

Sense

SENSE The Manor House

Inspection report

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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	

Overall summary

This was an announced inspection carried out on 18 November 2015.

SENSE – The Manor House can provide accommodation and care for seven people who have a learning disability and who have reduced hearing and vision. There were seven people living in the service at the time of our inspection. All of the people living in the service had special communication needs and used a combination of words, signs and gestures to express themselves.

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 harm. People were helped to promote their wellbeing and steps had

Summary of findings

been taken to reduce the risk of accidents and near misses. Medicines were safely managed, there 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 care for people in the right way including how to respond to people who had special communication needs. People had received all of the healthcare assistance they needed.

Staff had helped people 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 received all of the care they needed including people who could become distressed. People had been consulted about the care they wanted to receive and staff supported people to express their individuality. People had been assisted to pursue their interests and hobbies and there was a system for resolving complaints.

Regular quality checks had been completed and people and their relatives had been consulted about the development of the service. Staff were supported to speak out if they had any concerns because the service was run in an open, inclusive and welcoming way. People had benefited from staff acting upon good practice guidance.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to keep people safe from harm.

People had been helped to promote their wellbeing by avoiding accidents and by using medicines safely.

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

Good



Is the service effective?

The service was effective.

Staff had been supported to gain the knowledge and skills they needed to care for people in the right way. These skills included knowing how to meet people's special communication needs.

People were helped to eat and drink enough and they had received 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.

Good



Is the service caring?

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and they were imaginative in how they responded to people's care needs.

Confidential information was kept private.

Good



Is the service responsive?

The service was responsive.

People had been consulted about the care they wanted to receive.

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

People had been supported to express their individuality and to pursue a wide range of hobbies and interests.

There was a system to resolve complaints.

Good



Is the service well-led?

The service was well led.

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

Good



Summary of findings

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

There was a registered manager, staff were well supported and people had benefited from staff acting upon good practice guidance.

SENSE The Manor House

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 the inspection, the registered persons completed a 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 examined other information we held about the service before we completed our inspection. This included 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 visited the service on 18 November 2015. We gave the registered persons 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 care 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 six people who lived in the service. We also spoke with four care workers, a team leader, 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 living in the service. In addition, we looked at records that related to how the service was managed including staffing, training and quality assurance.

After the inspection visit 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.

Is the service safe?

Our findings

People said and showed us that they felt safe living in the service. A person pointed to a member of staff and said, “Good”. We saw that other people were happy to seek the company of staff and were relaxed when staff were present. For example, we saw people smiling when staff were present and we noted that people went out of their way to be close to staff. We noted that when four people came home after being out at work, they were happy to join staff sitting in the lounge where everyone relaxed and had a drink. Relatives said they were confident that their family members were safe in the service. One of them said, ‘Absolutely, the staff are like family to my family member and I have no concerns at all because I know that the people who live in the service are cherished.’”

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 persons had not had to raise any concerns about the safety of the people who lived in the service. People were protected from the risk of financial abuse. This was because staff used robust systems when they handled money on behalf of people to ensure that it was spent correctly.

Staff had identified possible risks to each person’s safety and had taken positive action to promote their wellbeing. For example, special arrangements had been made to assist a person to sit safely when using the service’s vehicle. This had reduced the risk of them becoming anxious and distracting the driver. Another example, involved two people who had reduced mobility being provided with adjustable beds. These beds could be adapted so that they fitted each person’s shape and so were more comfortable. 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 a small number of accidents or near misses had occurred in the 12 months preceding our inspection. We saw that each of the events had been analysed and that steps had been taken to help prevent them from happening again. For example, it had been noted that people could be unsteady when getting into and out of the bath. As a result a grab rail had been fitted in the bathroom to assist people to use the bath safely. Another example we saw involved extra bannister rails that had been fitted up the stairs to help reduce the risk of people falling into the stairwell. All of these examples showed that staff knew how to take practical steps to help reduce the likelihood of near misses and accidents.

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. We noted that they were correctly following written guidance to make sure that people were given the right medicines at the right times.

The registered manager had reviewed each person’s care needs and calculated how many staff were needed to meet them. We saw that there were enough staff on duty at the time of our inspection. This was because people received all of the practical assistance 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 said or showed us that there were enough staff on duty to meet their needs. A person linked arms with a member of staff and said, “We do lots of things”. Another person sat on a settee with a member of staff for quite some time and together needed and pushed a cushion. Throughout this time the person was relaxed and was reassured that they had the attention of the member of staff for as long as they wished. A relative said, “There have always been enough staff whenever I’ve call to the service. I’ve never seen people left or aimless at all.”

