

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

## SENSE - 55 Shipdham Road

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1JL

Tel: 01362694558

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2014

We inspected the following standards as part of a routine inspection. This is what we found:

<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safety and suitability of premises</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Sense
Registered Manager	Mrs Jenni Bryant
Overview of the service	This service is operated by Sense and provides care for up to six tenants who have learning disabilities, sensory impairment and may have physical disabilities.
Type of service	Supported living service
Regulated activity	Personal care

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*When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.*

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 13 May 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

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### What people told us and what we found

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A single inspector carried out this inspection. The focus of the inspection was to answer the five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what people using the service, relatives and staff told us, what we observed and the records we looked at.

If you want to see the evidence that supports our summary please read the full report.

This is a summary of what we found:

Is the service caring?

Our observations showed us that people living in the service were treated with respect at all times. Staff knew the routines that people had chosen and were aware of their care and support needs. We saw staff supporting people in a caring and considerate manner.

Is the service responsive?

We saw that people's individual social and physical needs were being met. People were encouraged to decide what they wanted to do on the day of our inspection. We saw that staff allowed time for the individual to fully understand their choices and the options offered to them. Where people who lived in the service were not able to verbally respond, staff continued to include them in conversations throughout the day.

Is the service safe?

Records showed us that risk assessments were completed for any activities inside and outside of the service. All assessments included an evaluation for the level of risk that was presented plus any actions to be taken to reduce or eliminate such risks. Lawful requirements under the Mental Capacity Act 2005 were recognised and staff expressed a

thorough knowledge of matters relating to the Deprivation of Liberty Safeguards (DoLs).

Is the service effective?

We saw positive interaction between members of staff and people who lived in the service. People were relaxed and looked happy, particularly when staff were talking and explaining what was happening around them. Rooms were designed specifically to meet the needs of people who lived in the service. The mobility and daily routines of people were supported with new equipment that had been installed. The bedrooms we saw reflected the personality of the person and staff told us that the colour scheme and soft furnishings were the choice of the individual themselves.

Is the service well led?

Staff explained that they undertook regular training and we saw a list of dates that showed us that training was updated regularly. People were therefore supported by a staff team who knew how to provide support in a safe and appropriate way. Quality assurance systems were in place and regular quality audits were completed for all areas of the service. We saw records that clearly documented the observations that had been made and when any improvements were to be completed.

You can see our judgements on the front page of this report.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

### Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

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### Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

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### Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. During our inspection we looked at care plans that clearly explained how a person preferred to be supported. People's privacy, dignity and independence were respected. We saw that people who needed support were given gentle encouragement from the staff to carry out their daily routines.

Staff told us how people indicated their consent when asked. During this inspection we saw how staff spoke and interacted with people who lived in the home. Staff made certain that the person was happy with the daily activity that was being undertaken. This was clearly explained and detailed in the person's care plan. This showed us that the information in the care plan was accurate and that staff knew how to provide support for people to make their decisions.

Additional external agencies were involved in the review of care plans where necessary. Relatives as well as advocates also attended meetings if this was the person's choice. The manager told us that all parties agreed to the developed plan of support before this was put into place. The provider may find it useful to note that while minutes of all meetings were sent to the attendees, we found that only members of staff had signed these. This did not show that all parties had agreed to the set plan of care and support.

Staff were able to understand each person's needs as care plans were detailed about every aspect of the individual's personality, their preferences and the small things that they preferred. For example, there was direction for staff as to how a person's door was to be left or how the individual had chosen to be made comfortable at night. Records also contained up to date risk assessments that set out the procedures to be followed in order to eliminate or reduce any potential risks. These risk assessments covered activities both inside and outside the home. This supported the safety and wellbeing of people who used the service.

The care plans we read contained records that related to all healthcare appointments and the outcomes of these were also fully recorded. For example, details included visits from such people as a doctor, district nurse and the regional mental health team. This showed that external healthcare professionals were accessed as and when needed. All information on files was supported with pictures or appropriate prompts to enable each person to recognise and understand what had been written.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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People were supported to be able to eat and drink sufficient amounts to meet their needs. People were provided with a choice of suitable and nutritious food and drink.

Records showed the preferences and dislikes of people and any allergies were clearly highlighted. The manager told us that when a person had a day in the home they would accompany staff on a shopping trip. Meals were prepared mainly by staff, but those who had chosen to help were supported to do so safely and within their capabilities.

We read one care plan that stated the person needed to have plenty of fluids and be encouraged to drink when possible. We later saw that staff discussed just how much this individual had drunk. Staff also worked out when the next drink would be and how to fit this into the activity that was planned for the day. This showed that staff knew and followed the set care plan to support people in the correct way and maintain their health and wellbeing.

