

Sense

# SENSE Manor Court

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We conducted an announced inspection at SENSE Manor Court on 06 August 2018. We gave the provider advanced notice of our visit because the people who lived there had complex needs and this would enable staff to prepare them for our visit. SENSE Manor Court is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

SENSE Manor Court is registered to provide accommodation and personal care for five people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were five people living in the service.

A registered manager was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

During the home's previous inspection on 7 July 2017, we rated the home overall as 'Good' but improvements were needed in Well Led regarding sending notifications to CQC. During this inspection, we found this improvement had been made but we found some other areas of concern and the overall rating has now changed to 'Requires Improvement'. The details of the reasons why are explained in the summary below and in the body of the main report.

People were supported by staff who understood the risks they could face and knew how to keep them safe. Most risks to people's health and safety were identified and action was taken when needed to reduce these, but this was not the case for using the communal grounds. There were not always sufficient or suitably skilled staff on duty to meet people's needs. Staff underwent appropriate recruitment checks before they commenced their employment. People received their medicines as prescribed although they could be managed more safely. People were being protected from infection because safe practices were being followed.

People were supported by staff who received appropriate training and supervision and had an understanding of their needs. People were supported to make choices and decisions for themselves. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service (do not) support this practice

People had a nutritious diet which met their needs and they were provided with any support they needed to ensure they had enough to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these. Systems were in place to ensure people lived in a properly that was well maintained.

People were cared for and supported by staff who respected them as individuals. Staff had caring relationships with people and respected their privacy and dignity. People were enabled to express the care they wanted to receive.

The lack of clear care planning meant that people may not receive the care they require. People were encouraged and supported to participate in meaningful interaction and activities. People would be supported to raise any complaints or concerns they had which would be dealt with. People's end of life wishes were known so that these could be acted upon when needed.

Staff worked well as a team and felt supported with their work by the registered manager. We have made a recommendation about improving the systems in place for auditing and monitoring the service as they were not effective in identifying where improvements were needed.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not consistently safe.

People were not always supported by a sufficient number of staff or by staff who regularly supported them. Staff were recruited following safe recruitment procedures.

People felt safe using the service and staff looked for any potential risk of abuse and knew what to do if they had any concerns.

Risks to people's health and safety were assessed and staff were informed about how to provide safe care and support.

People received the support they required to ensure they took their medicines but improvements could be made to the storage arrangements for these.

### Is the service effective?

**Good** ●

The service was effective.

People were supported by staff who received appropriate training and supervision and had an understanding of people's care needs.

Peoples were supported to make choices and decisions they had the capacity to. When needed people's capacity to make decisions was assessed. DoLS had been applied for when required.

People were provided with a nutritious diet and received the support they needed to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in supporting them with these.

### Is the service caring?

**Good** ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People and their relatives were involved in planning and reviewing their own care.

Staff had positive relationships with people and respected their privacy and dignity.

### **Is the service responsive?**

**Requires Improvement** ●

The service was not consistently responsive.

People may not receive the care and support intended due to a lack of lack of care planning. People were provided with meaningful interaction and activities.

Any complaints or concerns were be acted upon and dealt with. People knew how to raise any complaints or concerns they had and felt confident that these would be dealt with.

### **Is the service well-led?**

**Requires Improvement** ●

The service was not consistently well led.

The systems in place to audit and monitor the service were not identifying improvements needed.

People and their relatives had opportunities to provide feedback and make suggestions.

Staff were provided with support and guidance about their role.

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# SENSE Manor Court

## 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by one inspector. It took place on 06 August 2018 and we gave 48 hours notice of the visit to ensure staff were available to assist with the inspection visit and that people who used the service would be present during this.

Before the inspection, we reviewed information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law. We also contacted commissioners of the service and asked them for their views. We used this information to help us to plan the inspection.

We reviewed information the provider sent us in the Provider Information Return (PIR). 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 also read the provider's own quality assurance self assessment document.

During the inspection, we spoke with four relatives, two members of staff and the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records and other records kept by the registered manager as part of their management and auditing of the service.

# Is the service safe?

## Our findings

People were observed to be comfortable in the company of staff and engaged with them in a way that was appropriate for them to do and in line with their usual way of interacting. We saw one person holding a staff member's arm in a way that gave them comfort. Relatives told us they felt their family members were safe using the service. One relative told us their family member was "kept safe" and another said, "I don't worry about [Name] I can go to bed at night and sleep as I've peace of mind."

