Sense

SENSE - Supported Living Services (Lincolnshire)

Inspection report

Windsor Resource Centre
Fairfield Industrial Estate
Louth
Lincolnshire
LN11 0LF

Tel: 01507610925

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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

This was our first inspection since the service was registered by us on 15 December 2015.

SENSE Supported Living Services (Lincolnshire) is registered to provide support for people who live in their own homes. When we inspected the service there were three people receiving support. They all shared a detached residential property in Louth. Each of then held a tenancy with their landlord. Although they shared communal facilities in the property such as the kitchen, lounge and bathroom, each person had their own bedroom.

The service is registered to support younger adults, people who have a learning disability and people who live with autism. It can also support people who need assistance due to having special sensory needs.

The service had an administrative office In Louth that was near to the property in which the people lived.

SENSE Supported Living Services (Lincolnshire) is operated by a national charity that is the registered provider. There was a registered manager in post. 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. In this report when we speak both about the charity and the registered manager, we refer to them as being, 'the registered persons'.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People had been supported to avoid the risk of accidents and they had been helped to manage their medicines safely. There were enough staff to provide people with the support they needed and background checks had been completed before new staff had been appointed.

Staff had received training and guidance and they knew how to support people in the right way. People had been assisted to plan and prepare their own meals and they had been supported to receive all of the healthcare assistance they needed.

Staff had ensured that people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of

Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered persons had worked with the local authority to ensure that people only received lawful support that respected their rights.

People were treated with kindness, compassion and respect. Staff recognised people's right to privacy and promoted their dignity. Confidential information was kept private.

People had been consulted about the support they wanted to receive and they had been gently encouraged to be as independent as possible. People had been supported to pursue their work commitments, hobbies and interests. There was a system for quickly and fairly resolving complaints.

People had been consulted about the development of their home. In addition, they had been assisted to liaise with their landlord about making improvements to their home. Quality checks had been regularly completed to ensure that people reliably received all of the support they needed. Staff were supported to speak out if they had any concerns and good team work was promoted. People had benefited from staff acting upon good practice guidance.

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.

Staff knew how to protect people from abuse and they had been helped to stay safe by avoiding accidents.

Staff assisted people to manage their medicines safely.

There were enough staff to give people the support they needed and wanted to receive.

Background checks had been completed before new staff had been employed.

Is the service effective?

Good

The service was effective.

Staff knew how to support people in the right way and they had received all of the training and guidance they needed.

People had been supported to plan, prepare and enjoy their meals.

Staff had assisted people to access any healthcare services they needed.

People were helped to make decisions for themselves. When this was not possible decisions were made in people's best interests and their legal rights were protected.

Is the service caring?

Good

The service was caring.

People said that staff were kind and considerate.

Staff recognised people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People had been actively involved in making decisions about the support they wanted to receive.

Staff had provided people with all of the support and encouragement they needed.

People had been supported to pursue their work commitments, hobbies and interests.

There were arrangements in place to quickly and fairly resolve complaints.

Is the service well-led?

Good

The service was well-led.

People had been consulted about the development of their home and they had been assisted to liaise with their landlord.

Quality checks had been completed to ensure that people reliably received all of the support they needed.

Staff were encouraged to speak out if they had any concerns and good team work had been promoted.

People had benefited from staff acting upon good practice guidance.

SENSE - Supported Living Services (Lincolnshire)

Detailed findings

Background to this inspection

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

Before our inspection visit we reviewed information we held about the service. This included the notifications we had received. These refer to events that happened in the service which the registered persons are required to tell us about. We also invited feedback from the local authority who contributed to the cost of the people who used the service. In addition, 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 members' needs and wishes.

We visited the administrative office of the service on 26 January 2017 and the inspection team consisted of a single inspector. The inspection was announced. The registered persons were given a short period of notice because the people who received support had complex needs for care and benefited from knowing in advance that we would be calling.

