Sense

SENSE - 55 Shipdham Road

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

About the service: Sense – 55 Shipdham Road provides care and support to people with learning disabilities. At the time of the inspection it was providing support to five people who used the regulated service. This service provides care and support to people living in "supported living" settings so that they can live in their own home as independently as possible.

People's experience of using this service:

• The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.
• People were protected from abuse, neglect and discrimination.
• Individual risks to people were assessed and managed to keep people safe while promoting their independence.
• There were enough suitably qualified staff to meet people's needs.
• Medicines systems were organised, and people were receiving their medicines when they should.
• Incidents and accidents were reviewed, and lessons learned to keep people safe in the future.
• People's needs were holistically assessed.
• Staff were skilled and knowledgeable and had the training they needed to carry out their roles.
• The service worked with other agencies to ensure that people received the healthcare they needed to live healthier lives and improve their independence and wellbeing.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
• People and relatives told us that the staff were kind and caring and knew people well.
• People were supported to express their views and to be involved in decisions about their care.
• The service was responsive to people's needs in a way that helped them to develop skills and become more independent.
• The service recognised that in the future they may need to care for people at the end of their life and had a strategy to put systems in place to support this.
• The service was well led. People, relatives and staff all gave positive feedback about the management of the service.
• The registered manager valued and supported staff and was committed to high-quality, person-centred care and support.
• There was an ethos of continuous learning to develop the service and improve care. People, relatives and staff were all involved in this process.

Rating at last inspection: At the last inspection the service was rated good. (Report published 14 October 2016)

Why we inspected: This was a scheduled planned inspection based on the previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated good.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

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

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

SENSE - 55 Shipdham Road

Detailed findings

Background to this inspection

The inspection:
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type:
This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service currently provides support to five people who share a house. Staff provide support 24 hours a day on a rota basis.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. They are referred to as the "registered manager" throughout the report.

The registered manager had joined the service in the past year and had introduced changes to the service to improve the quality of care.

Notice of inspection:
We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to speak with us.

What we did:
Before the inspection we looked at all the information that we had about the service.
• This included information from statutory notifications. Statutory notifications include information about important events which the provider is required to send us by law.
• We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
• We also contacted professionals working with the service for their views.

During the inspection
• We spoke to the registered manager, the deputy manager and three support staff. The deputy manager also worked in the service providing care.
• We spoke to two people who used the service and three relatives.
• We reviewed two people's care records.
• We looked at the medicine administration records (MAR) and supporting documents for three people.
• We looked at records relating to the governance and management of the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People answered 'yes' when we asked them if they felt safe. One relative told us, "I've never had a quandary about [relative's] safeness."
• Staff understood the procedures to follow to keep people safe and could describe the different types of abuse.
• The registered manager carried out a self-assessment audit on "keeping safe" every 3-6 months to review safeguarding systems and practice.

Assessing risk, safety monitoring and management
• People had risk assessments in place. One member of staff said there are risk assessments on, "Eating, drinking, using the car, activities that are new like trampolining. They are in the PCR (person centred review) folder."
• We could see from the care records that risk assessments were comprehensive and covered health issues as well as activities that people carried out. For example, moving and handling, health issues such as epilepsy and activities such as swimming, bowling, showering, access to a vehicle and access to the garden.
• Care plans supported the risk assessments and gave guidance on how to manage risks. Where people had behaviours that might challenge there was detailed guidance for staff on how to support people and keep them, and others safe. One member of staff told us, "Understanding their behaviours and trying to avoid conflict it works very well in our house."

Staffing and recruitment
• People and relatives told us there were enough staff to meet their needs. One relative told us, "At the moment there's enough staff, we've been very very lucky especially through the changes, a lot of staff are long standing which is fantastic. Some people come and go. New staff particularly latterly [registered manager] has worked very hard at that. New staff are very delightful and very suited to the situation."
• The manager had a four-week rolling rota organised to cover core hours as well as one to one time when people were at home for the day.
• Staff helped to cover the rota when there were absences which helped with continuity of staffing and reduced the need to use agency staff.
• Procedures were in place to help protect against employing staff who were unsuitable to work in the service.

Using medicines safely
• Medicines management systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

• Staff were trained in the administration of medicines and could describe how to do this safely.
• Records included a picture of each person to be supported with medicines as well as guidance on a support plan of how they like to take their medicines.
• There was also guidance on medicines that people took 'as required' (PRN). Protocols included guidance for staff on how staff might know someone needed the medicines. For example, "when in pain or discomfort displays the following behaviours," followed by a description of the behaviours.
• Medicines were signed in and out if people took medicines with them, for example if they went to visit family or went to a day centre.
• There were guidelines and a form for any changes to medicines or short-term medicines such as anti-biotics.
• Medicines were audited on each shift by the shift leader. One member of staff told us, "at 55 they are done 3 times a day, check when medication is administered. Check number of tablets and make sure they tally to what has been taken and what is left."