Staff were able to discuss the different types of abuse people may be exposed to and their role in preventing this. Staff were also able to describe what action they would take in the event of any abuse taking place or if they suspected that it had. Staff said they would normally refer any concerns to the registered manager, but if she was not available the provider always had a senior manager on call they could go to for advice.

The registered manager had referred incidents of suspected or actual abuse to the local authority safeguarding team when needed in a timely manner. The provider told us on their PIR that staff receive safeguarding training and records confirmed that to be the case.

The risks to people's safety were managed well and the way this was to be done was recorded in a risk assessment. These included how to keep people safe when out in the community and how to prevent accidents or incidents occurring in the service. A relative told us their family member's bedroom was "laid out so they can use it safely." Relatives also spoke of their family members using walking aids to promote their independence and being able to use a walk - in bath.

Each person had a file of risk assessments for known present and past behaviours as well as how any activities should be undertaken as safely as possible. The registered manager described how they had responded when one person who used the service was having regular falls. This included monitoring the frequency of falls, assessing the equipment they used and identifying how staff could support them to walk more safely. The registered manager had prepared a risk assessment detailing this.

During our visit one staff member had taken a person out for lunch, but had run into difficulties on the way back to the service. The staff member had called the registered manager for assistance and between them they managed to safely return the person to the service. The staff member showed us an incident form they would be completing following the incident and how this would be used to monitor the person in future when they left the service.

We undertook a tour of the building and the grounds shared with other services belonging to the provider on the same site. We noted that there were some risks within the grounds that had not been addressed. The registered manager was unclear as to who was responsible for overseeing the grounds and ensuring their safety and said they would clarify this with their line manager.

Records showed safety checks on the premises were carried out at the required frequency. Each person had a personal emergency evacuation plan (known as PEEP) to be followed if they had to be taken out of the

service in an emergency such as a fire.

There were sometimes occasions when people were supported by staff who did not know them well or understand their complex needs. On the day of our visit two of the four staff on duty that evening were agency staff. A third worked at another Sense service, although they had previously worked at this service and knew people well. The registered manager said they were using agency staff on a regular basis due to the number of staff vacancies currently within the staff team. The registered manager said they tried to use the same agency staff but this was not always possible due to their availability when they needed additional staff. They added that they ensured there was always at least one staff member on duty who knew people well. During our visit we observed that agency staff were not aware of the way people wanted to be supported and needed to have this explained to them, for example the best way to provide one person with their personal care. The registered manager said where possible agency staff tended to undertake more domestic tasks leaving the permanent staff to support people.

Staff told us that on occasions they did not have the correct number of staff on duty, particularly for the morning shifts when they could not get agency staff to cover these. Staff said at these times they were able to provide safe care but could not fulfil the full range of support and opportunities people normally had, such as being able to follow their leisure interests. Staff told us they did not think this was satisfactory for people who used the service.

Relatives told us they found there were enough staff on duty when they visited who knew their family members well and could provide the support their family member required. One relative said, "There always seems enough staff if we want to take [Name] out. They will call someone in to help us take them out." Relatives spoke of knowing the staff well and that they were good at the work they do. One relative told us they found the staff, "Lovely and helpful" and added, "They go above and beyond."

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions.

People were supported to take their medicines when they needed to take these. Relatives had no concerns about the support their family members received with taking their medicines, but said they did not have a great deal of knowledge about this due to a lack of involvement.

People's medicines were stored securely. However, there was not a record made of the temperature of the room to ensure this was within the temperature range to ensure people's medicines were at their most effective. In addition, best practice of storing medicines applied externally and those taken internally separately to prevent incorrect use was not being followed.

Medicine administration records (MAR) showed people had their medicines as intended. The registered manager described how medicines were ordered. Staff then described how medicines were managed from checking medicines received were correct, their safe storage and administration. A new supply of medicines was delivered during our visit and we saw the registered manager checked these to ensure they were correct. Another staff member gave a list of medicines to be returned that had not been used for various reasons during the previous month.

The registered manager told us all staff had a medicines competency completed before they were able to



support people with taking their medicines. There were copies of these completed competencies in staff files.

