

Sense

# SENSE - 54 Monks Dyke Road

## Inspection report

54 Monks Dyke Road  
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15 September 2017

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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

We carried out this announced inspection on 15 September 2017. We gave the service a short period of notice. This was because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling.

SENSE – 54 Monks Dyke Road is registered to provide accommodation and care for six people who have a learning disability and/or a sensory disability. It can also accommodate people who live with a physical disability. At the time of our inspection visit there were four people living in the service. Some of the people lived with reduced sight and/or hearing. In addition, all of them had special communication needs and used personal forms of sign assisted language.

The service was run by a charitable body that was 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 about both the charitable body who ran the service and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 24 September 2015 the service was rated, 'Good'.

At this inspection we found the service remained, 'Good'.

Care staff knew how to keep people safe from the risk of abuse including financial mistreatment. People had been supported to take reasonable risks while also being helped to avoid preventable accidents. Medicines were safely managed and there were enough care staff on duty. Background checks had been completed before new care staff had been appointed to ensure that they were suitable people to be employed in the service.

Care staff had received introductory and on-going training. In addition, they had been given guidance and they knew how to care for people in the right way. People enjoyed their meals and were supported to eat and drink enough. In addition, they had been helped to obtain all of the healthcare assistance they needed.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice.

People were treated with compassion and respect. Care staff recognised people's right to privacy and promoted their dignity. People had been supported to access independent lay advocates when necessary and confidential information was kept private.

Care staff had involved people and their relatives in making decisions about the care that was provided.

People had been supported to be as independent as possible. In addition, they had been helped to pursue a wide range of hobbies and interests. There were arrangements for quickly and fairly resolving complaints.

People had been consulted about the development of their home and quality checks had been completed. Good team working was promoted and care staff had been enabled to speak out if they had any concerns.

Further information is in the detailed findings below.

## 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 remained, 'Good'.

### Is the service effective?

Good ●

The service remained, 'Good'.

### Is the service caring?

Good ●

The service remained, 'Good'.

### Is the service responsive?

Good ●

The service remained, 'Good'.

### Is the service well-led?

Good ●

The service remained, 'Good'.

# SENSE - 54 Monks Dyke Road

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered persons continued to meet 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 the inspection, the registered persons completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also examined other information we held about the service. This included notifications of incidents that the registered persons had sent us since our last inspection. These are events that happened in the service that the registered persons are required to tell us about. We also invited feedback from the principal local authority who contributed to the cost of some of the people who lived in the service. We did this so that they could tell us their views about how well the service was meeting people's needs and wishes.

We visited the service on 15 September 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home.

During the inspection visit we spoke or spent time with all of the people who lived in the service. We also spoke with five care staff, the deputy manager and the registered manager. We observed care that was provided in communal areas and looked at the care records for three of the people who lived in the service. We also looked at records that related to how the service was managed including staffing, training and quality assurance.

In addition, 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 are not able to speak with us.

After our inspection visit we spoke by telephone with two relatives.

# Is the service safe?

## Our findings

People showed us that they felt safe living in the service. One of them smiled broadly when they returned home after attending a day opportunities service. They pointed towards objects in their bedroom and indicated that they were pleased to be home. Relatives were satisfied that their family members were safe in the service. One of them remarked, "We searched long and hard for a place like 54 Monks Dyke Road. When we found it we knew it was the right place and that SENSE was the right organisation for us."

Records showed that care 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 care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff told us they were confident that people were treated with kindness and they had not seen anyone being placed at risk of harm. We noted that they knew how to contact external agencies such as the Care Quality Commission if they had any concerns that remained unresolved. Furthermore, we saw that there were robust and transparent systems to ensure that people were supported in the right way to manage their personal spending money. This included care staff keeping a clear and comprehensive account of how each person's money was being used.

