

Sense

SENSE - Community and Supported Living Services (East)

Inspection report

Manor Lodge Centre, 72 Church Street
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Peterborough
Cambridgeshire
PE6 8AL

Tel: 01778382244

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22 November 2018
23 November 2018

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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 ●

Summary of findings

Overall summary

About the service:

- The service supported deafblind people with some of who had a learning disability or were living with autism. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It also provides a service to people living in a supported living setting. It provides a service to people of all ages who are deafblind living in Peterborough and Lincolnshire. The service was providing care to one person living with their family in the community and seven people in supported living settings.
- The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.
- For more details, please see the full report which is on the CQC website at www.cqc.org.uk

People's experience of using this service:

- We saw that people using the service were happy and confident with the staff. A relative we spoke with told us that the care provided was good and met their relative's needs.
- Staff were kind and caring and had a good knowledge of people's needs. They communicated using people's preferred methods to increase people's ability to make choices.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to access advocates to speak for them when they were unable to speak for themselves.
- There were enough staff to meet people's needs and checks had been carried out to ensure staff were safe to work with people using the service. Staff had access to training and support which enabled them to provide safe care.
- Risks to people had been identified and care was planned to reduce the risk. Staff training ensured that people received their medicines safely and risks around food and drink were identified and action taken to keep people safe.
- Care plans accurately recorded people's care needs and how staff could personalise the care. Staff we spoke with were able to confidently tell us about people's needs.
- The provider had systems in place to monitor the quality of care provided and took action to resolve any concerns identified.
- People's views of the service were gathered and used to improve the quality of care they received.

Rating at last inspection:

- The service has not previously been rated.

Why we inspected:

- This was a planned inspection based on the date of registration of the service.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

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Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Our inspection was completed by a single inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to people of all ages who are deafblind living in Peterborough and Lincolnshire. This service also provides care and support to people living in two supported living settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

Notice of inspection:

- Our inspection was announced.
- We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is

often out of the office supporting staff or providing care. We needed to be sure that they would be in.

- Inspection site visit activity took place between 22 November 2018 and 23 November 2018. We visited both supported living properties to see the care people received and to access records and speak to staff. We also visited the office location on 22 November 2018 to see the registered manager and to review care records of people using the domiciliary care service and policies and procedures.

What we did:

- Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, and local authorities.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about.
- We observed the care at the supported living homes and also spoke with the relatives of a person living at one of the homes.
- We spoke with the registered manager, the manager of the domiciliary care service and two members of care staff.
- We looked at a range of documents and written records including four people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Care staff had received training and knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk.
- Staff received ongoing support in how to keep people safe with regular discussions in team meetings.
- Staff knew how to raise any concerns that they had. This included raising concerns directly with the local authority.
- The registered manager knew what constituted safeguarding and investigated any concerns identified.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected.
- Care plans contained information on how to move people safely and what equipment was to be used.
- As people received care in their own home, risk assessments had been completed about their environment and how to keep people safe in an emergency.
- Risks to people while accessing the community had been identified. For example, people's ability to understand and manage their money had been assessed and care plans identified how much support they would need for staff to ensure their money was safe.

Staffing and recruitment:

- A relative told us, "There is ample staff."
- The registered manager had established how many care staff needed to be on duty to keep people safe.
- Where people needed one to one support records showed that this had been provided.
- The registered manager had ensured that people had been supported by a core team of staff who knew their needs well.
- Rotas showed that there were enough staff to meet people's needs.
- The provider had systems in place to ensure they checked if people had the appropriate skills and qualifications to care for people before offering them employment with the service.
- Any gaps in people's employment history had been identified and investigated.
- The required checks had been completed to ensure that staff were safe to work with people who used the service.

Using medicines safely:

- Suitable arrangements were in place to safely order, administer and dispose of people's medicines in line with national guidelines.

- Staff had received training in how to administer medicines safely, including how to administer rescue medicines for conditions such as diabetes and epilepsy.
- Staff ensured that medicines were taken with people when they went out into the community so that they were always available for them.
- Records also supported the safe administration of medicines as they noted people's allergies and how they liked to receive their medicines. Records of administration had been accurately completed.
- Where people had 'as required' medicines such as pain killers protocols were in place to ensure staff administered the medicines consistently.

Preventing and controlling infection:

- The environment was clean and tidy. Daily checks ensured standards were maintained.
- Effective systems were in place to reduce the risk of infection. For example, the use of different coloured mops in different areas.
- Staff had received training in keeping people safe from the risk of infection, including how to wash their hands effectively.
- Personal protective equipment was available and staff knew when to use this and how often they should change it.

