

Review of compliance

Sense SENSE Dereham Resource Centre	
Region:	East
Location address:	32 Bertie Ward Way Toftwood Dereham Norfolk NR19 1TE
Type of service:	Supported living service
Date of Publication:	February 2012
Overview of the service:	Sense Dereham Resource Centre is registered as a domiciliary care agency. The agency provides support to people in their own home who have some degree of sensory loss. The aim of the organisation is to enable people to live as independently as possible. Support is currently being provided for three people in their own home.

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

SENSE Dereham Resource Centre was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 13 January 2012, observed how people were being cared for, looked at records of people who use services, talked to staff and talked to people who use services.

What people told us

SENSE Dereham resource centre currently supports three people in their own home. On the day of our visit on 13 January 2012, two people were not able to see us for different reasons, we therefore visited one person in their home. This person told us they were happy with the staff who supported them. We were told that staff helped when needed and go out with the person when activities are undertaken. We saw that staff did work in a relaxed way and they were prompting and talking in a considerate way that respected the fact that this visit was about the person who receives support. The person we talked with was aware of why we visited and told us they had no problems and they were excited about a holiday that is planned with staff providing support. We were told 'staff go shopping with me and help me to get some good food so I do not put on weight. I sometimes slip some treats into the trolley.' There was much laughter following this conversation and we were then shown into the kitchen to look in the fridge.

What we found about the standards we reviewed and how well SENSE Dereham Resource Centre was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider is compliant with this outcome. People receive appropriate care and support that includes assessments to both protect and promote their health and welfare.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider is compliant with this outcome. People are protected and safeguarded by the appropriate policies, procedures and training in place.

Outcome 09: People should be given the medicines they need when they need them, and in a safe way

The provider is compliant with this outcome. Medication is safely stored and handled with systems in place to support independence safely.

Outcome 12: People should be cared for by staff who are properly qualified and able to do their job

The home undertakes appropriate recruitment procedures and carries out background checks as required to support the safety and well being of people.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

The provider is compliant with this outcome. People who use the service told us they are asked about the care and support that is provided and if they are happy.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

We were told that staff have always provided support when needed in a way that the person has chosen. We were told that staff know what to do to help and the person chooses how they spend each day and staff 'know me and what I like to do.'

Other evidence

We looked at the care plan for the person we were able to visit at this inspection. This showed that a personal plan was initially developed that was home based and this included any activities that had been chosen by the person, what staffing levels are required as well as completed risk assessments, supporting choice and safety. We saw that risk assessments were signed and any equipment required is provided for the person concerned. Staff are trained to use any new equipment that has been provided before this is used.

The care plan contained information covering likes and dislikes, interests, preferences in various situations, individual skills and how to communicate with details of how the person expressed themselves. Personal goals were also set and assessed on a regular basis as is the safety of the individual. The person we spoke with told us they had chosen their meals and enjoyed shopping with support from staff. We discussed balanced meals and we were told that healthy options had been chosen when possible and that exercise, such as swimming, was seen as an activity that also helped to keep this person healthy.

We saw records of appropriate contact that had been made with healthcare professionals such as appointments at the London eye hospital, with the physiotherapist and the mental health team. Records showed that appointments were monitored to make certain any follow up appointments are made and attended.

Our judgement

The provider is compliant with this outcome. People receive appropriate care and support that includes assessments to both protect and promote their health and welfare.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

The person we spoke with confirmed they could talk with staff about any problems or worries they may have. We were told that staff are helpful and family or people at the day centre will also help if needed.

Other evidence

Regular involvement of family members and other appropriate professionals such as care managers combine in supporting the protection of people. Risk assessments on care plans also supported safe routines while ensuring the choices and wishes of people are fulfilled as safely as possible.

Staff explained how they have training relating to safeguarding people and how to raise an alert if necessary. All appropriate safety checks are completed at recruitment of staff and the agency retained evidence of this.

The meal for the evening had been planned and again risk assessments were on care plans to ensure appropriate support was provided for cooking and using the kitchen.

