

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

## SENSE - 55 Shipdham Road

55 Shipdham Road, Toftwood, Dereham, NR19  
1JL

Tel: 01362694558

Date of Inspection: 21 May 2013

Date of Publication: June  
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

**Safeguarding people who use services from abuse**

✓ Met this standard

**Supporting workers**

✗ Action needed

**Records**

✓ Met this standard

## Details about this location

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

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*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

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### Why we carried out this inspection

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We carried out this inspection to check whether SENSE - 55 Shipdham Road had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Supporting workers
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 21 May 2013, talked with staff and reviewed information given to us by the provider.

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### What people told us and what we found

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We did not speak directly to people during this inspection. People using the service have complex needs and were unable to express their views clearly verbally. We listened to some interaction between staff and people using the service. This showed staff made efforts to communicate with people. We saw one person responding to a staff member by smiling. The standards we were following up allowed us to gather information by looking at records and speaking to staff rather than observing care.

The manager was aware of the importance of reporting any allegations of abuse promptly to the safeguarding team. She had undertaken some work with the staff team to ensure they were aware of expected conduct and the values the provider expected them to uphold.

We found that there had been improvements in the supervision and appraisal of staff so that they were supported to deliver care to people safely. However, some staff had still not received supervision. We also found that some staff had not received updates when their training had expired. This included some staff who had not received moving and handling training, which had been due for renewal more than two and a half years before our inspection. However, people were supported by a consistent, experienced and stable staff team.

We found that action had been taken to ensure people were not at risk of inappropriate care arising from inaccurate or conflicting records. This was because care plans had been reviewed and updated to ensure information was consistent and up to date.

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

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## **What we have told the provider to do**

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We have asked the provider to send us a report by 12 July 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

We have referred our findings to Local Authority: Commissioning. We will check to make sure that action is taken to meet the essential standards.

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.

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## **More information about the provider**

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Please see our website [www.cqc.org.uk](http://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

**Safeguarding people who use services from abuse** ✓ Met this standard

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

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### Our judgement

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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.

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### Reasons for our judgement

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The provider responded appropriately to any allegation of abuse. We concluded from our discussions with the manager and history of the service that an allegation of abuse would be reported to the safeguarding team promptly when she became aware of it. The manager was aware of the importance of this and ensuring that the service cooperated with any investigation the safeguarding team made.

The manager had also taken action to increase the awareness of staff about what might constitute abuse. This had focussed on the provider's "I" statements. These set out the values expected in relation to the conduct of staff for example, an undertaking that they would respect people.

We saw information about safeguarding posted in the storage room where staff accessed care plans and medication. This contained telephone numbers for line managers within the organisation who should be told about any allegations of abuse, including arrangements for contacting someone outside office hours for advice. It also contained the day time telephone number for a specialist safeguarding practitioner.

The provider may find it useful to note the following points. The information displayed did not contain the telephone number for the access and referral team staff could contact 'out of hours' to report abuse. The information also did not contain the contact details for the Care Quality Commission to whom staff can 'blow the whistle'. Training records indicated that all staff had safeguarding training when they were recruited. However, there was no record it had been updated for long standing staff to ensure they remained up to date about safeguarding arrangements with the local authority.

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

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## Our judgement

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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.

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## Reasons for our judgement

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When we inspected the service in August 2012, we had concerns that staff were not properly supported to deliver safe and appropriate care. This was because, although there was access for staff to attain qualifications, there were inadequate arrangements for appraisal and supervision. These were needed so that the work, performance and development needs of staff were discussed and addressed. We also found that training due for regular renewal, had not been updated. This included training in moving and handling.

After that inspection, the manager sent us an action plan showing how improvements would be made. The provider told us that this work had been completed in February 2013. When we followed this up we found that, although progress had been made, staff were still not receiving appropriate professional development.

The action plan told us that deputy managers would carry out 'observation supervision' for each staff member, starting in November 2012. This was to help ensure that staff were working safely and properly to support people. The provider told us that improvements had been completed in February 2013. At this inspection we were informed that this had happened for only two of the staff and found records of one of these.