People lived at a service that was clean and staff followed good hygiene practices. Relatives told us they were happy with the cleanliness of the service. One relative said, "I always find everywhere clean and homely." During a tour of the building we saw the service was clean and staff were using protective clothing (PPE) when needed. Staff told us PPE was always available. We noted that the laundry had a backlog of washing and the registered manager explained they had not had time to do this yet that morning due to our visit and it would be done when they had time.

Staff told us they had the necessary policies and procedures about infection control in the Health and Safety folder. We saw cleaning checks were completed showing which areas of the service and what furniture and equipment had been cleaned each day.

## Is the service effective?

### Our findings

People were supported by staff who received the training and support needed to meet their needs. A relative told us "I have always felt they (staff) are trained." Another relative said, "New staff are always with someone to start with and get onto their own footings."

The registered manager told us new staff completed an induction and showed the progress one recently started staff member had made with this. Staff would complete the care certificate which is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Staff told us they completed their training on line using e-learning courses. The training matrix showed staff were up to date with their training. The registered manager said certain courses, such as moving and handling were provided around the needs and specific support required of the people who used the service. Staff also told us they received regular supervision. The registered manager said that when needed they would arrange for staff to have additional supervision if they needed any further support or guidance.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and had applied for a DoLS when needed.

People were supported to make the decisions they were able to and had other decisions made for them in their best interests. Relatives were able to express their opinions and views. A relative told us, "If they want my opinion they will phone me and we have a chat." Another relative said, "The staff don't just take things into their own hands, they consult me too."

Staff told us that people were able to make some decisions for themselves and they were assessed to determine if they were able to make any bigger decisions. A staff member told us they had been involved in best interest meetings where decisions had been made in someone's best interest as they were not able to make the decisions for themselves. It was recorded in the provider's self-assessment document that 'People's choices are at the forefront of the service they receive' and 'Staff work with the supported individuals encouraging them to make positive choices'. Staff had a knowledge of the principles of the MCA and knew the purpose of DoLS and we saw a DoLS was in place where it had been identified to be needed.

The registered manager described using various communication methods and aids to provide people with choices as well as using people's previous experiences in similar situations. The registered manager said if someone did not want to do something they would indicate this through their behaviour.

People were provided with meals, snacks and drinks they enjoyed and had a healthy diet promoted. Relatives told us they felt their family members had a good diet and had sufficient to eat and drink. One relative told us, "I am happy with their diet."

The registered manager said they encouraged people to have a healthy diet, but they were able to have occasional treats. Each person had a 'treat box' with some of their favourite treats in. A staff member told us how they followed the provider's eating and drinking guidelines which described how a person's food should be cut up and what consistency meals should be served at. There was information about people's health and dietary needs and these were known by staff we spoke with. This included which people were at risk of choking if their food was not prepared a certain way and who had a diet controlled health condition.

The registered manager said people who used the service were meant to be weighed monthly, however records showed this was not always happening as planned. The registered manager confirmed that weighing people had tailed off recently and they would remind staff to do this as required. Although the registered manager said they were not concerned about any losing weight at this time, this posed a risk that if anyone did lose weight this might not be identified as quickly as possible.

People's health needs were known and they received the healthcare support they needed. A relative told us, "Everything on their medical side is taken care of and they keep in contact with me." Another relative said their family member's medical care was, "Well taken care of" and they, "See a doctor when they need to." The registered manager said they involved families through discussion about people's healthcare.

The registered manager told us that people had good access to healthcare services and staff from the service accompanied people to attend these. Staff told us how they supported people to access healthcare appointments in the community and only had these taking place at the service if it was deemed to be necessary. The registered manager said people were able to stay at home if they were feeling unwell.

Relatives described the building as being suitable for their family members and were pleased they had their own bedroom. During our tour of the building we noted one person's bedroom was dark due to the lack of natural light. There was a tree and bush outside this window that blocked the amount of daylight into this room. The registered manager said they would arrange for these to be cut back. We saw one person's quilt that had been washed and was drying on the washing line was in poor condition. The registered manager changed this and threw the other one away.

The registered manager told us they contacted head office when they needed any maintenance carrying out. The head office staff would then arrange for the appropriate contractor to come and carry out the repair. Staff told us that they felt overall the building was "well maintained."

