

Sense

# Sense- Community Services and Supported Living Services (North)

## Inspection report

Unit 4  
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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?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Sense Community Services and Supported Living Services (North) is a domiciliary care agency providing personal care to people living in supported living services in Rotherham and Sheffield. At the time of our inspection there were 11 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

### People's experience of using this service and what we found

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

Risks associated with people's care had not always been documented to ensure staff followed steps to keep people safe. The registered manager took timely action to ensure assessments were completed for all risks. People predominantly received their medicines as prescribed, however, we found some minor discrepancies which were addressed following our inspection.

Accidents and incidents were monitored and analysed to mitigate future occurrences. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had access to outside space, and this had been designed to meet their needs. People were supported to maintain a clean environment with assistance from the staff team.

### Right Care

People received support from staff who knew them well and understood their needs and considered their preferences. Staff interacted well with people and had a caring and respectful approach.

We found healthcare professionals had been referred to appropriately and staff ensured their advice was followed.

### Right Culture

Overarching governance systems included a series of audits which checked areas such as medication

management, infection control and care planning. Action plans were used to develop and improve the service. However, some issues identified during the inspection had not previously been highlighted. Management systems needed to be strengthened to ensure consistency throughout all supported living services.

People were supported to lead lives that were person-centred and inclusive. People were involved in planning their support and deciding how they wanted to support them to meet their outcomes and achieve their goals.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 29 September 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement published on 20 September 2019.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Enforcement

We have identified a breach in relation to regulation 12 safe care and treatment at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

**Requires Improvement** ●

The service was not always 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?

**Requires Improvement** ●

The service was not always well-led.

Details are in our well-led findings below.

# Sense- Community Services and Supported Living Services (North)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service also provides care and support to people living in 5 'supported living' settings, so that they can live 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.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 members of staff including the registered manager, deputy manager, operations manager and support workers. We received 5 email responses from support workers, following requests for feedback. We met 6 people who used the service and spoke with 7 relatives. We reviewed 5 support plans and supporting documentation and multiple medication records. We looked at 4 staff recruitment files and a variety of management records.



# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks associated with people's care were not consistently documented and managed to keep people safe. We found risks in relation to things such as bathing, and temperature of water and radiator awareness were not always considered. Following our inspection, the registered manager ensured risk assessments were completed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate effective risk management. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Where risk assessments were in place, they were informative and guided staff in how best to keep people safe.

### Using medicines safely

- We found some minor discrepancies in the recording of medicines and therefore could not always evidence if people had received their medicines as prescribed. Following our inspection, the registered manager evidenced they had taken appropriate actions to address these issues.
- Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). The service had taken steps to monitor use of medicines that could be used to control or restrain people. Staff had developed strategies to reduce the use of medication as a restraint.
- One relative told us, "The medicines are essential for [family member's] behaviours. As far as I know it is given on time and there haven't been any errors."

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

- People were safeguarded from the risks associated with abuse.
- Staff told us they received training in safeguarding and took appropriate actions to keep people safe.
- Relatives told us they were confident their family members were safe and protected from harm, bullying and abuse. One relative said, "[Relative] seems to be happy there [supported living service], and I think [family member] is safe."

### Staffing and recruitment

- We found there were enough staff available to support people within the supported living

accommodations and whilst out in the community.

- The provider's recruitment system was robust and ensured staff were suitable for the role they had applied for.
- Staff felt they received a thorough induction which introduced them to the service and people who used it.
- Relatives were happy with the staffing levels provided. One relative said, "It [supported living service] seems well staffed whenever I visit." Another relative said, "Over the last two years there haven't been enough, and they have used a lot of agency staff. There has been major restructuring recently and things have improved."

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the supported living services.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager ensured accidents and incidents were analysed and reduction strategies were put in place to minimise future incidents.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 prior to them using the service and were reviewed regularly.
- People's support plans included information about people's choices and preferences and staff ensured people's choices were reflected in the care they delivered.

Staff support: induction, training, skills and experience

- Staff received training and support to ensure they had the skills required to carry out their role.
- Staff felt their managers were approachable and supportive and gave opportunities to develop within the organisation.
- Relatives felt 6 months ago staff were not always trained appropriately to diffuse and handle some behaviours. However, relatives also commented this had improved and were confident staff would now be able to respond appropriately.

