Inspection Report

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

SENSE The Manor House

72 Church Street, Market Deeping, PE6 8AL

Tel: 01778343768

Date of Inspection: 19 December 2012

Date of Publication: January 2013

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

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Management of medicines	✓ Met this standard
Supporting workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Sense
Registered Manager	Mrs. Lee Granger
Overview of the service	The Manor House is located in the town of Market Deeping. It provides accommodation for six people who are aged between 18 and 65 and who have a sensory impairment, learning disability or autistic spectrum disorder. Five people live in the main house and one person lives in an adjoining flat.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or 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'.

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 19 December 2012, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We made two visits to the home as when we visited the home in the morning, all but one of the people who lived there were out at day care facilities. When we visited the home in the evening, all of the people were at home and we observed the dinner time period.

Two people who lived in the home were able to communicate with us and both told us they were happy living there. One person showed us their bedroom and we saw staff communicated with them well using sign language.

The atmosphere in the home was very relaxed and the people who lived there were involved in making decisions and running the home. Everyone led active lives and was involved in the local community. One person had a voluntary job at a local shop.

Everyone received person centred care and was well looked after. We spoke with three relatives of people who lived there and all said they had no concerns. One relative told us, "My daughter is very happy and safe there. The staff are absolutely wonderful."

Another relative told us, "He is very well looked after. His clothes and personal care always look clean. They give him the same care that I give him. The staff treat him with dignity and he is definitely safe."

One relative told us about how their son had moved into the home. They told us, "The staff provided a gradual introduction, they went at my sons pace and slowed it down when it got too much. It went really well and I know he is happy there."

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

Consent to care and treatment ✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

Most of the people who lived in the home did not have the capacity to give consent about the care they received. We looked at three people's care records and saw capacity assessments had been carried out and where decisions about their care needed to be made a best interest meeting had been held.

People were encouraged to make choices and decisions about day to day things like what they would like to eat, what they would like to wear and where they would like to go. People's choices, preferences and their ability to make decisions had been recorded in their care plan.

We saw each persons care plan had been formally reviewed annually and a half year review had also been carried out. We spoke with three relatives who all told us they had been involved in decision making and had been invited to attend their relatives review meeting.

We saw multi disciplinary teams were involved in making decisions and deciding behaviour management plans. Where people had to be deprived of their liberty in order to protect their safety, this had been done in the person's best interest and in accordance with the Mental Capacity Act 2005.

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

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

Two of the people who lived in the home were able to tell us they liked living there and they said they were well looked after. Everyone looked well cared for and staff were aware of people's individual needs. We saw the staff communicating with people who had a sensory impairment and this was suited to each person's individual needs.

We spoke with three relatives of people who lived there and asked them if they were happy with the care provided. One relative told us, "He is very well looked after. His clothes and personal care always look clean. They give him the same care that I give him. The staff treat him with dignity and he is definitely safe."

Another relative told us, "I was particularly impressed when my son had pains in his legs whilst visiting us at home. The staff came out here every evening to give him and us some support."

We asked a relative if the staff treated their son with dignity and respect. They told us, "Absolutely, his face lights up when he see's the staff after a home visit, he is always so pleased to see them."

We looked at the care records of three people. Each plan included a pen picture with a photo, details of the person's religious needs and preferences, medical information and their communication needs. The plan also included a detailed description of the person's needs and a risk assessment.

We saw a behavioural management plan had been put together by a multi disciplinary team. This ensured people's behaviours were managed in the least restrictive way and in the person's best interest. The staff told us they had been trained about how to deal with challenging behaviour. They also told us they were encouraged to give positive reassurance to people and did not use restraint unless it was absolutely necessary in order to protect the person's safety.

All of the people in the home, apart from one, attended day care facilities. We saw people were encouraged to be part of the community. One person had a voluntary job in a local shop. Other activities people attended included horse riding, evenings out at the local Mencap club and shopping trips.

Each person had a day at home where they were supported to do their household chores such as changing their bed clothes, washing and making the evening meal for everyone in the house. We saw the staff encouraged people to make choices and helped them to be independent.

People's health care needs were monitored and a health action plan was kept on their file. We saw people had access to health care services such as dentists, GP's and chiropodists.

Management of medicines ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the medication procedures and found them to be appropriately managed. The medications had been supplied by a local pharmacy each month. At the end of the month all medicines were returned and a new supply provided. This system reduced risks in relation to storing excess amounts of medications.

A copy of the medication administration and homely remedies procedure was displayed on the front of the cabinet where all medication was stored. The medication was stored safely in either a metal cabinet which was safely fixed to the wall or in the medication fridge. The fridge had a lock on it and the temperature of the fridge was regularly monitored and recorded.

People who lived the home attended day care services and there was a safe system in place for transporting medications and medication administration records between the day care service and the home.

We looked at the medication administration records (MAR) and saw they were properly completed. Where medication such as pain killers or creams were applied which were not regularly administered, a record had been made on the back of the MAR chart.

Only staff who had been adequately trained had been signed off as competent to administer medication. We saw staff attended regular reviews of their medication training in order to make sure their knowledge was up to date.

Supporting workers ✓ Met this standard

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

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We looked at the staff training and support records for three staff who worked in the home. We spoke with three staff who told us they had completed a lot of training and they felt they were fully supported by the management team. One member of staff told us, "I used to work for Sense a few years ago. I have since done other jobs but came back to Sense as it's a good organisation to work for. You get more training than anywhere else."

Staff had completed an comprehensive induction which included mandatory training such as moving and handling, food hygiene, fire safety, health and safety, first aid, equality and diversity and adult safeguarding. Other specialist courses such as sign language, dealing with challenging behaviour and a mini bus driver training course had been completed.

The staff we spoke with told us they received regular formal supervision and we saw records which confirmed this. Staff also attended monthly staff meetings where agenda items included; training, record keeping, health and safety issues and a discussion about each person living in the home and any changes to their care.

We spoke with a bank member of staff who told us they covered for staff whilst they were on annual leave and to cover sick leave. They told us they had received all the necessary training and received regular supervision and updates on each person's care needs.

The staff we spoke with also confirmed they have an annual appraisal in which their performance and training needs were discussed and recorded.

Complaints

✓ Met this standard

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available.Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Most of the people who lived in the home were not able to make a formal complaint however the home had systems in place to be able to monitor if the people who lived there were happy. A copy of the complaints procedure was given to relatives and social workers at the annual review meeting.

All of the relatives we spoke with told us they knew how to make a complaint. One person told us, "I have no complaints but if I did I would be able to speak with the manager. I know they would deal with it."

The service had not received any complaints since out last inspection in January 2012. A new complaints procedure had recently been introduced to all staff at the staff forum. Internal audits were also regularly carried out to make sure people were satisfied with the service.

The staff told us they knew when the people who lived there were unhappy with something as this would be picked up during observations and changes to the person's behaviour. They told us, "We know the people's needs very well and would act to make people feel happy, we know what people like and don't like."

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@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk