

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

SENSE Dereham Resource Centre

32 Bertie Ward Way, Toftwood, Dereham, NR19
1TE

Tel: 01362851153

Date of Inspection: 20 February 2013

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2013

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

Cleanliness and infection control ✓ Met this standard

Complaints ✓ Met this standard

Records ✓ Met this standard

Details about this location

Registered Provider	Sense
Registered Manager	Mrs. Karen Elsbury
Overview of the service	<p>Sense Dereham Resource Centre is registered as a domiciliary care agency. The agency provides support to people in their own home's who have some degree of sensory loss. The aim of the organisation is to enable people to live as independently as possible.</p>
Type of service	Supported living service
Regulated activity	Personal care

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'.

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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 20 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

During this visit we saw three people who used this service that supported them to live in their own homes. One person informed us, "I am very happy with the way I am supported to live at home." Conversations heard and body language observed told us that people were content and involved with their day to day lives. We were told by people that they were listened to and concerns were acted upon. One person told us of the changes that had been made to make their life more enjoyable.

Care plans were written, updated when required and were focussed on the individual the care plan belonged to. The risks were identified and appropriate action was taken. Relevant professionals were involved and supported the needs of the individual person.

Staff were trained and supported to ensure good infection control procedures were followed and that they would be implemented as much as possible when working in someone's own home.

No complaints had been received and any concerns were acted upon as and when they occurred.

Records were detailed, up to date and relevant to the individual they belonged to. Storage of records to be archived we were told were carried out by SENSE in a timely manner, with the previous year's records stored locally and then transported to a central store for the storage time required for records.

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

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 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 understood the care and treatment choices available to them. During this inspection visit we spent time talking to the manager overseeing the service in the absence of a registered manager. They told us about a number of methods and examples used to ensure people were involved at every stage of any decisions that were made about their care. We talked through examples such as the need to work with one person on a more suitable diet. We met this person and read the step by step instructions and involvement in the support offered to ensure this person was consenting to this part of their care plan. We saw the meal planner and noted that the person had lost 9 lbs due to this healthier eating programme. We also talked to another person who told us that certain parts of their week were no longer being enjoyed. We heard about the changes made after the issues had been discussed and that the days were now better. They said, "I am very happy with the way I am supported to live at home."

People expressed their views and were involved in making decisions about their care and treatment. We witnessed a person being communicated with by sign language and how, throughout the communication, choices were being discussed. For example, this person was about to choose new furniture with their worker. We saw how the shopping trip was planned and how the process was explained and understood by the person involved. They were able to tell us that they were 'looking forward to their shopping trip'.

At the time of this inspection four people were being supported by this agency to live in their own homes. Each set of care notes we looked at showed how the planning and delivery of the support received was written with the person at the centre of each care plan and included them in every stage of the process.

We noted that the people who used this service were supported to wear clothes appropriate to their choice and age range showing they were offered their independence and dignity. A younger person told us about the disco they were attending and a person slightly older told us about the activities enjoyed at the gym. This showed us that people were supported in promoting their independence and that they had community

involvement.

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. During this inspection visit we were shown one set of care plan notes stored in the person's own home and then we did a random check of people's care notes stored on the management laptop. The care plan information we saw was centred on the person the care notes belonged to. We saw the headings matched the outcomes written within the Essential standards of quality and safety, with the management telling us that this had guided them to ensure they were compliant and should meet the requirements. Each section was focussed on the individual person. We saw full instructions on how the care should be delivered that were set out in a step by step process. For example, a person who had problems sleeping had a detailed care plan for night time that also included how the bed should be prepared before the person was helped to bed and that also told staff how many pillows they needed and where to place the teddy. Records showed that this person had a much improved sleep pattern following this care plan being implemented.

