

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 ●

# Summary of findings

## Overall summary

We carried out this announced inspection on 6 November 2017. We gave the service a short period of notice. This was because the people who lived there had complex needs for care and benefited from knowing in advance that we would be calling.

SENSE The Manor House is registered to provide accommodation and care for seven people who have a learning disability and/or a sensory disability. At the time of our inspection visit there were seven people living in the service. Some of the people lived with significantly reduced sight and/or hearing. In addition, most of them had special communication needs and used personal forms of sign assisted language.

The service was run by a charitable body that was the registered provider. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. In this report when we speak about both the charitable body who ran the service and the registered manager we refer to them as being, 'the registered persons'.

At the last inspection on 18 November 2015 we found that the service was well managed so that people reliably received safe, effective, caring and responsive support. As a result the overall quality rating we gave the service was, 'Good'.

At this inspection we found the service continued to be well managed so that people received all of the care they needed. Consequently, our overall quality rating for the service remained, 'Good'.

In more detail, there were systems, processes and practices to safeguard people from situations in which they may experience abuse. Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. In addition, medicines were managed safely. Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs. Background checks had been completed before new care staff had been appointed. People were protected by the prevention and control of infection and lessons had been learnt when things had gone wrong.

Care staff had been supported to deliver care in line with current best practice guidance. People enjoyed their meals and were supported to eat and drink enough to maintain a balanced diet. In addition, people had been enabled to receive coordinated and person-centred care when they used or moved between different services. As part of this, people had been supported to live healthier lives by having suitable access to healthcare services so that they received on-going healthcare support. Furthermore, people had benefited from the accommodation being adapted, designed and decorated in a way that met their needs and expectations.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance.

People were treated with kindness, respect and compassion and they were given emotional support when needed. They were also supported to express their views and be actively involved in making decisions about their care as far as possible. This included having access to lay advocates if necessary. Confidential information was kept private.

People received personalised care that was responsive to their needs. Care staff knew how to use sign assisted language to communicate with people and they provided reassurance when people became distressed. People were supported to undertake a range of occupational and social activities. In addition, their concerns and complaints were listened and responded to in order to improve the quality of care. Furthermore, suitable provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death.

There was a positive culture in the service that was open, inclusive and focused upon achieving good outcomes for people. People benefited from there being a management framework to ensure that staff understood their responsibilities so that risks and regulatory requirements were met. The views of people who lived in the service, relatives and staff had been gathered and acted on to shape any improvements that were made. Quality checks had been completed to ensure people benefited from the service being able to quickly put problems right and to innovate so that people consistently received safe care. Good team work was promoted and staff were supported to speak out if they had any concerns about people not being treated in the right way. In addition, the registered persons worked in partnership with other agencies to support the development of joined-up care.

Further information is in the detailed findings below.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service remained, 'Good'.

### Is the service effective?

Good ●

The service remained, 'Good'.

### Is the service caring?

Good ●

The service remained, 'Good'.

### Is the service responsive?

Good ●

The service remained, 'Good'.

### Is the service well-led?

Good ●

The service remained, 'Good'.

# SENSE 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 continued to meet the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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

We visited the service on 6 November 2017. The inspection team consisted of a single inspector and the inspection was announced. We gave the registered persons a short period of notice because the people who lived in the service had complex needs for care and benefited from knowing in advance that we would be calling to their home.

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

In addition, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who are not able to speak with us.

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

## Is the service safe?

### Our findings

People showed us that they felt safe living in the service. One of them smiled broadly when they returned home after attending a day opportunities service. They pointed towards objects in their bedroom and indicated that they were pleased to be home. Relatives were satisfied that their family members were safe in the service. One of them remarked, "It's an excellent service that gives people the individual care they need."