Staff said and records confirmed that the registered persons had completed background checks on them before they had been appointed. These included checks

Is the service safe?

with the Disclosure and Barring Service to show that they did not have criminal convictions and had not been guilty of professional misconduct. We noted that other checks had also been completed including obtaining references

from 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.

Is the service effective?

Our findings

Staff had regularly met with the registered manager and deputy manager to review their work and to plan for their professional development. In addition, we noted that senior staff regularly observed the way in which other staff provided care. This was done so that they could give feedback to staff about how well the assistance they provided was meeting people's needs for care. Records showed that staff had been supported to obtain a nationally recognised qualification in care.

In addition to this, records showed that staff had received training in key subjects including how to support people who have a learning disability and who have complex needs for care resulting from reduced hearing and vision. The registered manager said that this training was necessary to confirm that staff were competent to care for people in the right way.

We saw that staff had the knowledge and skills they needed. For example, we saw that staff knew how to effectively support a person who had special needs to use touch to sense where they were and soft objects to hold for comfort. We noted how the person smiled and made an appreciative sign when staff provided them with the necessary objects. A relative said, "I've known some of the staff a long time and consistency is a good thing. The people who live in the service have particular needs for help and this doesn't come from a couple of training courses, it comes from a lot of experience."

People said and showed us that they were well cared for in the service. They were confident that staff knew what they were doing, were reliable and had their best interests at heart. For example, when we asked about their relationships with staff a person smiled and patted the hand of a nearby member of staff.

People were provided with enough to eat and drink. Staff kept records of how much people were eating and drinking to make sure that they had sufficient nutrition and hydration to support their good health. People had been offered the opportunity to have their body weight checked. This had been done to help staff to identify any significant changes that might need to be referred to a healthcare professional. In addition, staff had consulted with healthcare professionals about how best to assist some people to reduce the risk of them choking when eating

their meals. In relation to this, we noted that staff were reliably following detailed guidelines that described how foods such as meat should be softened and how drinks needed to be thickened.

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 and in addition it contributed to catering being enjoyed as a shared activity.

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.

The registered manager and staff knew about the Mental Capacity Act 2005. This law emphasises the importance of staff supporting people to make decisions for themselves whenever possible. We saw examples of staff having assisted people to make their own decisions. This included people being helped to understand why they needed to have an operation in hospital and what would be involved in the procedure.

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. For example, we noted that key people in a person's life had been consulted when it was proposed to spend a larger sum of money to purchase a particular piece of equipment for use in their bedroom.

In addition, the registered manager knew about the Deprivation of Liberty Safeguards and had sought the necessary permissions from the local authority. These permissions had only been granted because the

Is the service effective?

restrictions in use were the least necessary and were designed to keep people safe. The arrangements had ensured that the registered persons were only using lawful restrictions that protected people's rights.

Is the service caring?

Our findings

People who lived in the service were positive about the quality of care they received. We saw a person spending quiet time in their bedroom with a member of staff. They were not feeling well and smiled a little when a member of staff held their hand and rearranged their cardigan that has become ruffled. A relative said, "I truly think that the staff are lovely and nothing is too much trouble for them. I think that SENSE in general and staff at The Manor House in particular have a clear focus on what's best for the people being cared for." Another relative said, "Since my family member has lived at the service they've sparkled because of the kind and helpful attitude of the staff team."

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 interactions that promoted people's wellbeing. For example, staff described how they assisted a person to speak with their relative by telephone. This involved staff using signs and gestures to explain what the person's relative was saying. They then spoke on the telephone to the relative putting into words what the person was signing that they wanted to say.

Staff were knowledgeable about the care people required, gave them time to express their wishes and respected the decisions they made. For example, during the course of our inspection a person indicated that they wanted to spend time with a member of staff who had left the room to attend to people's laundry. We noted that as soon as the member of staff noticed the person's request they returned from the laundry and spent time with the person in line with their wish.

We saw that staff had responded imaginatively to support a person so that they could grieve when a close relative had died. This involved them supporting the person to visit the grave, place commemorative flowers on the headstone and reflect on the positive role the deceased relative had played in their lives.

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. Although it had not been necessary to use them, there were arrangements to quickly access an advocate if someone did not have family or friends to help them make their voice heard.

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. 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.

