

Sense

# SENSE - 21a and 21b Johnson Avenue

## Inspection report

21a and 21b Johnson Avenue  
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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 an announced inspection carried out on 15 March 2016.

21a and 21b Johnson Avenue can provide accommodation and care for six people who have a learning disability and who live with reduced sight or hearing. There were six people living in the service at the time of our inspection. Most of the people had special communication needs and used personal versions of sign assisted language to express themselves. The accommodation was two houses that were next door to each other and which had a connecting hallway on the first floor.

There was a registered manager. 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.

Staff knew how to respond to any concerns that might arise so that people were kept safe from abuse. People had been helped to avoid the risk of accidents and medicines were managed safely. There were enough staff on duty and background checks had been completed before new staff were appointed.

Staff had received training and guidance and they knew how to support people in the right way including how to respond to people who had special communication needs. People had been assisted 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 manager had worked with the relevant local authorities to ensure that people only received lawful care that respected their rights.

People were treated with kindness and compassion. Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

People had been consulted about the support they wanted to receive and they had been given all of the assistance they needed, including people who could become distressed. People had been helped to enjoy a wide range of interests and hobbies. There was a system for resolving complaints.

Quality checks had been completed to ensure that people received safe support. Good team work was promoted and staff were supported to speak out if they had any concerns because the service was run in an open and inclusive way. 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 keep people safe from the risk of abuse.

People had been helped to avoid the risk of accidents and medicines were managed safely.

There were enough staff on duty and background checks had been completed before new staff were employed.

### Is the service effective?

Good ●

The service was effective.

Staff had received training and guidance to enable them to support people in the right way. Their skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had been supported to receive all the healthcare attention they needed.

People were helped to make decisions for themselves. When this was not possible legal safeguards were followed to ensure that decisions were made in people's best interests.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and compassionate.

Staff respected 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 consulted about the support they wanted to receive.

Staff had provided people with all the support they needed including people who could become distressed.

People had been supported to enjoy a wide range of hobbies and interests.

There was a system to resolve complaints.

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

**Good** ●

The service was well led.

Quality checks had been completed to ensure that people received safe support.

People and their relatives had been asked for their opinions of the service so that their views could be taken into account.

Steps had been taken to promote good team work and staff had been encouraged to speak out if they had any concerns.

People had benefited from staff acting upon good practice guidance.

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## **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 we reviewed the information we held about the service. This included the Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the service, what the service does well and improvements they plan to make. We also took into account the notifications of incidents that the registered persons had sent us since the last inspection. These are events that happened in the service that the registered persons are required to tell us about.

We spoke by telephone with four relatives and with one health and social care professional. 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 14 March 2016. We gave the registered manager a short period of notice before we called to the service. This was because the people who lived in the service had complex needs for support and benefited from knowing that we would be calling. The inspection team consisted of a single inspector.

During the inspection we spent time in the company of five of the people who lived in the service. We also spoke with four support workers and the registered manager. We observed support that was provided in communal areas and looked at the support records for three of the people living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.



## Our findings

People said and showed us that they felt safe living in the service. A person said, "The staff are good here." Another person who had special communication needs pointed towards a member of staff, smiled gave a thumbs-up sign to signal their approval. We saw that people went out of their way to be close to staff. In addition, we noted that when people came home after going out to a local resource centre most of them were happy to join staff sitting in the lounges. We observed them having a cup of tea and relaxing after they day out. All of the relatives we spoke with said they were confident that their family members were safe in the service. One of them said, "I've never worried once because I know that my family member is safe. They're always pleased when they're out and it's time to go back. I'm reassured and grateful to know that they're in the care of SENSE."

Records showed that staff had completed training in how to keep people safe and staff said that they had been provided with relevant guidance. 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 of harm. Staff were confident that people were treated with kindness and said they would immediately report any concerns to a senior person in the service. In addition, they knew how to contact external agencies such as the Care Quality Commission and said they would do so if their concerns remained unresolved.