During the inspection we were also invited by the people who used the service to visit their home. We spoke with all of the three people who lived there. We also spoke with two support workers, the deputy manager and the registered manager. In addition, we met with the operational manager who oversaw all of the various social care services provided by SENSE in Louth and the surrounding area. We also examined records relating to the support people received including the safe management of medicines, staffing, training and quality assurance.

Good

Our findings

All of the people who used the service had special communication needs and expressed themselves using different forms of sign assisted language. People showed us and said that they felt safe when in the company of staff. We noted how people were comfortable in the presence of staff and sought out their company. In addition, one of them remarked, "Staff are good here and are my friends." Relatives told us that they were confident that their family members were safe. One of them remarked, "Yes, I'm very relieved that my family member has settled there well. They speak warmly about the staff and they genuinely look forward to going back when they've been out with us. That's the best sign that things are okay there."

Records showed that staff had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. 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. Staff were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. They knew how to contact external agencies such as the Care Quality Commission and said they would do so if they had any concerns that remained unresolved.

We noted that people were protected from the risk of financial mistreatment. Records showed that they were being provided with varying amounts of support to handle cash that they needed for everyday purchases. This included staff helping them to withdraw funds from the bank and keep them safely until they were needed. We found that staff had assisted people to keep clear records supported by receipts whenever they made a purchase. This arrangement helped people to budget their money so that they always had enough to buy the things they wanted. A person spoke about this and said, "I go to the shops with staff and they help me buy things. I like shopping."

We saw that staff had supported people to avoid preventable accidents. An example of this was the way in which people were accompanied by staff when out in the community. This was done because the people were not confident about crossing the road on their own and needed assistance. Another example included people being provided with a special kettle that was easier for them to use safely when making hot drinks.

In addition, records showed that staff had assisted people to identify a small number of defects in their accommodation that increased the risk of an accident. On their behalf staff had then raised with the landlord the need to make the necessary improvements. We noted that these included the need to ensure that windows located on the first floor did not open too wide and so could be used safely. Another example was the need to repair the pagoda in the garden that was unstable and likely to fall over in the wind.

Records showed that no accidents and near misses involving people who used the service had occurred. We noted that the registered persons had a procedure in place to ensure that any accidents that did happen would be analysed. This was so that practical steps could then be taken to help prevent them from happening again.

People were supported by staff to manage their medicines so that they could be ordered, stored and used in the right way. We found that suitable arrangements were in place to provide this support. People told us that they appreciated this part of the assistance they received. One of them said, "I get my tablets from the staff - all good."

Documents showed that staff had discussed with each person the support they wanted to be provided. The operational manager said that based upon this and in conjunction with health and social care professionals a decision had been made about how many staff needed to be on duty at any particular time of day. Records showed that the people's home was reliably being staffed in line with the agreement. In addition, when we called to the property we saw that people were promptly being given all of the individual assistance they needed. We concluded that the service was adequately staffed to enable people to be offered the support they needed and wanted to receive.

We examined records of the background checks that the registered persons had completed before two new staff had been appointed. They showed that a number of checks had been undertaken. These included checking with the Disclosure and Barring Service to show that the applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. Other checks included obtaining references from relevant previous employers. These measures helped to ensure that applicants could demonstrate their previous good conduct and were suitable to support the people in their home.

Good

Our findings

People showed us and said that they were confident staff knew how to support them in the right way. We saw one of them patting the arm of a member of staff and smiling while they were assisted to take off their overcoat. After this the person was supported to follow their preferred routine when arriving home. This involved them sitting in a particular chair and having their usual drink. We saw that the person smiled and was pleased when the member of staff supported them to follow this routine. Another person said, "Staff are good like friends." Relatives were also confident about this matter with one of them saying, "I have the highest regard for the staff who have made a point of getting to know my family member. We don't always quite agree about every point of how my family member should be cared for, but they know what they're talking about and I can see where they're coming from."