Regular fire safety checks are completed weekly and these included checking that all torches were working. The actions taken in the event of a fire have been discussed with people who are supported and staff regularly walked through these procedures to make certain they were fully learnt by individuals. Any equipment assessed as being needed to alert a person in the case of a fire is obtained and these were also checked

weekly. For instance people have vibrating pads under their pillows to alert if the fire alarm sounds.

Medical record sheets were completed and signed when medication had been taken. These records were then checked through when the next staff shift come on duty, providing a double check for safety. Staff also risk assessed the person's home environment to ensure all areas were safe and clearly marked to enable ease of movement from one area to another.

A daily log of events was completed by staff and any areas of concern were highlighted in this record. This informed other staff coming onto shift and also provided a basis for discussions at staff meetings as appropriate.

Our judgement

The provider is compliant with this outcome. People are protected and safeguarded by the appropriate policies, procedures and training in place.

Outcome 09: Management of medicines

What the outcome says

This is what people who use services should expect.

People who use services:

- * Will have their medicines at the times they need them, and in a safe way.
- * Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

What we found

Our judgement

The provider is compliant with Outcome 09: Management of medicines

Our findings

What people who use the service experienced and told us

The person we spoke with showed us their routines for the storage and administering of their medication. They explained they were helped by staff who put Braille labelling on the medication, allowing medication to be controlled by the person and not by staff, therefore supporting independence.

Other evidence

The handling of medication has been risk assessed and the outcomes then informed the routines that were safely developed. We saw where medication was stored and the person we visited talked us through how they dealt with their medications. Staff checked all medication delivered to make certain it was correct before being handed over to the person to deal with independently.

All records seen at this visit were up to date and appropriately completed.

Our judgement

The provider is compliant with this outcome. Medication is safely stored and handled with systems in place to support independence safely.

Outcome 12: Requirements relating to workers

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by staff who are fit, appropriately qualified and are physically and mentally able to do their job.

What we found

Our judgement

The provider is compliant with Outcome 12: Requirements relating to workers

Our findings

What people who use the service experienced and told us

People receiving any degree of support from the service have been fully involved in the interviews and recruitment of new members of staff. They have also decided which staff supported and assisted them in their daily lives.

Other evidence

The provider meets all legal requirements relating to the employment of staff, including safety and background checks, before anyone actually starts work. This means that people using the service received support from staff who have the correct skills.

The manager explained the recruitment procedures that were undertaken before staff were employed. We were told that evidence was retained on records to show appropriate recruitment procedures were completed, with the actual paperwork being stored at the head office of the organisation. All staff undertook an induction and mandatory training programme including such areas as health and safety, guiding people and first aid. Staff have confirmed that all appropriate background checks have been completed before they were able to start work.

Staff have regular supervision and also have staff meetings where any issues of concern have been discussed. Staff undergo appropriate training and policies and procedures are in place to enable them to provide the correct support. We have also been told that if staff asked for any specific training relevant to their role, this was then obtained.

We observed staff providing support in an appropriate, considerate way and showing a good knowledge of individual needs.

Our judgement

The home undertakes appropriate recruitment procedures and carries out background checks as required to support the safety and well being of people.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We did not speak to any of the people using the service about assessing and monitoring the service provision, however, people did tell us they were given choices and encouraged to voice their opinions.

Other evidence

Routines promoted the independence of people and individual choices were encouraged and support was provided as the person had chosen.

Additional information was obtained by the organisation through the regular completion of monitoring that includes direct observations, arranging appropriate training and regular supervision.

We have reviewed various records relating to areas of health and safety and these were found to be up to date. Fire alarms and other equipment were tested on a regular basis and these had been completed within the required timescales.

Health and safety relating to fire, electrical and other safety checks were undertaken and recorded, as were risk assessments.

Thorough risk assessments have been seen on care plans relating to any activities that have been chosen by individuals. These are also developed for any routines that create a risk to the individual, supporting safety at all times.

Our judgement

The provider is compliant with this outcome. People who use the service told us they are asked about the care and support that is provided and if they are happy.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

Document purpose	Review of compliance report
Author	Care Quality Commission
Audience	The general public
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