Records showed that in the 12 months preceding our inspection the registered manager had acted appropriately to respond to a small number of concerns that had been raised about the safety of the people who lived in the service. We noted that actions had subsequently been taken to help prevent the same things from happening again so that the person concerned was kept safe.

We saw that staff followed a positive approach to risk taking so that people were not unduly limited in the things they could do. An example of this was the way that people received individual support in the kitchen so that they could safely use a normal range of appliances. We saw a person with reduced sight being able to make themselves a hot drink. This was because they had been provided with a special sensor that told them when a cup had been filled sufficiently.

We also found that staff had identified possible risks to each person's safety and had taken positive action to promote their wellbeing. An example of this was safety latches that had been installed to windows to prevent them from being opened too far. This measure helped to reduce the risk that people would accidentally injure themselves. In addition, we noted that the registered persons had provided staff with written guidance about how to safely assist people should they need to quickly move to another part of the

building in the event of an emergency such as a fire. We saw that staff knew what action to take so that the risk of accidents was reduced if it was necessary to assist people to move to a safer place.

Records showed that no significant accidents or near misses had occurred in the service during the 12 months preceding our inspection. We saw that there was a robust system to analyse any mishaps that did occur so that action could be taken to help prevent them from happening again.

We found that there were reliable arrangements for ordering, storing, administering and disposing of medicines. We saw that there was a sufficient supply of medicines and they were stored securely. Staff who administered medicines had received training and we saw them correctly following written guidance to make sure that people were given the right medicines at the right times. Records showed that during the two weeks preceding our inspection each person had correctly received all of the medicines that had been prescribed for them.

We noted that there had been two occasions in the 12 months preceding our inspection when a medicine had not been correctly dispensed. Records showed that these mistakes had not resulted in people experiencing direct harm and we noted that the registered manager had taken steps to help prevent the same problems from happening again. These measures included providing additional training and guidance for the members of staff concerned and observing their practice to confirm that they had all of the knowledge and skills they needed. However, we found that another improvement introduced by the registered manager was not always being followed. This was because staff were not always recording the medicines stock check they were expected to complete at the end of every shift. These checks were designed to enable any mistakes to be quickly identified and resolved. When we raised this matter with the registered manager they said that they would immediately remind staff about the need to complete the checks in question. They also said that records of the checks would be more regularly audited to ensure that no further oversights occurred.

The registered persons had reviewed the support each person needed, had calculated how many staff were needed and had agreed the necessary funding with the relevant local authorities. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the support and company they needed. Records showed that the number of staff on duty during the week preceding our inspection matched the level of staff cover which the registered manager said was necessary. People who lived in the service indicated that there were enough staff on duty to meet their needs. An example of this involved a person holding the hand of a member of staff who was helping them put some used clothes in the washing machine. The process took quite a long time because the person wanted to carefully put each item in the machine one at a time. After the task was completed and the machine had been switched on the person clapped their hands and used sign assisted language to indicate that they were happy. A relative said, "I'm sure there are enough staff on duty because without my family member wouldn't be able to lead the full life they do. The need a lot of help and it's plain that they get it."

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks with the Disclosure and Barring Service to show that they did not have relevant criminal convictions and had not been guilty of professional misconduct. We noted that in addition to this, other checks had been completed including obtaining references from their previous employers. These measures helped to ensure that new staff could demonstrate their previous good conduct and were suitable people to be employed in the service.





## Our findings

Staff had regularly met with the registered manager to review their work and to plan for their professional development. In addition, we noted that the registered manager regularly observed the way in which other staff provided support. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs for support. Records showed that staff had been encouraged to obtain a nationally recognised qualification in the provision of residential support. We saw that in addition to this, staff had received training in key subjects including how to support people who have a learning disability and who have complex needs for support resulting from reduced sight and hearing. The registered manager said that this training was necessary to confirm that staff were competent to support people in the right way.

