

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

SENSE - 55 Shipdham Road

Toftwood, Dereham, NR19 1JL

Tel: 01362694558

Date of Inspection: 24 August 2012

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September 2012

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Supporting workers ✗ Action needed

Assessing and monitoring the quality of service provision ✓ Met this standard

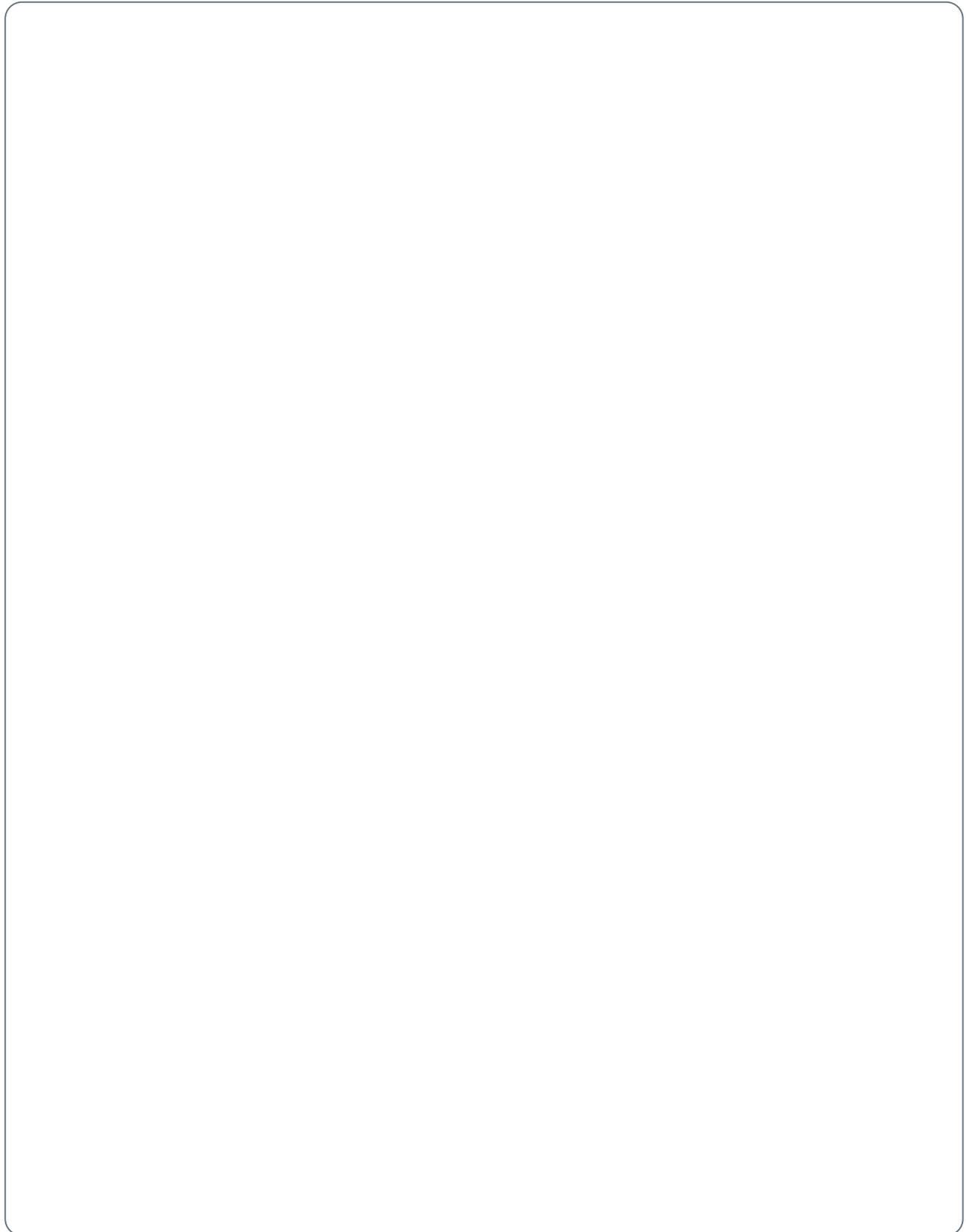
Records ✗ Action needed

Details about this location

Registered Provider	Sense
Registered Manager	Mrs. Jenni Bryant
Overview of the service	This service is operated by Sense East 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

Contents

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'.