Learning lessons when things go wrong:

- Staff knew how to report any incidents.
- The registered manager investigated incidents and identified any learning that would reduce the risk of similar incidents.
- Information about incidents were discussed at team meetings to ensure that all staff learned from the incident.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- People's needs were assessed when they started to use the service. This allowed the registered provider to identify if staff needed further training in any areas to support the person's individual needs.
- Staff applied learning effectively in line with best practice. This meant people were settled, happy and achieved a good quality of life.

Staff support: induction, training, skills and experience:

- A relative told us, "Staff are well trained."
- Staff had received an induction when they first started working for the provider. This included training in areas such as infection control and the Mental Capacity Act (2005). New staff also shadowed an experienced member of staff to gain practical knowledge in how to care for people.
- Staff competencies were checked to ensure that staff had understood their training and were working in line with best practice.
- Staff training was also refreshed on an annual basis. This ensured that staff skills were kept up to date with any changes in guidance.
- The registered manager monitored the training staff had completed and prompted staff when training was due to be refreshed.
- Staff also received ongoing support from the registered manager. This was through regular supervision meetings.

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

- A relative told us how staff ensured that people's preferences were respected. They said, "[Name] is a vegetarian and they cater for this."
- Care plans recorded all the information staff needed to ensure people could eat safely, for example they identified that one person needed to have their food cut up to reduce the risk of them choking. Where needed advice from health professionals had been sought.
- Care plans identified where people were at risk of malnutrition and the action staff needed to take to help people maintain a healthy weight. For example, one person was a slow eater and so needed plenty of time to finish a meal. Records showed that people identified at risk had maintained their weight.
- Some people had conditions that restricted the food that they could eat or how much they were allowed to drink. Staff were aware of these needs and kept accurate records of their food and fluid.
- People were able to choose what they wanted to eat and were supported to help shop and cook their meals.

Staff working with other agencies to provide consistent, effective, timely care and Supported people to live

healthier lives, access healthcare services and support:

- People's health needs were clearly recorded in their health action plan.
- Staff went with people to their health appointments to support them and ensure that all relevant information was shared with healthcare professionals.
- The staff worked with people's GP's and community nurses to ensure people received all their routine healthcare such as influenza vaccinations and regular screening.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

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

- The registered manager had completed assessments on people's ability to make decisions about where they lived. Two people were unable to consent to living in a supported living accommodation. The registered manager had correctly raised concerns with the person's funding authority and was working with them to submit a Deprivation of Liberty Safeguard application to the Court of Protection.
- Staff had received training on the MCA. They understood that it was about supporting people to make their own decision. They maximised people's ability to make decision by presenting information in easy to understand ways.
- Where people may be unable to make decisions, the registered manager completed a capacity assessment to see if they understood the decision which needed making. Where people were unable to make a decision, a decision was made in their best interest. The registered manager ensured that people's relative, healthcare professionals and staff were included in the decision making process.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- A relative told us, "The staff are always happy."
- We saw that people had a good relationship with the people they supported. They knew people's individual likes and dislikes, when they wanted support or when they needed some time on their own.
- Staff also knew what was happening in people's lives so that they could provide support when people were having a difficult time. An example of this was the support they provided to a person when a family member was poorly.
- Care plans supported staff to get to know people and their needs. Each care plan contained some top tips for getting to know the person better, for example, what their hobbies and interests were.
- Care records had a happiness plan. They contained information about people's favourite activities, toys and how staff could support people when they were unhappy.

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

- People were supported to make choices about their lives. For example, what activities they wanted to do and what food they wanted. Staff told us how they increased people's ability to make decisions by offering simple choices.
- Staff understood people's ability to communicate their needs and were able to support their communication needs. For example, some people used sign language and staff were skilled in translating their needs. In addition, they were supporting one person to learn some more signs so that they could expand their communication.
- Staff were also aware that they needed to monitor people's body language as people would often communicate their needs non-verbally.