There were systems, processes and practices to safeguard people from situations in which they may experience abuse. Records showed that care staff had completed training and had received guidance in how to protect people from mistreatment. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk. Care staff told us that they were confident people had not been placed at risk of harm and we noted that they knew how to contact external agencies such as the Care Quality Commission if they had any concerns that remained unresolved. We also noted that care staff followed robust procedures when helping people to manage their personal spending money so that it was done in a transparent way.

Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. We saw that care staff helped people to take reasonable risks that are part of everyday life. An example of this was people being helped to safely complete household tasks such as making themselves drinks and snacks. At the same time people were helped to avoid preventable accidents. An example of this was the hot water service being temperature controlled to reduce the risk of scalds. Another example was care staff carefully establishing how much support each person needed to be given so that they could safely go out and about in the local community.

There were reliable arrangements for ordering, administering and disposing of medicines. There was a sufficient supply of medicines and staff who administered medicines had received training. We saw them correctly following written guidance to make sure that people were given the right medicines at the right times.

Suitable arrangements had been made to ensure that sufficient numbers of suitable staff were deployed in the service to support people to stay safe and meet their needs. We also noted that background checks had been completed before new care staff had been appointed to ensure that they were suitable people to be employed in the service.

There were suitable systems to protect people by the prevention and control of infection. Records showed that the registered manager had assessed, reviewed and monitored what provision needed to be made to ensure that good standards of hygiene were maintained in the service. We found that the accommodation, fixtures and fittings were clean. In addition, we noted that soft furnishings, beds and bed linen had been kept in a hygienic condition. Furthermore, we noted that care staff recognised the importance of preventing cross infection. We saw them using antibacterial soap and regularly washing their hands.

We found that the registered manager had ensured that lessons were learned and improvements made

when things had gone wrong. Records showed that the registered manager had carefully analysed accidents and near misses so that action could be taken to reduce the likelihood of the same thing happening again. These actions included practical measures such as a person being given a special low-rise bed so that there was less risk of them falling if they got up at night.

## Is the service effective?

### Our findings

People were confident that the care staff had the knowledge and skills they needed and they indicated by their relaxed manner that care staff had their best interests at heart. One of them gave a 'thumbs-up' sign when we used sign assisted language to ask them about their relationship with care staff. Relatives were also confident about this matter one of whom said, "The staff are excellent and absolutely know what they're doing. They're genuinely caring and it's just like a big family there."

We found that robust arrangements were in place to assess people's needs and choices so that care was provided to achieve effective outcomes. Records showed that the registered manager had carefully established what assistance each person needed before they moved into the service. This had been done to make sure that the service had the necessary facilities and resources. Records also showed that the registered manager's assessment had suitably considered any additional provision that might need to be made to ensure that people did not experience discrimination. An example of this was the registered manager clarifying with people if they had a preference about the gender of the care staff who provided them with close personal care.

Records showed that new care staff had received introductory training before they provided people with care. In addition, they had also received on-going refresher training to keep their knowledge and skills up to date. We found that care staff knew how to care for people in the right way. Examples of this were care staff knowing how to correctly assist people who experienced reduced mobility or who needed help to promote their continence.

People were being supported to eat and drink enough to maintain a balanced diet. We noted that people had been consulted about the meals they wanted to have and were actively involved in their preparation. We also noted that nurses and care staff were making sure that people were eating and drinking enough to keep their strength up. This included assisting some people to eat their meals and gently encouraging others to have plenty of drinks. In addition, the registered manager had arranged for some people who were at risk of choking to have their food and drinks specially prepared so that they were easier to swallow.

Suitable arrangements had been made to ensure that people received effective and coordinated care when they were referred to or moved between services. An example of this included the registered manager arranging for care staff to continuously support someone when it had been necessary for them to receive medical treatment in hospital.

People were supported to live healthier lives by receiving on-going healthcare support. Records confirmed that people had received all of the help they needed to see their doctor and other healthcare professionals such as dentists, opticians and dietitians.