	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	5
How we carried out this inspection	5
What people told us and what we found	5
What we have told the provider to do	5
More information about the provider	6
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	7
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	9
Supporting workers	10
Assessing and monitoring the quality of service provision	12
Records	13
<hr/>	
Information primarily for the provider:	
Action we have told the provider to take	15
<hr/>	
About CQC Inspections	17
<hr/>	
How we define our judgements	18
<hr/>	
Glossary of terms we use in this report	20
<hr/>	
Contact us	22

Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 August 2012, 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 staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

What people told us and what we found

We used a number of different methods to help us understand the experiences of people using the service. This was because the people using the service had complex needs which meant they were not able to tell us their experiences. We spent time observing what was going on for people and how staff responded to them.

Our observations showed that staff supported people at their own pace, taking time to encourage them with activities and offering choices. One person showed some signs of agitation but staff responded quickly and quietly, giving the person time and space to calm down while ensuring they remained safe. The incident was soon over.

People had also been out during the day and two people confirmed they had a good time.

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

What we have told the provider to do

We have asked the provider to send us a report by 18 October 2012, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

More information about the provider

Please see our website 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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. As far as possible, people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People who use the service were given appropriate information and support regarding their care or treatment. Staff told us how they made efforts to explain things to people. Records showed that, where someone was unable to understand the support they needed to eat and drink safely, appropriate professionals had been involved in determining that the treatment was in their best interests.

We observed that staff treated people with consideration and respect. This included managing continence issues in a dignified manner and supporting one person who became agitated. We noted that one person was offered choices about whether they wished to have the television on and which channel they would prefer.

People were supported in promoting their independence and community involvement. A staff member told us about the support someone needed with managing their money and how they were involved in the process. We observed that people went out with staff into the local community. Everyone had been out during the day of our visit and staffing had been arranged so that people could receive support with any sensory impairments or physical disabilities.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at records and care plans for three of the six people using the service. Records contained assessments of people's needs and risks to which they may be exposed. There was guidance about supporting people safely. For example, one person had a clear plan showing how the risk of choking was to be managed, information about how to position them while they were eating and drinking, the equipment necessary and what was a suitable diet. We also saw guidance for how equipment to assist with mobility was to be used safely.

People's vulnerability to pressure sores was also assessed where appropriate and where they were unable to change position easily for themselves. Our observations showed that staff supported people to change position where this was required to relieve pressure so showing that they delivered support in line with the care plan.

Staff gave us information about people's needs that was consistent with what we had seen in their records.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Due to people's complex needs they were not able to tell us verbally whether they felt safe in the home. However, we spoke with staff who confirmed that they had received training to help them recognise and respond to abuse. They gave us information about the kinds of concerns they would report and were clear about the importance of doing this promptly.

The provider's policy on safeguarding vulnerable people outlined the kinds of concerns that staff needed to report and this was consistent with the information given to us by staff. We were also shown a poster displayed in a staff area with contact details for referring any concerns. However, the provider may find it useful to note that the policy was out of date and referred to the former regulator of care services as a contact point for concerns.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was not meeting this standard.

People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Due to people's complex needs they were not able to tell us verbally what they thought about the skills of the staff team. Because of this we watched and listened to how staff supported people. We found that staff supported people at their own pace and tried to offer people choices.

We spoke with four staff, including the manager. They were able to tell us about people's needs. One staff member was able to tell us about working alongside more experienced staff members so that they learnt to understand people's needs and the support that was required. They said that the staff team was supportive and that they felt able to ask colleagues if they were unclear about anything. Two people described staff morale as good.

Staff were able, from time to time, to obtain further relevant qualifications. The manager and deputy manager provided us with information that confirmed 12 staff out of 16 (including the management team) either had, or were working towards, qualifications in care.

Training records showed that staff had access to training to enable them to understand and respond appropriately to difficult behaviour. However, the provider's own quality audit showed that some mandatory training was overdue. The manager informed us that she was compiling a list of staff affected so that action could be taken to ensure training was updated promptly.

We observed that some people using the service had physical disabilities. Staff confirmed that they had been trained by an occupational therapist to use a new piece of equipment needed by one person. However, we were not provided with evidence that formal training in moving and handling was up to date. For example, we found the most recent training certificates for this were from October 2010.

