

Sense







# SENSE - 32a Broadgate Lane

## Inspection report

32a Broadgate Lane  
Deeping St James  
Lincolnshire  
PE6 8NW  
Tel:  
Website:

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### Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

This was an announced inspection carried out on 20 July 2015.

There was a manager who had been in post since May 2015. They had applied to be registered. 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 32a Broadgate Lane can provide accommodation for up to six people who have a learning disability and who live with reduced hearing and vision.

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

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. 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 manager and registered person had consulted with the relevant local authorities who were deciding if five of the people were being deprived of their liberty and so needed to have their rights protected. The necessary permission had been given in relation to a sixth person who was being deprived of their liberty.

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. This included helping them to be as independent as possible and to eat and drink enough. People had received all of the healthcare assistance they needed including dental care. Staff had correctly used the Mental Capacity Act 2005 Code of Practice to ensure that whenever possible people were

supported to make decisions for themselves. In addition, staff had used the safeguards in 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 express their individuality. Staff had assisted people to pursue a range of 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 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 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 express their individuality and to pursue their hobbies and interests.

There was a system to resolve complaints.

Good



### Is the service well-led?

The service was well-led.

The registered person and the manager 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 manager who had applied to be registered with us and staff were well supported.

People had benefited from staff receiving good practice guidance.

# SENSE - 32a Broadgate Lane

## 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 person was 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 notifications of incidents that the registered person had sent us since the last inspection.

We visited the service on 20 July 2015. We gave the manager and the registered person a short period of notice before we called to the service. This was because the people who lived there had complex needs related to their 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 sounds, signs and gestures. During the inspection we communicated with five of the people who lived there. The remaining person was not at home. We also spoke with two care workers, a senior care worker, the 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 two 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 in that they were happy to approach staff if they wanted their company and were relaxed when staff were present. For example, a person with special communication needs used a percussion instrument they were playing to wave to and engage with a nearby member of staff. Relatives were reassured that their family members were safe in the service. One of them said, "I'm very relieved that my family member lives there because I know that they'll be safe and well cared for long after I've gone."

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 no one had been placed at risk of harm and 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 local authority and the Care Quality Commission and said they would do so if they had concerns that remained unresolved.

Staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. For example, special arrangements had been made for two people who needed extra support to rest safely when in bed. These measures reduced the risk of them falling or having to wait for assistance during the night.

In addition, staff had taken action to reduce the risk of people having accidents. This included some people being provided with special wheelchairs that were individually made to support them safely and in comfort. 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 stickers had been fixed to larger panes of glass to help people avoid unexpectedly coming into contact with 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 person's written guidance to make sure that people were given the right medicines at the right times.

The 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 manager and the 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 manager and registered person said was necessary. Relatives and staff said that there were enough staff on duty to meet people's care needs. A relative said, "I think that the staff have to work very hard because the people who live there do need significant care. However, they seem to manage and people receive the attention they need."

We found that the manager and registered person had ensured that staffing levels were flexible so that people's changing needs could be met. On the day of our inspection, a person who lived in the service had become unwell and had been admitted to hospital. We noted that a member of staff had accompanied the person to hospital and that arrangements were being made for the service's staff to provide 24 hour support. The manager said that this would be necessary so that the person could receive the medical care they needed without becoming anxious and distressed.

# Is the service effective?

## Our findings

Staff had regularly met with manager 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 have special medical needs. The 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 needed assistance to promote their continence.

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 their best interests at heart. For example, when asked about staff a person with special communication needs moved their head towards a member of staff and gently reached out until they could feel their hand.

People were provided with enough to eat and drink. Staff were tactfully checking 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. In addition, staff had acted on advice from healthcare professionals to support people who were at risk of choking. This included preparing food 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. Records showed that people 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. A person with special communication needs pointed towards the kitchen smiled and nodded to indicate they were looking forward to having their next meal.

We noted that staff were supporting people to be involved as much as possible in all stages of preparing meals

including 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 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 physiotherapists, speech and language therapists and dietitians.

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

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

Records showed that staff had supported people who were not able to make important decisions. Staff had consistently involved relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. A relative said, "I have been involved in important decisions about my family member's medical care. I want to know and to help and wouldn't have it any other way." When a person did not have a relative to assist them, staff had arranged for an independent person who knew the person to assist in the decision making process.