We found that people's individual needs were suitably met by the adaptation, design and decoration of the accommodation. People were able to move about their home safely because there were no internal steps. In addition, there was sufficient communal space and each person had their own bedroom that they had



been encouraged to personalise.

Suitable arrangements had been made to obtain consent to care and treatment in line with legislation and guidance. The registered manager and care staff were following the Mental Capacity Act 2005 by supporting people to make decisions for themselves. They had consulted with people who lived in the service, explained information to them and sought their informed consent. In addition, records showed that when people lacked mental capacity the registered manager had ensured that decisions were taken in people's best interests.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had obtained the necessary authorisations and so had ensured that people only received lawful care.

## Is the service caring?

### Our findings

People were positive about their relationships with care staff and about the support they received. An example of this was a person who smiled broadly when communicating with a member of care staff. They were using sign assisted language to suggest words that the person subsequently enjoyed writing down. Relatives were very complimentary about care staff. One of them said, "The staff are very caring indeed and nothing at all is too much trouble for them."

We saw that the service ensured that people were treated with kindness. Care staff were informal, friendly and discreet when caring for people. We witnessed a lot of positive conversations that promoted people's wellbeing. An example of this occurred when we witnessed a member of care staff using sign assisted language to ask a person about the social activities they had undertaken earlier in the day. In addition, people were given emotional support when necessary. An example of this was a member of care staff assisting a person to wait for a few moments without becoming too distressed until someone moved from their favourite armchair in the lounge.

We found that people had been supported to express their views and be actively involved in making decisions about their care and treatment as far as possible. Most people had family and friends who could support them to express their preferences. Records showed that the registered manager had encouraged their involvement by liaising with them on a regular basis. In addition, the service had developed links with local lay advocacy resources. Lay advocates are people who are independent of the service and who can support people to make decisions and communicate their wishes.

People's privacy, dignity and independence were respected and promoted. We noted that care staff recognised the importance of not intruding into people's private space. Bathroom and toilet doors could be locked when the rooms were in use and care staff knocked and waited for permission before going into bedrooms.

We also found that people could speak with relatives and meet with health and social care professionals in private if this was their wish. In addition, care staff were assisting people to keep in touch with their relatives by post and telephone.

Suitable arrangements had been made to ensure that private information was kept confidential. We saw that written records which contained private information were stored securely when not in use. In addition, computer records were password protected so that they could only be accessed by authorised members of staff. Records showed that care staff had been given training and guidance on the importance of maintaining confidentiality and we found that they understood their responsibilities in relation to this matter.

## Is the service responsive?

### Our findings

People said and showed us that they received care that met their needs and wishes. One of them remarked, "Good, good" when we asked them about their experience of living in the service. Relatives were also positive about the amount of help their family members received. One of them commented, "I know for a fact that my family member is fully involved in making decisions about the care they receive otherwise they just wouldn't accept it and things would quickly get out of hand."

We found that people received personalised care that was responsive to their needs. Records showed that care staff had used innovative means to consult with each person about the care they wanted to receive. These included using pictures, drawings and photographs to enable people to express themselves. In addition, care staff had recorded the results in a person-centred care plan. These care plans were being regularly reviewed to make sure that they accurately reflected people's changing needs and wishes.

Other records confirmed that people were reliably receiving the personal care they needed as described in their individual care plan. This included help with managing a number of on-going medical conditions, washing and dressing, promoting their continence and managing their money.

Records showed that care staff were offering people the opportunity to pursue their hobbies and interests and to enjoy taking part in a range of social activities. Most of them attended a local day opportunities service where they could take part in various activities related to learning life skills. We noted that people were also supported to attend local dances and go on holidays of their choice.

We found that care staff understood the importance of promoting equality and diversity. This included arrangements that had been made for people to meet their spiritual needs by attending a religious service. In addition, the registered manager was aware of how to support people who had English as their second language, including being able to make use of translator services.