Staff did not always receive appropriate professional development. The provider's own quality audit identified that supervision, including one to one meetings and work place

assessments, were not happening with the expected frequency. The manager and deputy manager told us that training in one to one supervision of workers, so that deputy managers could carry some of this out, had been cancelled. They said that, because of this cancellation, they were intending to increase the numbers of work place assessments for staff, to ensure that they remained competent to carry out their duties.

There was a core of long standing staff providing support to people and we found from analysis that turnover was lower than expected when compared to similar services. This meant that people benefitted from staff who got to know them well and could provide consistent care.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

Although most people found it difficult to express themselves clearly with views about the quality of the service, the provider checked upon it. People who use the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. Most people had regular contact with family members who could express their views on behalf of people using the service.

We were shown a comprehensive report compiled on behalf of the provider as the result of an audit carried out over two days in July 2012. This identified where the service was performing as expected and what shortfalls there were. This included identifying that some training was overdue, supervision had not been carried out as expected and that some records required updating.

In addition to this in depth audit, the management team also compiled weekly checks to assess what was going well and what could be improved. We were shown two of these. The manager told us that the line manager for the service followed these issues up to ensure action was taken where necessary. The manager said they were waiting for the line manager's response to the most recent check.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not wholly protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

People using the service had complex needs that made it difficult for them to tell us verbally what they thought about the way their records were maintained.

We found out of date information in care plans and the provider had also identified some assessments as overdue for review. This led us to look more at how records were maintained.

Because some information had not been updated and reviewed to ensure it reflected people's current needs, the provider could not be sure that people's personal records including medical records were maintained as accurate.

We found that some assessments had been reviewed. However, others were not kept up to date and well organised. For example, we found that one person had guidance in their care plan about how they were to be supported at mealtimes. This was dated as last reviewed in January 2007.

The service made use of a 'choking risk screening assessment' to determine whether full risk assessments or specialist referrals were needed to ensure people were supported safely with eating and drinking. One of these indicated on the second page that action to complete a further assessment was needed in order to reduce the risk to the person concerned to an acceptable level. We were unable to find evidence that the required assessment had been completed.

Guidelines seen for one person about managing the risks associated with their behaviour had been updated and entered into the person's care plan file. The information on this indicated that the service manager should sign that the guidelines were being implemented and that staff employed should sign to say they had understood the information. There were no signatures on any of the documents and one person had three versions in their file with no clear indication of which remained appropriate and should be followed.

People's care plan folders contained health care plans. However, we found that these were not kept up to date or archived if they were no longer required. For example, one of these recorded the last check on someone's hearing as having taken place in 2007. The section for recording dental check ups had not been updated since 2007. For two of the three people whose records we looked at, we were shown separate confirmation of dental appointments. For the third person the management team agreed they had attended an appointment but were unable to locate a record of this.

However, we did see separate notes from review meetings showing that an overall review of people's welfare took place regularly.

The provider's own policy guidance for staff was not reviewed regularly. For example, the index to the 'Sense East Policies' folder was dated July 2007. The guidance for the use of hydrotherapy showed that it was due for review in 2007. There was no updated guidance present. The missing person's policy guidance was dated 2007 and indicated it was due for review in 2009. There was no updated policy. This meant that staff may not have had up to date information and guidance about how the provider expected the service to be operated to ensure people's safety.

This section is primarily information for the provider

✘ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting workers
	How the regulation was not being met: People were cared for by staff who were not always supported to deliver care and treatment safely and to an appropriate standard. This was because some time limited training had lapsed and staff were not receiving appropriate supervision. Regulation 23(1)(a)
Regulated activity	Regulation
Personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: People were not wholly protected from the risks of unsafe or inappropriate care and treatment. Records were not maintained and updated to ensure they accurately reflected people's current needs and risks, or archived promptly if they were no longer relevant. Underpinning policy guidance for staff to follow about keeping people safe had not been reviewed and updated. Regulation 20(1)(a) and (b)(ii)

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 18 October 2012.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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, 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 dentists, primary medical services and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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 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.

✗ 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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

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.

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.

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

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

Essential standard

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)

Regulated activity

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)

(Registered) Provider

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'.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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

Contact us

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