We saw that care staff promoted responsible risk taking. An example of this was people being helped to safely complete household tasks such as making a contribution to completing their laundry. At the same time people were helped to avoid preventable accidents. Examples of this were hot water that was temperature controlled and radiators that were guarded to reduce the risk of scalds and burns. Another example was special ceiling mounted hoists that some people needed to use in order to safely change position.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times. In addition, we noted that the registered manager had liaised with people's doctors when they had experienced difficulties taking medicines that had been prescribed for them. As a result of this one person had been prescribed medicines in a liquid form because they were at risk of choking on tablets.

There were enough care staff on duty to promptly provide people with the care they needed. This enabled people to be given the individual assistance they needed and wanted to receive. We noted that as a result of some vacant care staff posts the service was using a relatively high number of agency staff in order to maintain a sufficient level of staff cover. However, the registered manager assured us that arrangements had been made with the employment agency in question so that as far as possible the same care staff were provided to work in the service. This had been done to enable the agency care staff in question to develop a comprehensive understanding of the care needs of the people who lived in the service. We spoke with two agency care staff during our inspection visit and we found that they had a very detailed knowledge of the care that each person needed to receive.

Records showed that the registered persons had completed a number of recruitment checks on new care staff before they had been appointed. These included checking with the Disclosure and Barring Service to show that applicants did not have relevant criminal convictions and had not been guilty of professional misconduct. They also included obtaining references from previous employers. These measures helped to establish applicants' previous good conduct so that only suitable people were employed to work in the service.



## Is the service effective?

### Our findings

People showed us that care staff knew what help they wanted to receive and had their best interests at heart. One of them held the hand of a member of care staff as they were about to go home after finishing their shift. They then blew the member of staff a kiss to indicate that they had enjoyed seeing them. Relatives were also confident about the effectiveness of the service. One of them remarked "The staff are very good indeed and they provide the sort of individual and tailored service that my family member needs."

Records showed that new care staff had received introductory training and that established staff had also received on-going training and guidance. We noted that care staff knew how to provide people with the care they needed. Examples of this were care staff gently enabling people to promote their continence and to keep their skin healthy.

People showed us that they enjoyed their meals. One of them pointed towards the dining table, smiled and gestured as if care staff were serving their meal. In addition, we noted that the registered manager had consulted with dietitians and speech and language therapists to ensure that people were fully supported to have enough nutrition and hydration.

Records showed that care staff were helping people to safely manage and live with particular health care conditions. We also noted that people had been given all of the help they need to see their doctor and other healthcare professionals such as dentists and opticians.

The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. An example of this was the arrangements that had been made to involve people in making decisions about the goods and services they wanted to buy. We saw that people had been given meaningful information about how much things cost and how this related to the funds they had at their disposal.

Records showed that when people lacked capacity the registered manager had ensured that decisions were taken in people's best interests. An example of this was the registered manager liaising with relatives and with health and social care professionals so that a decision could be made about whether a person should have a medical test. This had enabled all of the circumstances to be considered after which it had been concluded that the test was not necessary and if completed may cause the person to become distressed.

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). Records showed that the registered persons had obtained the necessary authorisations and were complying with any conditions that had been set. These measures helped to ensure that people only received lawful care.

# Is the service caring?

## Our findings

People were positive about their relationships with care staff and about the support they received. We were told that a person enjoyed being in their bedroom so that they could look at their favourite objects. We saw two members of care staff spend a lot of time with the person in their bedroom where they helped them to reach and hold things that had attracted their attention. The person smiled and enjoyed looking at a number of objects that were special to them. Relatives were very complimentary about care staff. One of them said, "The staff have my complete support as they're very caring and they want what's best for all of the people who live in the service."

We saw that people were being treated in a kind and respectful way. Care staff took time to speak with people and we witnessed a lot of positive occasions that promoted people's wellbeing. An example of this was a person who was assisted by care staff to spend time in the sensory room where they were supported to watch their favourite television programme. We noted that a member of care staff chatted with the person about the characters they could see on the screen and helped them to join in singing along to some of the soundtrack.