## Is the service caring?

### Our findings

Staff had a good rapport with people who used the service and supported them in a way they understood and enjoyed. A relative told us staff were "wonderful" and described staff as "very caring". Another relative said, "Everything at Manor Court is brilliant." A third relative told us staff were, "Very friendly, it's their (people who used the service) home. If I am talking to a member of staff and someone comes up and wants something they break our conversation and deal with the client first."

The registered manager told us that staff, "Work to people's best interests and genuinely care for them." They spoke of staff coming into work when off duty to support people who used the service and of going away on holidays with them. For example, one person was soon going on a boating holiday with two staff.

We saw staff being attentive and knew how to interact with people in a way that brought about a positive response, such as a smile or a laugh. Staff spoke enthusiastically about their work and said they enjoyed this. One staff member told us they supported people to be "as independent as they could be" and they got satisfaction from, "Seeing the progress people made in being able to do things or themselves."

People were able to influence their care and how this was provided. A relative told us staff spent time trying to find out what was important to their family member and what they liked to do. We saw people influenced the way they were cared for and supported by indicating to staff what they did and did not like and what they wanted to do.

The registered manager described how some people who used the service had set routines and that staff needed to get to know them and what their routines were. People were able to influence their care and how this was provided. Staff told us that they adhered to the principle 'No decision about me without me' and involved people in every way they could. Each person attended their person centred review (PCR). Copies of PCRs showed how people had been involved in their review. It was recorded in the provider's self-assessment document that 'Each PCR reflects the person's individual personality focussing on them as a person.'

The registered manager told us that everyone who used the service was supported by one or more relative who would speak up on their behalf. They also said there was one person who was being supported by an advocate. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People were supported in a caring and sensitive way. Relatives told us their family members' privacy and dignity was respected. Staff told us how they supported people to maintain their own privacy and dignity, for example by ensuring people were dressed appropriately in communal areas of the service. Each person was able to have privacy in their own room and bathroom when they wished and staff said they always knocked on doors before entering.

Relatives believed their family members were encouraged to be as independent as they were able to be.

One relative told us their family member had to have independence and that staff could not, "Wrap them up in cotton wool." Relatives spoke of their family members joining in cooking and doing their own washing and other household chores. One relative told us staff helped their family member to, "Make a cup of tea, they do it themselves as much as they are able to do. Staff are very good at this and bring their attention back to what they should be doing." A staff member referred to people having, "The best independent life possible."

Relatives described having positive and regular contact with staff about their family members and their wellbeing. This included making regular telephone calls as well as conversations during visits. One relative told us staff, "Keep me up to date by email, phone or letter." Relatives also spoke of their family members being brought to see them by staff. It was recorded in the provider's self-assessment document that people who used the service were, 'Supported by staff to maintain contact with their families.'

## Is the service responsive?

### Our findings

There was a risk that people may not receive the care and support they need in the way it was intended. Although each person had a main care file this did not contain all the information about their care and support needs. Some of this information was in other folders, such as eating and nutrition, but did not include all the information regarding this activity. We also identified that information about certain needs was included in different support plans meaning that there was not one support plan which described how all of a person's needs in a particular area of need should be met.

During our discussion with staff they demonstrated a good knowledge of people's needs and how these should be met, but much of this information was not included in any of the care plans. Staff told us they had a mentoring system where this information was passed onto new staff during their induction but not recorded in their care plans.

People may not receive the support they need to manage their behaviour. Each person had a behaviour support plan to describe what support people would receive in the event of any challenging behaviour. Over the last year staff had been trained to follow an alternative conflict management strategy, but people's behaviour support plans had not been updated to show the change in approach.

Each person was meant to have a daily record completed about what had happened each day. We saw that some of these records had not been completed as intended. There was a staff signature list in the front of people's care files to show which staff had read these. This list was not up to date with all the current staff and some staff had not signed the lists to show they had read people's care plans.

Each person had a varied weekly plan which enabled them to pursue their hobbies and interests, both at the service and the day centre they attended four times a week. A relative told us their family member's social needs were met and that they had "many opportunities".

Staff told us they worked closely with day centre staff to ensure people had an individual timetable they enjoyed. Some people had recently been on a trip to the seaside. One staff member spoke of recognising signs when a person did not like a particular activity and getting this changed.

