

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

## SENSE Dereham Resource Centre

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1TE

Tel: 01362854153

Date of Inspection: 22 January 2014

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2014

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

<b>Consent to care and treatment</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Meeting nutritional needs</b>	✓	Met this standard
<b>Safeguarding people who use services from abuse</b>	✓	Met this standard
<b>Supporting workers</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	Sense
Registered Manager	Mrs. Fiona Blundell
Overview of the service	Sense Dereham Resource Centre is registered as a domiciliary care agency. The agency provides support to people in their own homes. People using the agency have some degree of sensory loss and learning disabilities. The aim of the organisation is to enable people to live as independently as possible.
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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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 announced 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 22 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff.

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### What people told us and what we found

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People told us that staff asked them what they wanted to do and that they were happy with their support. One said, "I tell them what I want doing." They told us how staff were supporting them to minimise stress so that they made better decisions. Where people found it difficult to communicate, we found they were offered items to choose from and that pictures were used to help them make decisions. Where they were not able to do so, the service followed a proper process for ensuring decisions were in the people's best interests. This showed the service was responsive to people's needs.

We found that people's needs, including risks, were assessed and staff had guidance about how to support people safely. People had a say in developing their own plans of care and one had been supported in making a DVD to show how their safety was promoted. Staff gave us information about people's needs which matched what was in their care plans. Staff also supported people with respect and at their own pace. People were comfortable and at ease with staff.

There were arrangements to ensure staff were reminded about reporting abuse and bad practice. They had training to support them in this. They also had access to a range of other training to support people effectively, as well as opportunities to discuss people's needs in staff meetings with their manager or with their peers. This helped show that people received safe care.

There were systems in place to ensure that the quality and safety of the service people received was checked. Where appropriate, actions for improvement were identified and followed up.

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

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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

### 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

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### Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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### Reasons for our judgement

We reviewed care records for four people using the service. These showed that people's abilities to make a variety of decisions were assessed. For example, people's ability to understand what their medicines were for and their capacity to understand the importance of taking them had been assessed. We viewed a DVD which had been compiled with one person showing where their medicines were stored, the cup they liked to use for water when they took them, and the support they needed from staff. This person told us how they had made this so that staff would know what help they needed.

People we spoke with told us how staff consulted them about the things they wanted to do and the support they needed. One person said, "I tell them what I want." One person was able to understand some information using braille. We noted that this was available within some parts of their information including their tenancy agreement and rules around this. This showed that efforts were made to ensure, as far as possible, the person was supported to understand important aspects of their 'care package'.

We found detailed records within care plans showing how people wished to be supported and specifying what staff needed to do. This showed that before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Where people had more complex needs we noted that there were assessments of their capacity to make decisions. We noted records had been made of discussions with others to show any decision made was in the person's best interests. A staff member confirmed to us they had training in the Mental Capacity Act to assist with this. They described how the process of assessing the person's abilities and best interests would involve other professionals and family members who knew the person well. This was confirmed from records we looked through.

We found that one person's care records included reference to involving an Independent Mental Capacity Advocate (IMCA). It was recognised that an IMCA may be needed if circumstances around a particular decision someone had made, changed in any way. This showed that where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

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

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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We reviewed four sets of care records in detail. We found that people's needs had been assessed and used to develop guidance for staff to follow about the support people needed. People who were able to tell us verbally, confirmed some of the information in their plans that we spoke to them about. This included their likes and dislikes, which were clearly recorded. We went through some of the information with the person concerned who told us it was right.

For one person who did not communicate verbally, we saw that staff supported them at their own pace to enter and leave a room, offering gentle encouragement with signing where this was needed. Another person was joining in a music session and laughing while staff 'danced' with them in their wheelchair. We noted that the four people being supported, whose plans we reviewed, reacted well to the staff supporting them.

One person told us about something that made them 'stressed' at times and how staff were helping to sort this out so that they would not be anxious about it. They recognised that sometimes the stress affected the way they made decisions and how staff were helping them to make wiser decisions by minimising the stress.

We could see that the advice of professionals, such as speech and language therapy, was included within plans so that staff knew how to support people safely with eating and drinking. We noted one concern that possibly indicated staff may not always be supporting the person in the way they required. However, this was explored immediately following our inspection and we received clarification that it was an issue about encouraging independence consistently rather than impacting upon the person's safety.

People's records included assessments of potential risks and how these were to be minimised. This included guidance for reducing risks to one person who may harm themselves due to their behaviour. This included using distraction techniques and keeping the person occupied and engaged. During our inspection we observed that staff remained with the person encouraging interaction. The person was calm and made no efforts to engage in the risky behaviour.

These things led us to conclude that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

The provider may find it useful to note that some information was not properly dated to show when it had been compiled or used, for example reports for review. We also found that one person's care plan included a section where it referred to the person by another service user's name. However, we found that the information was consistent with other aspects of their plan and concluded that this was an error. We saw that the four care plans we reviewed had been updated not long before our inspection. These were focussed on the essential standards we expect services to maintain.

**Food and drink should meet people's individual dietary needs**

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**Our judgement**

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The provider was meeting this standard.

People were protected from the risks of inadequate nutrition and dehydration.

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**Reasons for our judgement**

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We noted that people's care records held information about their nutrition, including their likes and dislikes, as well as the support they needed to eat and drink safely. Staff told us how one person was weighed in order to check they were receiving sufficient nutrition for their needs. They told us that they had to make alternative arrangements with the dietician's service for another person to be weighed as specialist equipment was required. They said they would recognise weight loss or gain in this person by the way they appeared and the fitting of their clothes so that they could be referred for advice promptly.