Preventing and controlling infection
• Staff had been trained in how to prevent and control the spread of infection.
• A relative told us, "No worries about that, when I have been there everything seems immaculate. [name] rarely picks up any infections, [name] has the odd cold but that's about all."
• One staff member told us, "Wear gloves, aprons. Dispose of bodily fluids appropriately, we have yellow bags for pads and a separate bin."
• Another member of staff said, "We go round and wipe light switches and door handles with anti bac. We have bags to use in the washing machine if there is sickness and diarrhoea they dissolve in the washing machine."

Learning lessons when things go wrong
• We could see that incidents and accidents were monitored and reviewed regularly. All incident forms went to the registered manager.
• In addition, each person had a monthly peer meeting where any incidents and accidents could be discussed, and measures taken to implement changes if necessary to prevent things going wrong in the future.
• Where actions impacted on wider changes to the service these were included in the Service Development Plan.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• The service was very person-centred and assessed people's needs and individual preferences according to best practice guidance.
• People's needs were assessed holistically through separate care plans for all areas of care such as health needs, personal care needs, likes and dislikes, communication and inclusion in the community.
• One member of staff said, "The care plans and risk assessments I read through when I started (in post). If I think I have forgotten something I will re-read them, they are always available"

Staff support: induction, training, skills and experience
• Staff had received the training they needed to carry out their role. One member of staff said, "Sense trainers come from head office. The training was good. Safeguarding was really good - all the training is good as it's always proactive, you are not just sitting there you are actually doing things, not just sitting listening to the trainer, she's getting you interactive."
• Another member of staff said they had done induction training which included "Dysphagia (swallowing difficulties) first aid, safeguarding, it was a good comprehensive induction and also did 'Welcome to Sense' and what Sense do as a charity which was really good…Best bit I enjoyed we put goggles on which mimicked different types of visual impairment so it gave you more insight into what these guys vision is like which was really good. All the training was really good, the trainers were really friendly there was no question you couldn't ask which is a good thing."
• The registered manager told us that if staff are not confident in an area they can ask to be put on training. This was also covered in staff's annual competency assessments /appraisals.
• Relatives told us that they "get the impression" staff are well trained, although one relative said, "staff seem to be (well trained), although [name] needs signing, a lot of them don't sign very much."
• The registered manager told us that they were trying to source further training for staff on signing.

Supporting people to eat and drink enough to maintain a balanced diet
• People were supported to prepare food and drinks and to maintain a healthy diet. A relative told us, "[name] has some hands on with sandwiches and so on. We have had issues with weight over time, since [registered manager] been in charge it seems to have stabilised. It was an issue and we were constantly having to come back to it, to but now seems to have stabilised. I'm glad [name] weight is under control."
• Staff understood people's dietary needs. One member of staff said, "One person has a fork mashable food, and has thickener in drinks to stop aspiration (food blocking airways)" and "Another person could have choking episodes, so we make sure their food is cut into small pieces and try to encourage them not to shovel everything in at once."
• There was clear guidance in care plans on how to support people with eating and drinking.

• Risk assessments were in place to support people to develop skills to promote independence by helping with the preparation of food. A relative told us about the skills the person had developed, "On his home day [name] helps to prepare the veg."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• People were supported to access healthcare professionals. One relative told us, "Mostly staff go (to health appointments). We did have some involvement such as the optician. The state of [name] teeth has improved, since they do dental visits."
• People had a separate health care file which included a communication passport with basic information on their needs in case they were admitted to hospital. They also included records of all health appointments and professional consultation forms where staff recorded the outcomes from any health appointments.
• Where healthcare professionals had made recommendations about a person's care we could see that care plans and risk assessments had been amended to ensure staff followed the advice.

