staff had purchased a bed that was close to the floor and soft mats had been placed next to both of its sides. Another example, involved the way in which staff ensured that people who used wheelchairs had them securely fastened to special mounts when they were travelling in a vehicle. In addition, each person had a personal emergency evacuation plan to ensure that staff knew how best to assist them should they need to quickly leave the building.

Records showed that no significant accidents or near misses had occurred since our last inspection. There was a system to ensure that any accidents or near misses that did happen would be analysed so that steps could be taken to help prevent them taking place again.

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. Staff who administered medicines had received training and they were correctly following 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 a single instance since our last inspection when a medicine had not been correctly dispensed. This had involved establishing what had gone wrong and taking steps to help prevent the same mistake from happening again. We noted that the mistake had not resulted in the person concerned experiencing actual harm.

The registered persons had established how many staff were needed to meet people's care needs. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered persons said was necessary. People who used the service indicated that there were enough staff on duty to meet their needs. For example, we noted that three people were pleased to receive the individual assistance they needed at the same time. This was possible because there were enough members of staff available to respond to their individual requests.

Staff said and records confirmed that the registered persons had completed background checks for new staff before they had been appointed. These included checks with the Disclosure and Barring Service to show that staff did not have criminal convictions and had not been guilty of professional misconduct. In addition, other checks had been completed including obtaining references from previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.

# Is the service effective?

## Our findings

Staff had regularly met with someone senior 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 and who live with reduced vision and hearing. The registered manager said that this was necessary to confirm that staff were competent to care for people in the right way. Staff said they had received comprehensive 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 to be as independent as possible both within their home and when out in the community. A relative said, "I'm very confident that the staff know my family member very well indeed. In many ways the longer serving staff in the service are like family and so they just know how to provide the right care."

People showed us that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had people's best interests at heart. For example, when we asked about their relationships with staff a person with reduced mobility pointed to all of the staff who were nearby at the time and then waved to each of them in order to show their approval.

People were provided with enough to eat and drink. Staff were keeping a record of how much 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. We noted that the necessary arrangements had been made to support two people who needed to have a special diet to help them to manage a particular healthcare condition. In addition, staff had acted on advice from healthcare professionals so that people who were at risk of choking had their food prepared to make it easier to swallow.

Staff had consulted with people about the meals they wanted to have and picture cards were being used to support people when making their choices. People showed us that they were provided with a choice of meals that reflected their preferences and we saw that people had a

choice of dish at each meal time. Staff were encouraging people to follow a healthy diet including using lower fat products so that people were supported to manage their weight. We noted that staff supported people to be as involved as possible 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 complex healthcare needs and they had received support from specialist health services such as occupational therapy. Shortly before our inspection a person had been admitted to hospital. We noted that the registered persons had immediately made arrangements for staff from the service to stay with them 24 hours a day to provide additional assistance and reassurance.

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

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. When a person does not have someone who can act in this way, the law requires that an independent person is appointed to represent their best interests in the decision making process.

Records showed that staff had supported people who were not able to make important decisions. This included

## Is the service effective?

involving relatives, health and social care professionals and independent advocates so that they could give advice about which decisions would be in a person's best interests.

In addition, the registered persons knew about the Deprivation of Liberty Safeguards. We noted that they had sought the necessary permissions from the local authority and so were only using lawful restrictions that protected people's rights.



# Is the service caring?

## Our findings

People who lived in the service were positive about the quality of care they received. When asked if they were content in their home a person who had special communication needs clapped their hands together, smiled and nodded towards a member of staff. Another person said, "I like it all here." A relative said, "The best sign is that my family member is always happy to go back to the service when they've been out with us and never shows any reservations."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They 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 two people liked to follow particular routines when they returned home from attending a local resource centre. Staff assisted one of them to have a hot drink while the other person preferred to explore the shape and sounds made by a special desk ornament.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, during the course of our inspection a person indicated that they wanted to spend time with a member of staff who was putting some shopping away. We noted that the member of staff concerned stopped what they were doing and gave the person the individual attention they had requested.

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 with private bathrooms which meant that people could relax and enjoy their own company if they did not want to use the communal areas. A person pointed in the direction of their bedroom, smiled and said, "My room for me." Staff had supported people to personalise their rooms. For example, some rooms had been painted with large murals that reflected the occupants' individual interests. In addition, people had been assisted to purchase and operate audio-visual equipment that enabled them to use the internet.

Communal bathroom and toilet doors could be locked when the rooms were in use. Staff knocked on the doors to private areas before entering and ensured doors to bedrooms and toilets were closed when people were receiving personal care.

People could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. When necessary, staff had assisted people to visit members of their families and to keep in touch with them by sending birthday and Christmas cards.

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 their individual care plans. These care plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person who had reduced vision being assisted to choose which clothes they wanted to wear when they went out into the community. A member of staff used sounds and signs to describe where they were going and to say what the weather was like. They then assisted the person to return to their bedroom and shortly afterwards we saw them happily being supported to get into a vehicle to begin their journey.

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.

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 signs, words and gestures. For example, we observed how staff knew how to use touch and signs that enabled people to express themselves and to communicate their wishes. 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 the person was becoming anxious and responded to this by helping them to move to a quieter area after the kitchen/dining room had become too noisy for them.

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.

Staff had supported people to pursue their interests and hobbies. Most of the people were supported to attend a local resource centre where they were supported to enjoy a range of occupational and recreational activities. In addition, we saw that staff in the service were enabling people to undertake a range of social activities. These included taking part in swimming and visiting places of interest. Each person had been helped to go on holiday and for one person this had involved travelling abroad to visit an international theme park. People had been accompanied by staff on their holidays and we saw photographs which showed them enjoying their time away.

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 since our last inspection. A relative said, "I've never come close to making a complaint because little problems get sorted out quickly. But if there was something I'm confident that SENSE would be open to criticism and professional in how it was resolved."

# Is the service well-led?

## Our findings

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed and that people were correctly supported to manage their money. In addition, checks were being made of the accommodation and included making sure that the fire safety equipment remained in good working order.

The registered persons had identified the need to have 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.

People who lived in the service showed us that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff pointing to objects that were related to possible destinations for trips out so that people could choose where to go. We noted that staff had kept in touch with relatives and health and social care professionals to let them know about developments in the service and to ask for their suggestions. A relative said, “I really like how staff telephone me even if there’s nothing new to report. They know that I find it reassuring and helpful.”

People showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a detailed knowledge of the care each person was receiving

and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide guidance for staff.

Staff were provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the care they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. There were handover meetings at the beginning and end of each shift so that staff could review each person’s care. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to the registered persons 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.

The registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff receiving good practice guidance. This involved consulting closely with healthcare professionals who specialise in promoting good standards of hygiene. The guidance which staff had received had promoted their ability to follow infection control practices that reduced the risk of people acquiring avoidable infections.