There were robust arrangements to ensure that people's concerns and complaints were listened and responded to in order to improve the quality of care. There was an easy-to-use complaints procedure that described how concerns and complaints could be raised. In addition, the registered persons had set up a clear procedure to be followed when an issue was raised. This was designed to ensure that concerns and complaints were properly investigated and quickly resolved. Records showed that in the 12 months preceding our inspection visit the registered persons had not received any concerns or complaints.

Arrangements had been made to ensure that people were supported at the end of their life to have a comfortable, dignified and pain-free death. Documents showed that the registered manager had consulted with people about how they wanted to be supported at the end of their life. This included establishing their wishes about what medical care they wanted to receive and how they wanted their life to be celebrated.

## Is the service well-led?

### Our findings

People showed us that they considered the service to be well run. One of them smiled and used sign assisted language to tell us that they liked living in their home. Relatives were also assured that the service was well run. One of them said, "I have the highest regard for SENSE and I'm relieved to know that SENSE will outlive me and be there to care for my family member after I'm gone."

We found that the registered persons understood and managed risks and complied with regulatory requirements. Records showed that the registered manager had subscribed to a number of professional websites in order to receive up to date information about legal requirements that related to the running of the service. In addition, we noted that the registered persons had correctly told us about significant events that had occurred in the service. This had enabled us to be assured that people were safely receiving all of the care they needed. Furthermore, we saw that the registered persons had suitably displayed the quality ratings we gave to the service at our last inspection.

Staff were clear about their responsibilities. We noted that each shift was led by a senior member of care staff. In addition, there were robust arrangements to hand over information from one shift to the next. Furthermore, we saw that there was a clear on-call system so that care staff could always contact a manager for advice and assistance should it be needed.

People who used the service, their relatives and staff were engaged and involved in making improvements. Documents showed that people had been invited to meet each month with care staff in order to review their care and to suggest improvements to the running of the service. In addition, we noted that relatives had been invited to complete a questionnaire to give feedback about the service.

Care staff told us there was a strong culture in the service and that they would not tolerate any member of staff who did not treat people in the right way. As part of this they were confident that they could speak to the registered manager if they had any concerns about people not receiving safe care. They told us they were sure that any concerns they raised would be taken seriously by the registered persons so that action could quickly be taken to keep people safe.

We found that the registered persons had established suitable arrangements to enable the service to learn and innovate. This included members of care staff being provided with written policies and procedures that were designed to give them guidance about their respective roles. Records also showed that the registered manager had introduced a number of initiatives to help develop the service. One of these was the use of specially themed artwork and tactile pictures to help people feel comfortable and at home when in their bedroom.

We noted that the registered persons had adopted a prudent approach to ensuring the sustainability of the service. This included operating efficient systems to manage any vacancies that may arise in the service. A part of this was the registered manager having the necessary systems in place to anticipate when vacancies may occur so that new people could quickly be offered the opportunity to receive care in the service.

Records showed that these arrangements had been successful in that a high level of occupancy had been maintained. This helped to ensure that sufficient income was generated to support the continued operation of the service. In addition, records showed that the registered persons operated robust arrangements to balance the service's income against expenditure. This entailed the registered manager being provided with regular updates about how much money had been spent and how much was left for the remainder of the financial year.

Records showed that the registered persons had regularly checked to make sure that people were reliably benefiting from having 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 being dispensed correctly and care staff had the knowledge and skills they needed. In addition, records showed that fire safety equipment, hoists and kitchen appliances were being checked to make sure that they remained in good working order.

We found that the service worked in partnership with other agencies. There were a number of examples to confirm that the registered persons recognised the importance of ensuring that people received 'joined-up' care. One of these involved the registered persons' ensuring that people were offered the opportunity to have regular annual health checks in line with national guidance from the NHS. This is helpful so that health problems can quickly be identified so that careful consideration can be given to providing a range of healthcare services the provision of which may involve more than one organisation.