We saw that staff had the knowledge and skills they needed. We observed an example of this when a member of staff effectively supported a person who had special needs to organise their day to follow a particular routine. We noted how the person concerned was pleased to be assisted to move in a deliberate way from one activity to the next. Another example involved a member of staff quietly accompanying a person who had significantly limited sight to the bathroom. Once there, the person was able to use the facilities on their own and so the member of staff waited outside until the person was ready to be supported to return to the lounge. A relative said, "Over time there are changes in the staff team but I'm confident that new staff are well trained and know what they're doing and certainly the more established members of staff have a very detailed knowledge of the help my family member needs."

People said and showed us that they were well supported in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. An example of this occurred when we asked a person about their relationships with staff. The person put their arms around a nearby member of staff, smiled and used sign assisted language to say that the member of staff was their friend.

We observed that staff were supporting people to eat and drink enough to stay well. Records showed that people had been offered the opportunity to have their body weight checked. This had been done to help to identify any significant changes that might need to be referred to a healthcare professional. We noted that the registered manager had consulted with healthcare professionals to develop special arrangements to support a person who was at risk of becoming overweight. The arrangements included staff gently encouraging the person to eat lower calorie foods. In addition, staff had supported the person to join a local weight management programme and had accompanied them to meetings and to exercise sessions.

We also noted that staff had consulted with healthcare professionals about how best to assist some people to reduce the risk of them choking when eating their meals. We saw that staff were reliably following detailed guidelines that described how foods such as meat should be cut up into small pieces to make them easier to swallow.

Staff had consulted with people about the meals they wanted to have and records showed us that they were provided with a choice of meals that reflected their preferences. We saw that staff supported people to be as involved as possible in all stages of preparing meals from shopping, cooking and laying the table to clearing away afterwards. This helped to engage people in taking care of themselves. In addition, it contributed to catering being enjoyed as a shared activity. A person said, "I help staff do things in the kitchen. I do my sandwich in the evening to take with me when I go out the next day."

Records confirmed that whenever necessary people had been supported to see their doctor, dentist and optician. This had helped to ensure that they received all of the assistance they needed to maintain their good health. A relative said, "At various times I've seen the records of the medical appointments my family member has attended and I'm completely confident that they get all the healthcare they need."

The registered manager and staff knew about the Mental Capacity Act 2005. This law is designed to ensure that whenever possible staff support people to make decisions for themselves. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to use particular medicines and why it was advisable to attend doctors' appointments.

When people lack the capacity to give their informed consent, the law requires registered persons to ensure that important decisions are taken in their best interests. A part of this process involves consulting closely with relatives and with health and social care professionals who know the person and have an interest in their wellbeing. Records showed that staff had supported people who were not able to make important decisions. This included involving relatives and health and social care professionals so that they could give advice about which decisions would be in a person's best interests. An example of this involved records that showed key people had been consulted when it had been necessary for a person to receive medical treatment which involved them having to stay in hospital.

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 MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found that the registered manager had ensured that people were fully protected by the DoLS. Records showed that they had applied for the necessary authorisations from the local authority in relation to all of the people who lived in the service. This was because they lacked mental capacity and it was likely that all of them might need to be deprived of their liberty in order to keep them safe. The registered manager said that all of the people concerned could place themselves at risk if they chose to leave the service on their own and so would be actively discouraged from doing so. By applying for the authorisations in question, the registered manager had used reasonable foresight to ensure that only lawful restrictions would be used that respected people's rights if it was necessary to deprive them of their liberty.



## Our findings

People who lived in the service were positive about the quality of the support they received. We saw a person with special communication needs sitting with a member of staff in one of the kitchens before they went out shopping. Both were using sign assisted language to speak about the shops they wanted to visit and the items they wanted to buy. Later on we saw the person when they returned from shopping and we noted that they were smiling and pleased to have bought a number of Easter gifts for their family members. A relative said, "I think that the service provides very good care indeed for my family member. Although unfortunately I live a long way from the service I never have to worry because I know the staff are as committed to the welfare of my family member as I am. You can't really ask for more."