Our discussions with staff showed us that the quality and nutritional value of meals was monitored and balanced throughout the week. Staff described how they ensured that a person had enough food throughout the day. They also explained what action was taken if a person did not feel like eating and how staff maintained the person's energy levels and wellbeing through such a day. This showed us that staff were aware of the needs of people who used the service and how to appropriately maintain people's health and nutritional diet.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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## **Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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## **Reasons for our judgement**

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The home had been suitably maintained both inside and outside. There was easy access for those people who used a wheelchair and enough room in communal areas to allow free movement of a wheelchair. The kitchen had been refurbished and contained a low level sink and surface top. There was a large central area that allowed freedom of movement for everyone when food preparation was being undertaken. This supported people's independence and allowed freedom of movement throughout the home in a safe way.

The home had rooms that were well heated, ventilated and had adequate lighting. There were an adequate number of rooms and amount of communal space to accommodate the needs of people who lived in the home. The external garden had been adapted to allow people who used a wheelchair to get around independently. The fences were decorated with figures and glitter that people enjoyed looking at and could be seen when sitting in the lounge.

People who used the service had bedrooms that were personalised and contained equipment that suited their needs. The independence and dignity of people was supported through the layout of people's rooms. Walk in wet rooms and appropriate shower areas provided as comfortable an experience as possible. Full risk assessments were in care plans for all routines that were carried out to fully support safe practice. The provider may find it useful to note that while it may not be appropriate for everyone, the consideration and assessment for people to have their own keys to their room had not been recorded in care plans.

We saw records that showed us that maintenance, testing of equipment and fire safety had been completed on a regular basis and certificates were up to date. We saw that maintenance records were orderly, meaning information could be found quickly when needed. The building had been safety audited on a regular basis and fire evacuation and protocols were in place, as were appropriate signage around the building. This meant that the provider had arrangements in place for dealing with foreseeable emergencies.

The manager had records that showed that the necessary maintenance and regular

security and safety checks of the fire alarm, electricity and water systems, fire extinguishers and the testing of electrical equipment (PAT) had been completed. Servicing of equipment and the stair lift were up to date and this supported the safety of people who used the service.

## Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

### Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

### Reasons for our judgement

Appropriate checks were undertaken before staff began work. There were effective recruitment and selection processes in place.

The provider ensured that safety checks such as Disclosure and Barring Service (DBS) and identity checks were completed for all staff prior to any person commencing employment with the service. Staff we spoke with confirmed that this was the practice. They also said they felt that they had completed an appropriate induction before providing care and support on their own. This indicated that staff were able to get to know their job role and the people who used the service before they provided any personal care and support.

The manager told us that staff and people who used the service were involved in the recruitment selection process if they had chosen to do so. Staff observed how a person interacted with people and this also helped with the selection process. The manager had details of all safety checks and previous employment history during the interview process and these records were then stored at the head office. The provider may find it useful to note that staff files did not always directly show that these documents had been seen by the manager of the home.

All new members of staff completed an induction period before they provided any care alone. During this period staff were assessed with regard to their abilities and each person had the appropriate time to become competent in their role. Our discussions with staff and our review of records confirmed that staff had completed a full induction programme when they had started work.

Records showed the training programme for each member of staff. Refresher dates were part of the monitoring system that ensured knowledge and processes remained current and appropriate. This supported the safety and wellbeing of people who used the service.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

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### Our judgement

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The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

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### Reasons for our judgement

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The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others.

Regular quality monitoring of the service was completed through a variety of checks and audits. These included reviewing records, assessing the needs of people who used the service, spot checks and a monthly audit that was completed by the provider. Appropriate action was taken if there were any issues that needed to be addressed.

Staff had regular supervision and told us that they were able to request any additional training that they felt was appropriate. They said that previous requests had been supported and that any local training opportunities were offered to staff. Regular supervision and training assessments provided ongoing support to develop staff skills and ensured that the quality of staff practices was up to date and current.

Our observations at this inspection showed that people were comfortable and relaxed when talking with staff. Records showed us that daily discussions with people who lived in the home provided an opportunity for people to make any comments they wanted about the quality of their care. This provided evidence that staff discussed the quality of care that was provided on a regular basis with those people who used the service.

We reviewed records that showed us that regular health and safety checks were completed. These records also showed us the safety of the premises were regularly checked and met with current legislation requirements. This meant that the safety of people was promoted.

Staff skills, knowledge and development were regularly reviewed through supervision sessions. Risk assessments were also regularly reviewed. This meant that people could be assured that their needs would continually be met to an acceptable standard and in an appropriate way.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

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### Essential standard

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The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

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### Regulated activity

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These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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