Respecting and promoting people's privacy, dignity and independence:

- Where people were unable to voice their opinions of the care they received and had no relatives to support them the registered manager had arranged for them to have access to an Advocate. An Advocate is an independent person who can speak for the person receiving care.
- People's choices about the gender of their care staff was identified, recorded and respected. For example, one person wanted support from a member of the same sex for cultural reasons.
- Staff recognised that at times people may want some private time in their bedrooms. Staff ensured that they were not disturbed when they wanted to be alone.
- People's privacy was respected, staff knocked before they entered people's bedroom. Care records about people were securely stored so that they could not be accessed by unauthorised people.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and their relatives had been involved in planning their care. A relative told us, "I can go to their notes at any time and read them." In addition, we saw that people were invited to attend an annual review to look at what had gone well and to discuss the care for the coming year. People were able to engage with this process and request specific activities be included.
- Care records contained information about people's needs in relation to their personal care and how staff could tailor the care to support people's individual needs. For example, one member of staff was able to tell us how they needed to take their time with one person and give them time to process what was happening.
- Care records contained clear information about people's care needs around long-term conditions. For example, we saw one care plan had advice on a person's diabetes and what action staff should take if the person's blood sugars were high or low.
- Where people chose to follow spiritual practices, staff supported them to follow their beliefs and to access religious services.
- Consideration had been given to how information was available to people in an accessible format to ensure it was meaningful to people. All organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a learning disability, impairment or sensory loss and in some circumstances to their carers.
- People were supported to access a wide variety of activities. Some of these supported them to live in the community. For example, shopping for food. While other activities were for the person's enjoyment. Records showed that people had taken part in archery, and swimming. Some people had also been supported to go on a holiday.

Improving care quality in response to complaints or concerns:

- A relative told us that they were happy with the care provided. They told us, "We have no concerns, if we did, we can go to [the registered manager] and say what the concerns are." They were confident any concerns would be dealt with.
- The registered manager told us that they had received no complaints since the service had been opened. However, there was a complaints policy and process in place to support them if they did receive one.

End of life care and support:

- Care records we looked at showed that people had been asked about any wishes they would want to be carried out at the end of their lives including the consideration of any advance decisions they wanted to make. The registered manager told us how they worked closely with people and their circle of support in considering any individual decisions so these could be fully respected.

- At the time of this inspection the registered manager confirmed although they currently were not providing any specific care packages for people who were at the end of their life they and staff were clear about their approaches to this type of care.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The provider had a clear vision for the care they provided across all their services. They had developed a set of values which included honesty and accountability. In addition, they had developed the values into 'I statements' which described the behaviours they expected from all involved in the service.
- The values supported the registered manager to ensure they complied with the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- A relative told us they were happy with the management of the service and that it was reflected in their relative's contentment. They told us, "He is totally happy there."
- Staff we spoke with were positive about the registered manager. They told us, "She knows what she is doing and has a lot of experience. She is a people person and she is good when interacting with people. She is very supportive and staff feel supported. Her personality is friendly and nice and staff are confident they can raise concerns with her and that she will give good advice."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- We looked at the Statement of Purpose. This is a document providers are required to have in place detailing the details of the service. We found it reflected current arrangements for management and appropriate reporting of complaints. Records showed that the registered persons had correctly told us about significant events that had occurred in the service, such as accidents, incidents and injuries. The provider had displayed the rating of their previous inspection according to CQC guidelines.
- There were effective systems in place to monitor the quality of care provided to people. These included audits on care plans, medicines and infection control. In addition, the registered manager completed two monthly assessments of the service which were reviewed by the area manager. When any concerns were identified we saw that the registered manager and provider took appropriate action to resolve the issue.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- Staff completed monthly one to one discussions with people to gather their views of the care they received. We saw that these discussions were recorded in people's care files. Any changes that the person requested were discussed and where possible implemented.
- Staff had the chance to engage with the running of the service through regular supervisions and monthly staff meetings. Staff told us they were confident that they could raise any concerns or ideas for improvement

with the registered manager.

Continuous learning and improving care

- Staff told us that learning from accidents and incidents were shared with them at staff meetings. Minutes of the meeting were shared so that any staff unable to attend received all the information necessary to provide safe care.
- The registered manager was being supported by the provider to complete a nationally recognised qualification in management of care services.
- The registered manager worked collaboratively with the managers of the provider's other services to ensure that learning was shared across the provider's organisation. In addition, the provider shared and supported the registered manager to implement any changes in best practice or legislation.

Working in partnership with others

- The registered manager had developed partnership working with external agencies such as local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it. The registered manager told us that registering to receive information about developments in care through professional websites and forums and working in partnership with external agencies had also provided opportunities for them and staff to keep up to date with professional guidance and any changes they needed to consider making to keep developing the services provided.