The registered manager said that it was important for all staff to receive comprehensive training in order to ensure that their knowledge and skills remained up to date. Staff told us and records confirmed that new staff had received introductory training before they worked without direct supervision. This training was in line with the new national Care Certificate that sets out common induction standards for social care staff. We also noted that established staff had been provided with the refresher training in key subjects. These included how to safely support people who needed help to manage everyday tasks such as promoting their health, maintaining personal hygiene and budgeting.

The registered manager said that staff also needed to receive regular individual support and guidance in order to review their work and to plan for their professional development. Staff said and records showed that this support was being provided in the right way.

We found that staff had the knowledge and skills they needed to consistently provide people with the support they needed. An example of this was staff offering encouragement and support to a person who sometimes became inactive and who did not help themselves. We saw staff gently reminding the person about what they needed to do in order to be ready to go out to a social event later on. Another example was staff knowing how to give people the individual support they needed to maintain good standards of personal hygiene.

People showed us and said that staff assisted them to go shopping for food and to prepare their meals. This included deciding what meals they wanted to prepare, checking what supplies they already had and making a list of things they needed to buy. Referring to this a person led us to a shelf where they put their shopping and then smiled when a member of staff signed to say what shops they had been to recently. Another

person showed us the shopping list they were preparing and said, "At the weekend I go out to town and buy things I like." In addition, we noted that when necessary people had been provided with extra help to ensure that they benefited from having a balanced diet without too much reliance on sugary foods. We saw an example of this when we saw a member of staff gently suggesting to a person that they try an alternative snack that had relatively low levels of fat in it.

Records showed that people had been supported to receive all of the healthcare services they needed. This included staff consulting with relatives so that doctors and other healthcare professionals could be contacted if a person's health was causing concern. A relative commented on this saying, "The staff are certainly on their toes and they've arranged for my family member to see a variety of doctors and other health care professionals. They don't just leave things. They push for them to get all of the health care they need which isn't their job but I'm glad they do it."

The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The law 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We found that the registered persons and staff were following the Mental Capacity Act 2005 in that they had supported people to make decisions for themselves. This had involved consulting with people, explaining information to them and seeking their informed consent. An example of this involved a member of staff tactfully reminding a person why they needed to carefully use medicines in the manner prescribed by their doctor. We saw the member of staff using signs to describe the symptoms with which the medicine helped. After this the person smiled and gave a "thumbs-up" signal to indicate that they were willing to accept the medicine when it was next offered to them. Another example involved the way that staff had gently encouraged people to choose the right clothing for the weather so that they were comfortably warm when out and about in the community.

Records showed that on a number of occasions when it appeared that a person lacked mental capacity in relation to a particular decision the registered manager had contacted health and social care professionals and relatives. This had been done to help to ensure that decisions were taken in people's best interests. An example of this was staff liaising with key people so that a person could be supported to attend a different day opportunities service that was better suited to meeting their needs. Records showed that this had enabled careful consideration to be given about how best to support the person so that they only received support that was right for them.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We noted that the registered persons had liaised with the local supervisory body (the local authority) about the support being provided for each of the people who used the service. Records showed that the local supervisory body had concluded that the people concerned were not being deprived of their liberty. By working jointly with the local supervisory body the registered persons had ensured that the support people received was only provided in a way that respected their legal rights.

Good

Our findings

People who used the service showed us and said that they were positive about the quality of the support they received. One of them used sign assisted language by smiling and going out of their way to sit beside a member of staff for whom they then made a cup of tea. After this, they showed the member of staff objects that heled them to describe the activities they had enjoyed doing at their day opportunities service. Another person said, "I like it here, it's home here and the staff are ace." Relatives were also complimentary about this with one of them remarking, "I think that the staff are top quality and very helpful. They're both friendly and professional at the same time which is the right balance."