Ensuring consent to care and treatment in line with law and guidance
• The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
• People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.
• Staff had been trained in the MCA and understood the principles.
• We could see from the records that separate mental capacity assessments had been carried out in relation to different care tasks and best interests' decisions had been recorded where it was assessed that a person did not have capacity.
• People had a 'Restrictions form' which assessed whether there were any restrictions in place and making sure that the least restrictive option was used. For example, people had support plans detailing the support they required to access their front door safely.
• Where necessary applications to deprive a person of the liberty (Dol) had been made and the registered manager discussed these applications with the person's social worker.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People and their relatives told us that staff were kind and caring. One relative told us, "Absolutely no question." Another relative said, "[Name] comes with a portfolio of problems and issues and so on, but the people that work with know him backwards and know him better than I do. They respond better to him than me sometimes. He feels very secure there."
• There was a regular staff team that was able to get to know the people they supported well. One member of staff told us, "To properly look after people you need to get to know them and know what they want and don't want, you can't always fit that in a document. I get to know them by chatting to them, spending time with them, helping them to do every day stuff, taking them out in the community, helping them round the house, how you would get to know anyone really."
• Staff understood how to respect equality and diversity and treat people fairly. People had equality and diversity inclusion plans in their file which gave information on how to support people with equality and diversity needs. A relative told us, "Recently in the last year [name] has been working with their keyworker, [staff name] who has taken him and supported him to go NNAB (Norfolk and Norwich Association for the Blind) as it is specifically for people with visual impairment so that's good." When we spoke to the person, they were keen to show us a talking watch that they had purchased on one of these visits and which they used to help them tell the time. The manager told us that, "With the watch he can tell the time which helps with independence, for example he would know it's nearer tea time and go and wash his hands."
• When asked how they ensure that they treat people fairly a member of staff said, "Make sure they are involved in everything, don't treat them like children, help them make decisions and make sure that they have the right tools to decide what is right, make sure they all get the same treatment, in ways that suit them."

Supporting people to express their views and be involved in making decisions about their care
• Relatives told us that they had regular meetings with the staff. One relative told us, "I go in there routinely. [Name] comes home twice a month or in holidays. We have a lot of contact on routine matters and keep up through emails and visits, and then formal meetings - reviews. I always do (feel reviews are helpful)."
• Staff told us that they always involved people in their care. One member of staff said, "I make sure people have the information about choices they can make and support them to do this."

Respecting and promoting people's privacy, dignity and independence
• Staff promoted privacy and dignity. One member of staff said, "Cover them up as much as possible," when supporting with personal care and "Don't speak about things private to them in front of other people."
• Staff understood and respected the fact that they were working in people's home. One member of staff told us, "Definitely get to know people, you are going in to their home, all their rooms are tailored to them, it's

their home, we are guests in their home." Another staff member said, "Treat them how I expect to be treated, everyone should to be treated with dignity and respect and equality, just because someone has a disability doesn't mean that they are no better than anyone else."

• People were supported to develop their independence. One relative said, "He does more things independently there than I am inclined to do when he comes home." Another said, "Very subtle with [name] it's hard to remember what he was like a young person, even now we see improvement and change. Oddly he used to wear hearing aids, from infancy. Stopped wearing them as he doesn't seem to need them any longer, part of increasing his use of communication and awareness, he doesn't hear, but he uses signs, body language, watching faces, being responsive to people's expression. He is a communicating individual even though it is idiosyncratic."

• Staff described how they supported people to be independent through daily living tasks, "[Name] likes to do washing and hoovering and has equipment that will help him. [Name] likes peeling potatoes and he will go and get his own things to get bag and coat to go out. You let them do what they are capable to do. [Name] can't do so much but will voice [their] independence, (for example) you ask what he wants to wear so he feels he has independence even though can't physically do a lot for himself."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• People's needs, preferences and interests were clear from the care plans. A member of staff told us there was, "Information about life histories in care plans; also we've got scrap books about things they have done, outside their bedroom they have initials of what their name is and pictures of what they have been doing that month"
• The service organised holidays for people and one person wanted to go on the holiday of a life time to France but had never had a passport and had no documents such as birth certificate. Staff spent time getting all the documents that the person needed to enable them to apply for a passport so that they could go on the holiday.
• The service had recently had a technology audit carried out by the provider. The audit recommended the use of different technologies to aid people's independence. For example, they had taken one person to purchase a coffee machine so that they could make drinks independently.
• People had a board outside of their bedroom doors where they could put photographs and leaflets from activities that they had done during the past month. Some people also wrote about things that they had done. For example, one person wrote a braille message about when they had pizza.
• People were supported to use the photos at the end of the month to create a scrap book diary. They were used as a record in people's monthly peer meetings which were attended by the person, the manager and support staff. At these meetings they discussed 'What we have tried', 'What we have learned', 'What we are pleased about' and 'What we are concerned about.' An action plan was put together, and the care plans updated following the meeting to support the person's independence and development.
• The information from the monthly peer meetings was used to support an annual review for each person with their social worker.
• Staff told us that if they noticed a change in a person's support needs they would speak to the manager about updating the care plan. One member of staff said, "Speaking to other staff members and saying, "is this normal" or "is this a new thing?" So, if it was something different, I would raise it with other staff and ask if they had seen the person do it. Look at the care plan and see if it's in there and if not speak to [the manager]. If necessary put into the care plan."
• The service had recently started to put together 'independence journeys' for some people. This was where they documented small changes to a person's independence over a long period of time to document the achievements and celebrate success. The deputy manager told us, "We know we are doing all these things and everything is documented but put together you can see how far they have come in last year."
• One person's independence journey showed how they had become more confident with mobility which had enabled them to go out for the day and take part in activities independently. Over the year they had also developed communication skills using flash cards and visual games with the view that improving communication will increase independence, as the person will feel more confident and able to ask for things rather than staff anticipating all of their needs. This gave the person more choice and control over their life.