Some staff had received a 'full' supervision with the manager but the majority of staff files seen had no records confirming this had taken place in line with the manager's action plan. The manager acknowledged to us that this had slipped. However, 'peer group' supervision had taken place in April for the staff team to discuss issues. Not all staff attended but those spoken with said that the feedback from this was that it was positive and useful and more sessions were planned. We could also see that staff received support and opportunities to discuss work in staff meetings. Minutes showed these generally took place every month.

The office diary confirmed that there was a schedule for regular supervisions to take place during the remainder of 2013. We also noted that the diary confirmed appraisal appointments had taken place for the majority of the staff team. This was supported by

electronic records showing who had received appraisal. We were also shown a number of questionnaires that staff completed as a 'self assessment' before their appraisals.

The manager had recorded reminders for herself of any that had been cancelled, why they were cancelled and that they needed to be rearranged. These had not been completed within the timescales given by the manager in her improvement plan. However, delivery of these was being monitored by a line manager's visits to assess the quality of the service.

As at our last inspection, we found that training had not always been updated promptly when it was needed, or in line with the provider's expectations.

We looked at electronic training records held on the provider's intranet for personnel monitoring purposes. We did this for over half of the staff working in the service as well as looking at 'paper' records held in the office. This was for a total of ten staff. Electronic records for four staff selected showed moving and handling training was up to two and a half years overdue for renewal and there was no other evidence in paper records that it had been delivered. One other staff member had no record of such training taking place.

However, one staff member who was overdue for training had received an 'observation supervision'. This recorded that they had used appropriate moving and handling techniques when they were supporting someone with their mobility. Electronic records for the other five staff we selected showed that their training had been renewed.

Staff spoken with said that they had training in food safety during their induction. This helped them to support people safely. However, for one staff member this had been 11 years previously.

The manager's information in a 'paper' training folder indicated that training in infection control was to be renewed annually. It was not included in the electronic records and the manager's paper list had no entries since December 2011. Staff spoken with could not recall formal training in infection control but did confirm that they had recently been given guidance, instruction and observation about proper hand washing techniques. This indicated that some staff training was ongoing but was not listed in their files.

Other training needing renewal had been updated. A list of training dates showed that staff had received updates in fire safety and this was confirmed by questionnaires they had completed. We also found in electronic records that staff had up to date training in first aid to help promote people's safety.

At our last inspection we found that three quarters of the staff were working towards qualifications in care. This meant that staff were able, from time to time, to obtain further relevant qualifications. As at our last inspection, we noted at this one, most of the staff had been working in the service for some time. Only one staff member had joined the team within the last year. People using the service had also done so for some time. This meant that people received support from staff who had got to know them well and understood their needs. It also meant that newer staff members worked alongside those who had more experience and so reduced the risk that a lack of formal training would adversely affect people.

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

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## **Our judgement**

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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.

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## **Reasons for our judgement**

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At our last inspection we had concerns that people were at risk because their records were poorly organised and not kept up to date. The provider's policies and procedures had not been kept up to date so that staff would be able to find information easily.

At this inspection we found that action had been taken to improve. People's personal records including medical records were accurate and fit for purpose. Records could be located promptly when needed.

We checked personal records for three people. These showed that all the information had been reviewed since our last inspection and updated where necessary. Records were dated when they were completed and others were dated to show they had been reviewed to ensure they were still appropriate. This included reviews of the assessments of risk to which people were exposed.

Records in care plans were organised in a manner that meant the information was accessible, with an index at the front of each file showing where staff could find information. We found the index was consistent with the information held in the records we looked at. We saw reports from two visits by a line manager to the service. These were from visits in March and April and were to monitor the quality of the service. These reports showed that a sample of care records for people using the service was checked at each visit to ensure they were being appropriately maintained.

The index to the policies and procedures files held in the office at the service had been updated, as had some of the guidance for staff. This meant that the provider could be more confident staff were relying on their latest guidance. At this inspection we found that guidance, for example about missing persons and using a hydrotherapy pool, had also been included in people's care records so that it could be updated when their individual reviews took place.

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	<b>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</b> <b>Supporting workers</b> <b>How the regulation was not being met:</b> 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 some staff had not received appropriate supervision. This was contrary to the manager's action plan timescales for achieving compliance. Regulation 23(1)(a)

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

The provider's report should be sent to us by 12 July 2013.

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, 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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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