People showed us and said they were treated with respect and with kindness. An example of this was a person who showed us how staff had assisted them to arrange and decorate their bedroom as they wished. They pointed to items that staff had helped them to buy and smiled proudly when showing us the way they had made their bedroom into a comfortable and personalised space. Another person said, "The staff are dead cool here." We noted that staff had assisted people to make sure they always had enough clean clothes in their wardrobes from which to choose. The deputy manager said that this was important so that the people could present themselves how they wished. When we were visiting the property we noticed that a person had spilt some tea on their jeans. We saw that a member of staff quickly noticed this and tactfully helped the person go to their bedroom from which they emerged shortly afterwards wearing clean clothes. The person who used sign assisted language pointed to their replacement jeans and smiled to indicate their appreciation of the assistance they had just received.

We noted that staff knew about things that were important to people. This included knowing which relatives were involved in a person's life. This enabled staff to keep in touch with them so that they could work together as a team. Relatives appreciated this with one of them remarking, "The best way to summarise it is to say that my family member has found a second home. The staff do lots of extras that all add up to the service being the home that I wanted for my family member. The staff always keep in touch with me and so I know what's going on." In addition, records showed that staff had carefully noted the dates of relatives' birthdays so that people could be assisted to send presents and cards at the right times.

We saw that each person had family and friends to support them. However, we noted that the registered persons had nevertheless developed links with local lay advocacy services that could provide guidance and assistance. Lay advocates are people who are independent of the service. They can support people to make decisions and communicate their wishes if they do not have anyone else to help them in this respect.

We noted that staff recognised the importance of not intruding into people's private space. We saw that staff knocked and waited for permission before going into people's bedrooms. We also noted that when providing close personal care staff were careful to ensure doors were shut so that it could be done in private.

Staff told us that they had received guidance about how to correctly manage confidential information. We noted that they understood the importance of respecting private information and only disclosed it to people such as health and social care professionals on a need-to-know basis. In addition, we found that staff were aware of the need to only use secure communication routes when discussing confidential matters with each other. An example of this was staff saying that they never used social media applications for these conversations. This was because other people not connected with the service might be able to access them.

We saw that records which contained private information were stored securely both in the registered persons' administrative office and in the people's home. We found that the service's computer system was password protected and so could only be accessed by authorised staff. In addition, paper records were kept neatly in subdivided files that were secured in locked cabinets when not in use.

Good

Our findings

We saw that each person had an individual support plan that said in writing what assistance they needed and wanted to receive. In addition, people said that they had been invited to meet with staff to review the support they received to make sure that it continued to meet their wishes. An example of this was a person who liked to sit in the lounge and listen to music at particular times of day. We saw that a member of staff had drawn a picture of the person seated in the lounge to help the person tell staff when they wanted to do this. Another person said, "I see the staff a lot and they help me make my mind up about stuff."

People showed us and said that staff provided them with all of the practical assistance they needed. We saw that this support was carefully provided so that whenever possible people were gently encouraged to do things for themselves. An example of this involved a member of staff supporting a person to decide when they wanted to next visit their relatives. We heard the member of staff helping the person to take a variety of things into account when making their decision. These included the occupational and social activities they had already planned to do that week and the dates when their relatives were likely to be at home. We saw that the person found this support to be useful and in the end they decided to give the matter further thought before making any arrangements.

Staff were confident that they could promote positive outcomes for people when they became anxious and distressed. We saw an example of this when two people nearly bumped into each other by accident. This resulted in the people being puzzled and not sure that the incident had been unintentional. A member of staff quickly realised that they needed to be supported to manage the situation. They quietly explained that the incident had only been an accident after which the people were reassured enough to resume what they had been doing. The issue had been tactfully resolved by the member of staff because they had known how to provide the necessary support.

We saw that staff understood the importance of promoting equality and diversity and they had been provided with written guidance about how to put this commitment into action. An example was the registered persons' practice of sometimes involving people and their relatives in the recruitment of new staff. This helped to ensure that people had an active role in deciding who was best to provide them with the support they needed. We also noted that staff had supported some people to decide if they wished to meet their spiritual needs by attending a religious service. In addition, we noted that the registered manager knew how to support people who used English as a second language. This included knowing how to access translators and other relevant community services.