• As a result of improved mobility and communication the person also became more independent with daily living skills getting involved in meal preparation and household cleaning duties.
• The service had also worked intensively with a person around their health needs in a way that enabled the person to become increasingly independent in their life. By addressing health needs and introducing new aids the person was able to go out more and be more independent and more engaged with the local community. The service planned to put a health independence journey together for this person.

Improving care quality in response to complaints or concerns
• The service had a complaints policy and people and relatives understood how to make a complaint.
• We looked at the complaints log and saw that complaints had been dealt with appropriately and responded to.
• People told us that they knew how to make complaints. One relative said, "If I do bring anything up its normally sorted." Another said, "If I had to make complaint would go to [registered manager], I've never been tempted to do that."

End of life care and support
• The service was not currently working with people at the end of their life. However, they had identified that this was an issue that they needed to address for the future.
• The registered manager told us that they were planning to speak to people and relatives in individual meetings to discuss end of life wishes and plans.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
• People and their relatives told us that they thought the service was well managed. One relative said, "[Registered manager] and the management of house, I can't speak highly enough of her." Another relative said, "Yes, it is now, I like the new logs they have. The system before you could only read what [relative] did for half of a week and now it goes back the whole month."
• Staff told us that the registered manager was open and approachable. One member of staff said, "[Registered manager] is approachable and you can go to her with an idea and she will support you with that idea, its lovely, you feel like you've got input, we can go with ideas of what the guys would like and if we do all the paperwork like risk assessments and the guys will benefit its lovely."
• The registered manager told us, "I am very proud of the team, I get emotional, they do a fantastic job, a good attitude - always going the extra mile."
• The registered manager told us that they had reviewed all the paperwork since coming into the service in the previous year and focussed on making the service more person-centred. They said, "We began to talk about supported living, not a care home, we are just supporting them to live their own lives, they had lost touch of that. People were coming in from the day centre and then sandwiches were ready when they came home rather than people making their own choice."
• The ethos of the organisation was underpinned by 'I statements' such as "I will listen to others," "I will be honest and open," and "I will take informed risk." At a team meeting the deputy manager had made the I statements into a quiz to help staff think about how they demonstrate them in their work practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• Staffing had been reviewed when the registered manager came in to post and a deputy post had been created to support the registered manager.
• The registered manager had focussed on regular supervisions for staff to make sure that they were supported through the changes.
• The management had systems in place to monitor the quality of care and support provided. Regular audits were carried out on finance, service management including support planning, assistive technology, medication and safeguarding. The outcomes and actions from audits were included in the service development plan.
• Staff attended regular team meetings that the registered manager said helped maintain consistency across the service. At the next team meeting there were plans to discuss medication administration and auditing, a refresher training on mental capacity and safeguarding and reminders on the importance of staff reading

care plans.

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

• The registered manager had focussed on increasing the involvement of relatives in the service. Relatives told us that they were consulted about people's care. For example, one relative said, "I am informed of changes in keyworker staff, in the past under previous management we were not always informed."

• The registered manager told us that they felt it was important for staff to attend people's peer meetings and annual reviews to give their input. They told us that at team meetings, "We discuss the PCR meeting and emphasise to staff to make sure they attend as that determines the activities for the next year. We want to encourage all support workers to attend as they double up, it is a small team, they are with each other a lot, all of their input is important."

Continuous learning and improving care

• The service had a development plan that included actions and learning from incidents as accidents, as well as actions from people's peer reviews and improvements identified for the service from people, their relatives and staff.

• The plan included the purchasing of special equipment to support people's independence such as a tipping kettle and a coffee machine, as well as the development of the garden to look at purchasing a greenhouse and potting shed as several people liked to garden. The deputy manager told us, "[name] has raised beds and grows herbs and picks those, it will be nice to grow tomatoes as well and they can pick what they want for dinner."

Working in partnership with others

• The service worked in partnership with other organisations. Some people attended a hub where they could do woodwork, go for coffee or lunch, gardening, life skills, trampolining and swimming.

• One person told us that they go to drumming classes the deputy manager explained that this was a drumming group for people with learning disabilities and the person attended once a week.

• A local church held activities on Saturday evenings for people using the service including movie nights, craft evenings and music evenings. The deputy manager showed us a picture of the person that went to the drumming group playing at the music evening.

• The service had made links with the local mayor who was supportive of the charity and attended various activities.