We also saw that people were asked about how and when they wanted their care to be provided. An example of this was care staff having established with people how they wished to be addressed. Another example was care staff carefully establishing how much help people wanted to be offered when deciding what they wanted to do each day.

Care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use. In addition, people had their own bedroom which was their own personal space that they could use whenever they wished.

We found that people could spend time with relatives and with health and social care professionals in the privacy of their bedroom if they wished. In addition, care staff assisted people to keep in touch with their relatives. This included one person being helped to regularly contact their relatives by using a social media application on their mobile telephone. Care staff also regularly spoke with relatives by telephone and email to let them know how their family member was doing.

Records showed that most people had family and friends to support them. However, for one person who did not have these contacts the registered manager had arranged for them to be supported by a local lay advocate. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

Written records that contained private information were stored securely. In addition, computer records were password protected so that they could only be accessed by authorised care staff.

## Is the service responsive?

### Our findings

People showed us that care staff provided them with a lot of care so that they could be as independent as possible. An example of this occurred when a number of people came home from a day opportunities service around tea time. We noted that care staff offered each person the individual assistance they needed to relax in their own way. One person wanted to sit with care staff in the kitchen/dining room, while most of the others were supported to quietly relax in their bedrooms. Relatives were confident that their family members received the right care. One of them told us, "It's very much a bespoke and individual service. The staff have the resources they need to provide that level of input and that's where the quality of the service comes from."

Each person had a written care plan that described the care they needed. The plans also focused on supporting each person to achieve goals that were important to them. An example of this was people being helped to make decisions about where they would like to go on holiday. We noted that when doing this care staff had carefully used things such as photographs and momentos to help people become more involved in the decision making process.

Care staff understood the importance of promoting equality and diversity. An example of this was the arrangements that had been made to support a person when one of their relatives had died. We saw that care staff had carefully explained to the person what had happened in ways that were meaningful to them and which helped them to adjust to their loss.

Records showed that people were being supported to enjoy a wide range of opportunities to engage in occupational and social activities. We noted that the day opportunities service people attended offered them a wide range of choices to enjoy activities such as learning life skills including cooking. The social activities people enjoyed included sailing and attending local dances. In addition, we noted that special arrangements had been made to support one person so that they could join a family member when they went to a private bingo club.

People had been given an easy-to-use document that described how they could make a complaint about the service they received. Records showed that the registered persons had not received any complaints during the 12 months preceding the date of our inspection visit.

## Is the service well-led?

### Our findings

People showed us that they considered the service to be well run. One of them said, "Good" when we asked them about their home in general and about their bedroom in particular. Relatives were assured that the service was well run. One of them remarked, "Yes, I certainly do think that the service is very well run. Otherwise, they wouldn't be able to care for the people who live there all of whom have individual and very involved needs for care."

We noted that people were regularly being invited to give feedback to care staff about their home and to suggest improvements. There were a number of examples of improvements being made. One of these was the arrangements that had being made for a sunken trampoline to be installed in the near future. This development was in response to people's expressed and anticipated interests in using this facility. We noted that the piece of equipment in question had been carefully selected so that it could safely be used by people who had limited mobility.

Records showed that the registered persons had regularly checked to make sure that people were receiving all of the care they needed. These checks included making sure that care was being consistently provided in the right way, medicines were being dispensed in accordance with doctors' instructions and staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment was being checked to make sure that it remained in good working order.

We noted that the registered persons had correctly told us about significant events that had occurred in the service. These included promptly notifying us about their receipt of deprivation of liberty authorisations so that we could confirm that the people concerned were only receiving lawful care. In addition, we saw that the registered manager had suitably displayed the quality ratings we gave the service at our last inspection.

Care staff were being provided with the leadership they needed to develop good team working practices. We found that there were handover meetings at the beginning and end of each shift when developments in each person's needs for care were noted and reviewed. In addition, there were regular staff meetings so that care staff could review how well the service was performing and suggest how it might be improved. Care staff were confident that they could speak to a representative of the registered person or to the manager if they had any concerns about the conduct of a colleague.