People showed us and said that staff had supported them to pursue a wide range of interests and hobbies. An example of this was one of them pointing to various objects they had made at the day opportunities service they attended. Another person said, "I go out to the (day opportunities service) and do all sorts and see my friends. On one day I help in a shop with things." Records also showed that staff had assisted people to regularly enjoy social events such as going to the pub, discos and holidays away. Relatives told us that they were confident that their family members were leading full and interesting lives. One of them remarked, "I am very happy that my family member has the opportunity to try a lot of different social things. I know that the staff work hard to encourage them to do different activities. They don't just take the easy course of letting my family member sit around which isn't good for them."

People showed us and said that they would be willing to let staff know if they were not happy about something. A person pointed towards a document that used pictures to say how they were feeling and smiled broadly. Another person said, "I like the staff and they're okay." Relatives also were confident that they could freely raise any concerns they might have. One of them said, "I find SENSE to be very person centred and approachable. I'm very confident that if there was a problem it would be taken seriously and looked into in the right way. I have to say though that so far I've not had anything significant to complain about."

We noted that the registered persons had a procedure which helped to ensure that complaints could be quickly and fairly resolved. Records showed that the registered persons had not received any formal complaints since we registered the service.

Good

Our findings

People who used the service and their relatives considered the service to be well managed. Speaking about this a relative remarked, "Yes I do think that SENSE is well run because I have found that my family member gets all the help they need and they live in a very well maintained home."

Records showed that each person had the opportunity to meet with a named member of staff at least once a month. These sessions were held so that people could review how well things were going and identify any changes they would like to be made. We saw that staff had assisted people to achieve a number of goals they had identified at these meetings. An example of this was a person who had wanted to use their artwork skills to prepare and send personal invitations to their birthday party. The person concerned showed us the invitations they had made. They told us that they had enjoyed the whole process of organising the party that had been attended by a lot of their relatives and friends. Another person pointed to the photographs staff had taken of them enjoying a trip out to a particular visitor attraction. Records showed that they had been supported to organise the event as a result of their monthly meetings.

People showed us and said that they knew who the registered manager was and found them to be helpful. We noted that when we called to the people's home they were relaxed in the company of the registered manager. We saw the registered manager and the deputy manager talking with people who used the service and with staff. They knew in detail about the support each person was receiving. They also knew about important aspects of how the service was run such as which members of staff were due to be on duty. This level of knowledge helped the registered persons to effectively manage the service so that people reliably received the support they needed.

We noted that staff were being provided with the leadership they needed to develop good team working practices. We saw that staff knew that they were expected to contact the registered manager or deputy manager if they needed advice. In addition, records showed that during the evenings, nights and weekends there was always a senior member of staff on call if staff needed to contact them. Staff said that there were handover meetings at the beginning and end of each shift when developments in each person's needs for support were noted and reviewed. These measures all helped to ensure that staff were well led and could support people in a responsive and effective way.

There was an open and inclusive approach to running the service. Staff said that they were well supported by the registered persons. They were confident that they could speak to them if they had any concerns about another staff member. In addition, staff said that positive leadership in the service reassured them

that they would be listened to and that action would be taken if they needed to raise any concerns about poor practice.

We found that suitable arrangements were in place to enable the registered persons to robustly monitor and evaluate the quality of the service. Records showed that the registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the support they needed. These included confirming that people were being supported in the right way to use their medicines, obtain healthcare assistance and manage their personal spending money. In addition, the registered persons were also helping people to stay safe by ensuring that equipment such as fire alarms and the service's car remained in good working order.

We found that the registered persons had provided the leadership necessary to enable people to benefit from staff acting upon good practice guidance. An example of this involved the registered persons using national advice about how best to provide people with positive support when they become distressed. We saw that this was reflected in the way staff responded to difficult situations in a way that promoted positive outcomes for the people concerned.