Another person had a condition that meant weight increase was a problem and that there were detrimental concerns for this person's health. A detailed care plan, including a meal plan had been introduced, supported by a dietician and the person was beginning to lose weight. We saw that expert help for a condition was being given by a clinic in London and that close monitoring on a day to day basis was being recorded by staff who were working with the expert professionals in offering the individual support to this person. Daily injections were required and a risk assessment was in place showing how the person managed this task themselves. This ensured that the planning and delivery of care was appropriate and met the individual needs of this person.

Within the daily notes completed by the staff we saw the recordings made of the tasks required on a day to day basis and also information to pass on to the next staff member. A diary also held in the home recorded significant events and planned appointments with the outcome of the past appointments written in the daily notes. Staff had initialled the notes to show they had read the information that would ensure, if they had been off duty, they would be kept up to date. This was confirmed by the support worker on duty on the day of this inspection.

In the front of care plans we noted that contact numbers were available in case an emergency arose. The person managing the service at present told us that the mobile phones were manned at all times and that someone from the company would take an urgent call. We were also told about the procedures used when for example, the recent adverse weather conditions caused concerns. The service had introduced a 'stay at home' policy when the weather conditions presented a risk for people when leaving their home's.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

The people who used this service all live in their own homes and were supported by staff on a one to one basis. The management told us that the staff were trained and updated on a regular basis in both food hygiene and infection control. They told us how the people they worked with were given explanations on how important it was to purchase certain cleaning products, gloves and aprons. We noted in the home we visited that there was a cleaning schedule and that staff members had signed the schedule as tasks were completed. This was confirmed by staff at this visit. The manager also told us that spot, unannounced checks by management were carried out to ensure the staff did follow the procedures for good infection control.

Within one home with no internet access we were told a set of printed procedures were in place that included infection control. The other homes with internet access had the procedures logged on a memory stick and staff could access them at anytime. This was confirmed by the management as the best way to ensure staff had instant access to a procedure when required.

The management also told us of the induction programme given to all newly recruited staff that would include both food handling and infection control.

We noted in the home we visited that the food storage was being monitored by a daily recording of the fridge temperature and that there were no gaps on the recording chart, showing food was being stored at a suitable and safe temperature.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The two people we spoke with who used this service told us they were happy with the support they received. Due to communication difficulties it was not clear if the people knew the procedures on how to complain but the leaflets and information were readily available to them if and when required. This leaflet was also available in the resource centre that was attended by the people receiving this domiciliary service.

People were given support by the provider to make a comment or complaint where they needed assistance.

It was evident during this visit that the two people were relaxed and able to express themselves and that staff understood them well enough and were able to recognise when something was not right. We were given an example of how someone, through their behaviour, had shown they were unhappy about something. We were told how, through various methods used, the concern had been identified and then rectified.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. One person who had good communication told us of the changes that had been made when they had told staff they were unhappy with their weekly programme. They said, "This is better now and I am happier in what I am doing. I was listened to."

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

Our judgement

The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

With people being supported in their own homes the storage of confidential records had created some problems. In one home the person had all their records stored in airtight containers in their store cupboard. The front door was locked but the cupboard was not. This person was about to move house with the aim of purchasing a lockable cabinet for extra security of their records to ensure they were secure and kept confidential.

The person managing the service at the time of our inspection told us that they hold a previous year's set of records in the resource centre within a locked room. These records, we were told were then transported to an archive centre for SENSE who hold the records for the time legally required.

The day to day running records were in two folders in the person's home. The records were, we were informed, relevant and contained the appropriate information that would protect the person from inappropriate care and treatment. The one we looked at in detail was comprehensive and centred around the needs of the person the care plan belonged to. Medication records were in place and the staff had signed the documents appropriately.

The person managing the service told us that as part of the spot check visit the records would be looked at to ensure they had been completed correctly and signed by the staff member.

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, acute 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 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 may have 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. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ 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

Phone: 03000 616161

Email: enquiries@ccq.org.uk

Write to us
at: Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Website: www.cqc.org.uk

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