We saw that there was guidance within care plans, where appropriate. We read about foods to be avoided for people with swallowing difficulties and how people were to be positioned while they were eating and drinking. We saw the support or supervision that staff needed to offer for eating and drinking. We also noted in one care record, that there was guidance for the amount a person should be encouraged to drink.

One person told us about the things that they liked to eat. They said, "I'm vegetarian." They agreed with what we read from their care record about their nutrition and how staff helped them to plan their menus. Two people commented that some staff were "...very good cooks." For another person, staff told us they used recipe books with pictures to engage them in making choices. We also found that there were 'cue cards' available to support people making healthy choices about their food. One person who was not able to communicate verbally clearly showed that they recognised the cue cards, which we had been told were used with them in the past. This showed that people were provided with a choice of suitable and nutritious food and drink.

We noted that team meetings provided the opportunity for staff to discuss the needs of individuals, including how they were supported with their meal times.

We concluded that people were supported to be able to eat and drink sufficient amounts to meet their needs.

**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 used 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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We spoke with people using the service but their feedback did not relate to this outcome. However, two people did say they felt well treated by staff. They also told us that if they had any concerns these would be sorted out. They named two members of the management team they could go to.

We checked this outcome because we knew that, in the past, there was a delay in staff raising concerns. We were informed that part of the response to this had been to reissue guidance for all staff. This was to ensure they were clear about how to raise concerns on potential abuse, and were clear about blowing the whistle on bad practice. We noted that each staff member had been issued with a memorandum about these issues that reminded them of their obligation to report any concerns promptly.

The provider may find it useful to note that, although discussed in meetings, some individual staff members had not signed to say they read and understood the memorandum issued in August 2013. We noted that the memorandum did not include telephone numbers for staff to report abuse (inside and outside the service), or telephone numbers for blowing the whistle on poor practice. However, the service manager confirmed for us that they had checked within people's homes and found that all staff had access to the relevant information and contact numbers. The actions required by staff had also been raised at team meetings based on records seen.

We know from the history of the service that any allegations of abuse were appropriately responded to and that the provider cooperated with members of the local safeguarding team.

We reviewed training records and noted that staff had access to training in both recognising and responding to abuse and in whistleblowing. A staff member also confirmed the recent discussions about appropriate use of social media websites. They were able to tell us about the kinds of issues that might lead them to suspect someone was being abused and also about their obligations to report it.

We noted that from time to time, the line manager for the service included financial checks in the regular monitoring visits. This helped ensure people were protected from misuse or misappropriation of their monies.

We concluded that people who used 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.

**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 meeting this standard.

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

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## **Reasons for our judgement**

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We spoke with people using the service but their feedback did not directly relate to this outcome. However, people told us they liked the staff who worked with them. One person was looking forward to being involved in interviewing new staff in the future.

We checked the provider's expectations for supervision and appraisal of staff. This showed that staff should meet with their manager to discuss their work once every six to ten weeks. Our conclusion from checking records was that this did not consistently happen for all staff. For example, one person had supervision recorded in June 2013. It was intended, based on records seen, that a further session would be completed in August but this had not happened. Their next recorded session was in October.

However, we concluded there was evidence that staff met with their manager, had access to team meetings for support and that occasional 'peer meetings' took place. Records of these meetings showed that staff raised issues to do with the care of individuals using the service. This would ensure they were up to date regarding the support people needed and that they were consistent in way they delivered care.

We also found that some staff had been videoed during their work with people (with the permission of both parties) so that this could be used to reflect on their practice. The provider may find it useful to note that, in relation to two of these, there were no notes supporting how the video had been used to discuss and evaluate the work that staff had done during these videos.

In the absence of the registered manager, we discussed the gaps in supervision and support with the line manager for the service. We concluded from their reports and our discussions, that the manager was aware of the shortfalls. We could see from a wall planner and monitoring arrangements that there was a plan in place to ensure that supervision became more consistent for staff and was more consistently delivered.

Staff told us that they did feel they had access to support from more senior staff, if this was required.

We noted that staff records contained information showing the training that staff had completed and when time limited training was due to expire. This showed that staff had access to a range of both mandatory training and training to help them meet specialist needs. For example, mandatory training included moving and handling, first aid, medication and safeguarding. In addition, staff had access to training in communication, diversity and sexuality. We could see from records and discussion held that additional checks were put in place for monitoring staff support if more support was required.

Staff spoken with demonstrated that they understood the needs of the people they were supporting. We concluded that staff received appropriate professional development.

## 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

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### Our judgement

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The provider was meeting this standard.

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

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### Reasons for our judgement

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It was clear from our discussions with people and also through observation, that people using the service recognised members of the management team. This showed us that the line manager for the service maintained an active role in monitoring it and ensuring they were accessible to people using it. People named the line manager and registered manager as people to go to if they had complaints.

We reviewed the reports compiled by the service manager in monitoring the quality of the service. These showed that a range of areas were checked over time to ensure that people received a good quality service and to identify where improvements were needed.

We found that people were asked for their views (or their experiences were observed) as part of these monitoring visits to form a view about the quality of the service they received. The audit reports showed that people were last visited in their own homes during January for the purposes of checking the service and that these visits took place regularly. We found that checks included a review of records to ensure they were up to date, checking people's person centred plans, ensuring that people had access to local support networks and social opportunities. There was also observation of the way staff interacted with people within their own homes. Where appropriate, there were actions identified for improvement, together with deadlines, so that these could be followed up at subsequent visits.

Relatives and care managers were also consulted as part of the reviewing process regarding people's needs. The line manager for the service was considering plans for formalising the process and carrying out additional 'general' surveys rather than simply relying on comments made in relation to specific aspects of care at reviews.

We concluded that, although not a formal process, people who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on.

## 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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