## Is the service effective?

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



# Is the service caring?

## Our findings

People and their relatives were positive about the quality of care provided in the service. When asked if they were settled in their home a person who had special communication needs smiled and used their own personal signs to indicate a positive response. A relative said, "I don't worry at all about my family member because it's just like a big family in the service. The staff are genuinely caring and kind people."

We saw that people were being treated with compassion and respect. Staff were friendly, patient and discreet when supporting 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 one person had been supported to sit in their favourite place in the lounge so they could sense when people passed by or sat next to them.

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 playing a percussion instrument was encouraged to do so by a member of staff who joined in the activity. The person concerned smiled and used signs to express how much they were enjoying the activity.

The manager had developed 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 a person who lived in the service and who did not have family or friends could be effectively assisted to make their voice heard.

Staff recognised the importance of not intruding into people's private space. People had their own bedroom which they could use 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.

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 spend time 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, "Things are very relaxed in the service like they should be in anyone's home. I could see my family member in private but I don't really need to because it's more like teamwork with the staff."

Written records that contained private information were stored securely and computer records were password protected. Staff understood the importance of respecting confidential information and for example said that they did not discuss issues to do with the service when they were not at work.

# 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 each person's care plan. Staff said and 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 about everyday things. One of these involved a person being assisted to change their clothes after they had spilt a drink at lunchtime.

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 relative said, "I know just how much care my family member needs and it would be immediately obvious if it wasn't being provided. I'm very confident they get all of the help they need." Records and our observations confirmed that people were receiving all the practical assistance they needed.

Staff were confident that they could effectively respond to the special communication needs of the people who lived in the service. We saw that staff were successfully using a number of methods to communicate with people. These included sounds, signs, pictures and objects. For example, a member of staff pointed to a glass of water on the dining table and this enabled a person to indicate that they would like to have a drink.

In addition, staff were able to effectively support people who could become distressed. We noted that the registered person had established a special team of staff who knew about current developments in best practice in relation to this subject. This meant that they were able to give staff useful guidance about how to effectively support people who experienced anxiety. The guidance focused on understanding why a person was distressed and deciding what reassurance would be most helpful. 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 because they could not reach a cushion that had become dislodged from its usual place. Staff responded by returning the cushion to its original position. They then helped the person to touch the cushion so that they were confident it was within reach. The person concerned smiled, left their hand resting on the cushion and became relaxed.

Relatives said that they were free to visit the service whenever they wanted to do so. We saw that staff helped people to keep in touch with the relatives including sending cards. In addition, we noted that one person was being supported by staff to visit their relatives at home.

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 had been made to support a person whose spiritual beliefs required them to avoid certain foods. We saw that staff were aware of how to support people if they used English as a second language. They knew how to access translators and the importance of identifying community services who would be able to befriend people using their first language.

Staff had supported people to pursue their interests and hobbies. Most of the people attended a local educational centre where they had the opportunity to undertake a range of occupational and social activities. In addition to this, staff were supporting people to enjoy a number of recreational activities including visiting places of interest and dining out at restaurants.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. In addition, we noted that they 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 manager and the registered person had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the manager and registered person had not received any formal complaints since our last inspection.

# Is the service well-led?

## Our findings

People who lived in the service and their relatives were asked for their views about the care and facilities provided in SENSE 32a Broadgate Lane. Each person had met regularly with a core team of care workers. At these meetings staff supported them to give their views about how well the service was running and the ways in which it could be further developed. Records showed that relatives had also been invited to meet with staff to give their opinions on how the service was meeting people's needs and expectations. We noted that relatives considered themselves to be fully involved in making decisions about the future direction of the service. One of them said, "In the past I have made the odd suggestion about things such as having more and different social activities for people and staff have listened and done their best within the finances available to respond."

The 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 manager was and that they were helpful. During our inspection visit we saw the manager spending time with people who lived in the service. For example, they sat with a person and helped them to use special equipment that made a variety of sounds that were interesting and engaging. Although the manager was relatively new in post they had a thorough knowledge of the care each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide 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 do consider the service to be well run. If I telephone the service it doesn't matter which member of staff answers because they all have a detailed knowledge of the care provided. There's no being passed from one staff to the next before you get an answer."

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 manager and were confident 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.

The manager and 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 special communication needs. 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, we noted that arrangements were being made to support people attend a local play that had been adapted to meet their special communication needs. This included the cast using signs and touch to better enable people to understand and enjoy the event.