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

- People were supported to maintain a balanced diet and were involved in menu planning, shopping and meal preparation.
- Staff were aware of people's dietary requirements and support plans gave information about met preferences.
- Relatives were predominantly happy about the meals and snacks offered to their family members. One relative said, "They offer [family member] everything they want. [Family member] has options and they [staff] go to different places to shop for specific foods."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Support plans showed staff had worked with other agencies to ensure people received timely and effective care.
- Relatives felt people had access to healthcare support. One relative said, "If [family member] is unwell they [staff] will contact the appropriate health professionals promptly and keep me informed." Another relative said, "I know staff will get in touch if there are any problems, and they insist I can call them any time of the day. It is a lovely service."

Ensuring consent to care and treatment in line with law and 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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were knowledgeable about MCA and DoLS and had evidenced they were working within the principles of the MCA.
- People were supported to be involved in decisions about their care. Where people lacked capacity, decisions were made in people's best interests and relevant professionals were involved.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We observed staff supporting people in two supported living services and found they were kind and caring.
- People were at ease in the presence of staff and there was a good rapport between them.
- Relatives told us staff had developed good relationships with people and knew their family member extremely well.
- One relative said, "They [staff] listen to me." Another relative said, "The core staff are really nice, there can be a few new faces."

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

- Staff supported people to express their views and promoted person-centred care.
- We observed staff assisting people making choices and their preferences were respected. One relative said, "I would say [family member] is given choices and can make their own decisions." Another relative said, "[Family member] is involved in decision making and staff are very good."

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to promote people's dignity and independence. One staff member said, "We ensure doors are closed when delivering personal care."
- Relatives were confident their family member was respected. One relative said, "We couldn't wish for a better place and the staff are supporting [family member] well."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were involved in every aspect of their care and were supported by staff who knew them well.
- Staff facilitated people to be in control of their lives and as independent as possible. We observed staff supporting people in 2 supported living services and found they involved people and assisted them to make choices about their daily life.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Support plans and other information available to people was written and presented to aid good communication and understanding.
- Support plans included information about how staff could best understand and communicate with people. For example, speaking slowly and clearly or using gestures and making good eye contact. One relative said, "When [family member] moved in we used SENSE staff as [family member] has speech and communication difficulties. [Family member's] needs are not very complicated, but needs to be watched and kept safe, which they [staff] do."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff proactively supported people to maintain relationships that were important to them.
- People decided how they wanted to live their life and what activities and social stimulation they wanted to take part in.

Improving care quality in response to complaints or concerns

- The registered manager ensured complaints were recorded and appropriate actions taken in line with the providers complaints procedure.

End of life care and support

- At the time of our inspection no one was in receipt of end of life care.
- Support plans included end of life care documents which included people's preferences and wishes in

respect of end of life 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- A range of audits were in place to measure the quality and performance of the service. Issues identified were actioned. However, some concerns raised on inspection were not previously identified. Systems in place require strengthening to ensure consistency throughout all supported living services.
- Relatives told us over the last 6 months management had improved due to restructuring and the use of agency staff had reduced. Relatives felt the leadership team had taken appropriate steps to address previous concerns and the service was becoming more positive and improving.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager, deputy manager and service managers made up the leadership team. The provider had made some recent changes within the team to ensure a more consistent approach.
- The leadership team were aware of their roles and responsibilities, but new systems and changes were in the early stages and required embedding into practice ensuring consistency throughout all supported living services.
- The leadership team were aware of their responsibilities to raise concerns within the company but also with the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider had a culture where people were at the centre of their care and support.
- Outcomes for people were good and staff were committed to devising ways which supported people to achieve their goals.
- The provider worked in partnership with other professionals to ensure people received appropriate and timely support and to ensure people's outcomes were fulfilled.

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

- Systems were in place to ensure people's views and opinions were captured.
- The leadership team were focused on reviewing the quality and using feedback to develop and continuously improve the service.
- Relatives told us the service was "Well led," and, "The management are approachable."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Risks associated with people's care were not always managed to keep people safe.