The registered manager described the varied interests each person who used the service had and the different activities they were supported to join in with. They described people following their own leisure interests such as car racing, bike riding and going for walks. One person had been supported to go skydiving when they showed an interest in this. Another person had recently been to a local music festival and staff were looking to see if the person could be supported to attend a larger festival which would include camping overnight.

People were supported to have responsibilities for the household and domestic duties required for maintaining their health and hygiene and the cleanliness of the service. People had an allocated day when they would be supported by staff to complete household tasks such as washing, cleaning and shopping. We

saw one person was preparing everyone's evening meal under staff supervision.

The Accessible Information Standard expects providers to have assessed and met people's communication needs, relating to a person's disability, impairment or sensory loss. The provider was meeting this standard. People who used the service communicated in a variety of ways and we saw that the equipment needed to enable this was in place. This included signs, symbols, communication boards and picture books. People who used the service were able to see which staff were on duty using a photographic rota. One person used this to select which staff member they would like to sit with them when they were having their meal. A relative told us how staff communicated with their family member "well". They said staff sign and talk to their family member and, "They are patient to ensure they have understood" adding "They will then sign back."

We saw staff communicating with people using sign language and there were pamphlets of signs used for staff to refer to. One staff member told us they had picked up sign language easily as it was used all the time. Each person had a communication profile which described how the person communicated and what methods of communication they understood. One person kept in regular contact with their family by using internet video calls.

There was a complaints procedure in place which included a symbol version for people who used the service. People who used the service would rely on a relative or member of staff to advocate on their behalf to use this. Relatives told us they felt confident to raise anything they wished to with the registered manager. One relative told us the registered manager, "Would listen to anything I have to say. We sit down and talk and it gets put right."

The registered manager said they had discussed issues that arose with relatives, but there had not been any formal complaints made. Staff spoke of actively looking to resolve any issues as soon as they were made aware of them.

It was recorded in the provider's self-assessment document that there had not been any complaint made but 'We have responded to any concerns families may have through PCRs and family questionnaire feedback. Some concerns have been dealt with directly over the telephone.'

There had not been anyone who used the service who had required end of life care. However, each person had information in their care file about what the family would want to happen in the event of the person reaching the end of their life. It was recorded in the provider's self-assessment document that, 'Families have been involved in discussions about end of life care.'

## Is the service well-led?

### Our findings

During our last inspection we found that improvements were needed with sending us notifications of certain events. At this inspection we found that the improvements needed had been made and the registered manager had sent us notifications when required.

During this inspection visit we found the systems in place to monitor the service were not effective. There was a file of the various audits undertaken by the provider as part of their monitoring of the service. This provided a score on each audit to indicate how well the service was doing against each key area such as Health and Safety and the Management of Medicines. When needed the audit contained a list of actions needed to improve the service. However, these audits had not identified issues with records and staffing we found during this inspection visit.

The registered manager showed us completed pictorial and text questionnaires that had been sent to people who used the service and relatives. The registered manager had not analysed to show the level of satisfaction with the service. However, the forms we saw showed people who used the service and relatives were happy with the service provided. We recommend the provider ensures that audits completed identify a plan of action to address the issues identified in these.

Relatives described the service as being well run in the best interests of the people who used it. They also told us they felt valued and involved in the service. One relative said, "If we ring up about anything they will help." Another relative said, "They are quick to call to us if anything is wrong."

Staff spoke of being able to express their views in staff meetings and in general discussions. They said the views of people who used the service and their achievements were captured through their person-centred reviews. A staff member told us, "I know we could improve on paperwork but we provide good support to deaf blind people."

Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

It was recorded in the provider's self-assessment document that 'Staff are observed on shift and staff work within Sense's values enabling people to make their own choices being at the forefront of the support they receive.'

The registered manager was approachable and well thought of. A relative told us, "We have a really good chat on the phone and she says she is there whenever we want her. She is very supportive with families." Other relatives spoke being able to contact the registered manager and having positive discussions with her.

The provider complied with the condition of their registration to have a registered manager in post to



manage the service. The registered manager told us they felt well supported by the area manager who provided them with supervision. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about. Providers are legally required to display the rating we give them in the service and on their website if they have one. The rating from the previous inspection was displayed in the office.