We saw that people were being treated with respect and in a caring and kind way. Staff were friendly, patient and discreet when caring for people. They took the time to speak with people and we observed a lot of positive conversations that promoted people's wellbeing. We noted an example of this when a person needed to be supported in a particular way after they returned home from a local resource centre. This involved staff assisting them to spend time in their bedroom where we saw them enjoying a range of colourful lights that helped them to relax after a busy day.

Staff were knowledgeable about the support people needed, gave them time to express their wishes and respected the decisions they made. An example of this occurred during our inspection visit when a person indicated that they wanted to spend time in the room where we were speaking with the registered manager and looking at records. We noted that the registered manager warmly welcomed the person and chatted with them at length until the person left the room to get ready to go out shopping.

We saw that staff had supported people so that they could establish their own preferred lifestyle in the service while living in the company of other people. Staff recognised the importance of this and had worked with each person to prepare a 'personal book'. These books used a lot of visual aids such as photographs, drawings and brochures to identify people, places and events that were significant to each person. We saw that this information had then been used by staff to guide the way in which they supported people to enjoy their lives. For example, we noted that staff had acted upon each person's wishes with respect to how they wanted to maintain contact with their relatives. Staff described to us how they regularly assisted each person to look at their personal book. This was done both to confirm that they still reflected the person's wishes and to celebrate how they had been encouraged to make decisions about their lives.

We noted that 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. We saw that staff knocked on the doors to private areas and waited for permission before entering. People had their own bedroom to which they could retire whenever they wished. These rooms were laid out as bed sitting areas which meant that people could relax and enjoy their own company if they did not want to use the communal areas.

We found that people could speak with relatives and meet with health and social care professionals in the privacy of their bedroom if they wanted to do so. We also noted that staff were assisting people to keep in touch with relatives by sending presents, birthday and Christmas cards. In addition, we saw that staff regularly assisted some people to visit their relatives by helping them with transport arrangements. A relative said, "I meet the staff half way at a service station and then take my family member back with me. I live a long way from the service and without the staff's assistance I wouldn't be able to have my family member stay as often as I do. The staff don't have to do this, they do it because they know my family member enjoys being with me at home."

The registered manager had developed links with local advocacy services. They are independent both of the service and the local authority and can support people to make and communicate their wishes. We noted that arrangements had been made for an advocate to call to the service to befriend a person who was no longer in regular contact with their relatives. The registered manager said that this had been done because it was important for the person concerned to have contact with someone not connected with SENSE and who was there just for them.

Written records that contained private information were stored securely and computer records were password protected so that they could only be accessed by staff. We noted that staff understood the importance of respecting confidential information. An example of this was the way in which staff did not discuss information relating to a person who lived in the service if another person who lived there was present. We noted that if they needed to discuss something confidential they went into the office or spoke quietly in an area of the service that was not being used at the time.



## Our findings

We found that staff had consulted with each person about the support they wanted to receive and had recorded the results in their individual support plans. These support plans were regularly reviewed to make sure that they accurately reflected people's changing wishes. We saw a lot of practical examples of staff supporting people to make choices. One of these involved a person being assisted to choose the new top they wanted to wear shortly before they went out shopping accompanied by a member of staff. We saw the member of staff using sign assisted language to discuss with the person which tops they had available in their wardrobe that would be suitably warm given the cold weather at the time. Shortly afterwards we saw the person concerned smiling and pointing to the brightly coloured and warm jumper they had just put on.

People showed us that staff were providing them with all of the practical assistance they needed. We saw that this support was carefully provided so that people were gently encouraged to do things for themselves whenever possible. An example of this involved a member of staff suggesting to a person how they could best go about organising some Easter gifts they had bought for their relatives. We saw that with guidance the person lined up the individual gifts and then busied themselves writing Easter cards that were then placed against each of the presents. We saw that the person enjoyed the activity and did not become anxious about writing the cards because it was clear which relative was going to receive each of them.