People had been supported to personalise their bedrooms so that they reflected their interests and preferences. We noted that a person who had their own self-contained flat had been supported to create a den in a part of their lounge. The den was equipped with various lights and a bubble machine that enabled the person to pursue their interest in lights and reflections. Another person's bedroom responded to their interest in their family and had pictures of relatives on display.

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. When necessary, staff had assisted people to keep in touch with relatives by sending birthday and Christmas cards.

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. For example, we observed that staff did not discuss information relating to a person who lived in the service if another person who lived there was present.

Is the service responsive?

Our findings

Staff had consulted with people about the daily care they wanted to receive and had recorded the results in their individual care plans. These care 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 where they wanted to sit and relax when they came home from work. We saw that a member of staff used signs and gestures to explore if they wanted to stay in the lounge or go to their bedroom to spend some quiet time on their own. In the end the person did both and went to their bedroom first of all and then happily returning to enjoy the busy atmosphere in the lounge.

People said and showed us that staff provided them with all of the practical everyday assistance they needed. A person pointed to a member of staff, waved to them, smiled and said, "good to me." We saw that people were supported to be as independent as possible in relation to a wide range of everyday tasks such as washing and dressing, organising personal laundry and managing money. A part of this involved staff taking steps to support people who lived with reduced vision so that they could be as independent as possible. For example, whenever possible staff ensured that hallways and other communal areas were kept free of any clutter so that people could safely move about without always having a member of staff with them.

Staff were confident that they could support people who had special communication needs. We saw that staff knew how to relate to people who expressed themselves using only sounds, signs and gestures. For example, we observed how staff knew how to recognise that a person did not wish to fully finish their breakfast because they were not feeling hungry. The person concerned nodded their head to indicate their positive response when the member of staff concerned recognised what they wanted and removed their plate.

In addition, 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 having misplaced a drink that staff had made for them. Staff responded to this by assisting the person to make themselves another drink and shortly afterwards we saw them relaxing in the lounge drinking a cup of tea.

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. For example, we were told that staff had supported some of the people who lived in the service to attend a special sensory religious event. This had used sound, light and touch to enable the people to relate to the spiritual message of the event. We noted that the registered manager and staff knew about the translator services they could use if someone lived in the service who had English as a second language.

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. For example, one person had been supported to stay in a holiday lodge that was near to where their relative lived. This had enabled the relative to join the person and staff for days out.

People showed us by their confident manner that they would be willing to let staff know if they were not happy about something. People had been given a user-friendly complaints procedure that explained their right to make a complaint. A person said, "I like them, all good" and pointed to two members of staff who were nearby. 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 never come anywhere near having to make a complaint because SENSE isn't really like that in that it's a partnership between relatives and staff. I've never been made to feel anything other than welcome."

Is the service well-led?

Our findings

The registered persons had regularly completed quality checks to make sure that people were reliably receiving all of the care and facilities they needed. These checks included making sure that care was being consistently provided in the right way, medicines were safely managed, people were correctly supported to manage their money and staff received all of the support they needed.

We saw that action had been taken when quality checks had identified problems. For example, records showed that an audit had been completed to establish how well people were being supported to engage with family and friends. Records showed that as a result of this exercise additional training had been provided for staff to further develop their ability to support people who were at risk of choking so that they could eat and drink safely.

We saw that checks were also being made of the accommodation and included making sure that the fire safety equipment remained in good working order. In addition, the registered persons had identified the need to have 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. These measures resulted from good planning and leadership and helped to ensure people reliably had the facilities they needed.

People who lived in the service showed us that they were asked for their views about their home as part of everyday life. For example, we saw a member of staff discussing with people possible destinations for trips out so that people could choose where to go. Records showed that staff had kept in touch with relatives and health and social care professionals to let them know about developments in the service and to ask for their suggestions. A relative said, "I really appreciate how staff keep in touch with me just for a chat and to let me know how my family member is doing."

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 care each person was receiving. In addition, they knew about points of detail such as which members of staff were on duty, when staff were due to leave their employment and when new staff were likely to join the staff team.

Staff were provided with the leadership they needed to develop good team working practices that helped to ensure that people consistently received the care 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. We saw that there were handover meetings at the beginning and end of each shift when developments in each person's care were noted and reviewed. In addition, there were regular staff meetings at which staff could discuss their roles and suggest improvements to further develop effective team working. 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 raised any concerns about poor practice.

The registered manager 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 staff using new assistive technology that enabled them to quickly establish if people who were in their bedroom needed help. The technology had only been introduced after its use had been confirmed to be in people's best interests and it allowed staff to support people without unnecessarily having to intrude into their private space.