We found that staff were able to effectively support people who could become distressed. We saw that when a person became distressed, staff followed the guidance described in the person's care plan and reassured them. They noticed that the person was becoming anxious about the number of people who were gathered in one of the kitchens and the heightened level of activity in the space. Staff responded to this by using sign assisted language to suggest that the person might enjoy some quiet time in their bedroom. Soon after this event when we passed by the person's bedroom we glanced through the open door and saw them happily engaged in organising some personal possessions.

Staff understood the importance of promoting equality and diversity. They had been provided with written guidance and they knew how to put this into action. An example of this involved staff being aware of the need to respond to people's spiritual needs that might include supporting them to attend religious ceremonies.

We found that staff had supported people to pursue their interests and hobbies. Records showed and our observations confirmed that each person was being supported to enjoy a range of activities that they had chosen. These included attending a local resource centre, going swimming, visiting places of interest and

attending social functions. In addition, people had been supported to enjoy a summer holiday each year that reflected their particular interests.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. We noted that people had been given a user-friendly complaints procedure that used pictures and signs to explain their right to make a complaint. The registered persons had a procedure which helped to ensure that complaints could be resolved quickly and fairly. Records showed that the registered persons had not received any formal complaints in the 12 months preceding our inspection. A relative said, "I've no worries on that score although I've never had to complain about anything because it's not that sort of relationship with the staff. It's more like teamwork."



## Our findings

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the support and facilities they needed. These checks included making sure that support was being consistently provided in the right way, people were correctly assisted to manage their personal allowances and staff received all of the guidance they needed. Records showed that regular safety checks were also being completed including making sure that fire safety equipment remained in good working order and that the service's vehicles were in road worthy condition.

We saw that action had been taken when quality checks had identified problems. An example of this involved the registered manager having made arrangements for a number of minor defects in the accommodation to be repaired as quickly as possible. In addition, records showed that they had proposed to SENSE that more ambitious plans be considered to make a through lounge connecting the two properties on the ground floor. This had been done because staff had noted that the alteration would give people more space and increase the feeling of community within the service.

In addition, we noted that the registered persons had prepared a business continuity plan. This described how staff would respond to adverse events such as the breakdown of equipment, a power failure, fire damage and flooding. This measures resulted from good planning and helped to ensure people reliably benefited from having all of the facilities they needed.

People who lived in the service said and showed us that they were asked for their views about their home as part of everyday life. We saw an example of this when a member of staff discussed with people possible destinations for trips out so that they could choose where to go. We saw them engaging people by using sign assisted language and by pointing to pictures and objects that related to different destinations. This was done so that the people concerned were helped to indicate their choices. A person told us, "The staff help me say things I want to do." We also noted that there were regular house meetings at which staff supported people to suggest improvements to their home. An example of this involved people having been supported to choose the colour of the ceramic tiles used when the kitchen in one of the properties had been refurbished.

People showed us that they knew who the registered manager was and that they were helpful. During our inspection visit we saw the registered manager talking with people who lived in the service and with staff. They had a very detailed knowledge of the support each person was receiving and they also knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge

helped them to effectively manage the service and provide guidance for staff.

We noted that staff were being provided with the leadership they needed to develop good team working practices. These arrangements helped to ensure that people consistently received the support they needed. There was a named senior person in charge of each shift. During the evenings, nights and weekends there was always a senior manager on call if staff needed advice. Staff said and our observations confirmed 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 had the knowledge and systems they needed to care for 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 manager and they were confident they could speak to them if they had any concerns about another staff member. 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 the registered persons had provided the leadership necessary to enable people who lived in the service to benefit from staff acting upon good practice guidance. An example of this involved the training staff had received to use a nationally recognised support programme that is designed to assist people when they become distressed. We saw that this training had given staff the knowledge and skills they needed to quickly recognise when someone was becoming anxious so that they could be reassured as soon as possible.