

*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: 14 September 2013

Date of Publication: October 2013

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

<b>Respecting and involving people who use services</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>Safety and suitability of premises</b>	✓	Met this standard
<b>Requirements relating to workers</b>	✓	Met this standard
<b>Records</b>	✓	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 seven people who are aged between 18 and 65 and who have a sensory impairment, learning disability or autistic spectrum disorder. Six 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

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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 unannounced inspection.

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### How we carried out this inspection

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We carried out a visit on 14 September 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with staff. We 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 used a number of different ways to help us understand the experiences of people who used the service. This was because some people had complex needs which meant they were not able to tell us about their experiences.

We saw people who lived in the home experienced individual care and support from staff who respected their privacy and dignity and supported people to promote their independence. Staff understood each person's way of communicating their needs and wishes. They supported them to make choices and decisions about their lifestyles wherever they could do so.

We found people were supported to have a varied and nutritious diet which took into account personal preferences and choices.

The home was clean, tidy and well maintained and provided people with a comfortable and homely environment. Where any safety risks were identified we were told how these were being addressed. Bedrooms were individually furnished and decorated according to people's individual preferences.

There was a thorough staff recruitment procedure in place to keep people safe. New staff followed an induction training programme so that they had the relevant skills and knowledge to confidently support people.

Records we checked were well maintained and stored safely. Care plans were detailed and person centred. They were available for staff to refer to as needed to ensure they understood the individual care each person needed.

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

**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

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### Our judgement

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The provider was meeting this standard.

People's privacy, dignity and independence were respected.

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### Reasons for our judgement

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We were unable to gain people's views in depth about this outcome as they had very individual communication needs. However, we saw staff were polite and considerate when communicating with people and people's independence was promoted in different ways. We saw, for example people were able to help themselves to drinks and be involved in independent living activities such as washing up with staff assisting.

We checked two people's care records and both contained detailed information, which showed ways in which people's privacy, dignity and rights were respected. We saw in each person's daily log, reference had been made to people having choices. We saw for example, people had had a choice as to whether they had a bath or shower and what clothes they wore. We saw staff communicated with people in different ways such as sign language and 'hand over hand' as well as verbally according to people's individual communication needs.

We saw information about the service could be provided in other formats such as braille, audio, large print or enlarged digitally printed information, so that it was more easily understood.

Records showed assessments had been carried out where people were unable to make decisions themselves. These had involved other significant people such as relatives and other professionals, to make sure any decisions made were in people's best interests and did not deprive them of their liberty. Staff gave us examples of how they tried to involve people in making their own life choices such as holidays and we saw photographs were displayed of the different holidays people had chosen this year. Staff told us they also observed people's behaviour to give some indication as to people's agreement or otherwise with any decisions made.

Bedrooms and bathrooms we saw had locks fitted for people to use if they chose to and there was a lounge and office area for people to see visitors in private if they wished.

**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 were unable to gain people's views about this outcome as they had very individual communication needs; however we saw staff provided individual support to people, which reflected the needs and support identified in their care plan.

Both care plans checked on this occasion contained detailed information about people's needs and how to meet them. Records showed care was being reviewed regularly and where possible, people were involved in meetings about their care along with other professionals and family members.

Records included important information about each person. For example, medical and health needs were recorded as were people's specific preferences for the way care was delivered. Care records also included information about people's recreational and social interests and cultural needs.

Staff had a good knowledge of the people whose care we were following on this occasion, which reflected the information contained in the care records. We saw staff provided support to people when needed, for example, to move around the home from room to room.

Care plans contained a range of detailed information about people such as their health, social, recreational, behavioural, communication and personal care needs. Where needed, we saw risk assessments were in place for matters such as using transport, walking up and down stairs, accessing the community, personal care and participating in independent living activities.

Records checked showed people were able to take part in various activities in the community such as visiting pubs, attending day centres and going on holidays of their choice. Photographs around the home also confirmed this.

**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 were unable to gain people's views about this outcome group. However, we saw people had food and drink choices offered to them at lunchtime and were supported appropriately by staff to have their meal.

We spent time observing the meal time routine, and checked a sample of records of the meals provided. Staff told us each person takes turns in choosing the evening meal. Should this be something that other people did not like, alternatives were offered. From the records we checked we saw people had been offered choices and the meals provided were varied and nutritious and took account of people's individual preferences. For example, a staff member mentioned one person particularly enjoyed spicy food.

Care records checked showed people's individual food preferences and whether they had any specific dietary requirements and these were known by staff. We saw people being offered alternatives at the lunchtime meal. We saw for desert two people chose to have a piece of fruit of their choice whilst one chose to have some chocolate.

We saw one person did not have their meal with other people. Staff said this was because the person preferred to have their meals in private after the others had finished. We also saw people were free to help themselves to drinks from the cupboard. Where people needed assistance from staff with their meals this was provided in a sensitive way.

Care records also included information about people's individual nutritional needs and how they should be managed. We saw for example, a person who was at risk of choking had a staff member sit beside them at lunchtime.

Both staff we spoke with said they had had food hygiene training and records were in place to support this.

**People should be cared for in safe and accessible surroundings that support their health and welfare**

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**Our judgement**

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The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

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**Reasons for our judgement**

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We were unable to gain people's views about this outcome group, but we saw they were able to move around the home freely when they wished. We visited the bedrooms of three people, checked the lounges, laundry, bathrooms, toilets and the kitchen and dining area.

All areas we saw were clean and tidy. The manager said all bedrooms had been redecorated and those we saw were well maintained and personalised. We saw rooms had been furnished according to people's individual needs. For example, a downstairs room had been changed into bedroom accommodation for a person who could no longer access an upstairs room.

Communal rooms such as lounges and bathrooms were comfortably furnished.

We saw records were in place to show when specific areas had been cleaned. Separate cleaning staff were not employed. This task was undertaken by care staff; however all said there was sufficient time to do so. Staff also described how people in the home were supported to clean their own rooms and take their clothes to the laundry to increase their independence.

Cleaning materials were stored appropriately in a locked cabinet, with the exception of fabric conditioner which was in an unlocked laundry room, accessible to people living at the home. This item was removed by a staff member at the time of the visit. The manager also confirmed the manner for dispensing laundry powder and fabric conditioner was changing to an automatic dispenser. The provider may wish to note systems should be in place to ensure cleaning agents are always stored safely.

We saw risk assessments were in place in relation to possible hazards the environment posed to people and where needed records clearly recorded and decisions made on behalf of people to ensure they were safe.

We saw records were in place to show regular checks on the environment had been carried out, such as tests of the fire alarm and fire fighting equipment. Records were also in place to show moving and handling equipment had been serviced in July 2013.

We saw the fire safety officer had visited in December 2012 and raised some issues. The manager confirmed all matters that could be addressed had been. She said there was one matter outstanding related to a window which needed to be changed to fire resistant glass. She said this was in the process of being attended to and had been given a timescale of six months in which to achieve it. The fire officer had revisited recently and had not raised any other issues.

## Requirements relating to workers

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

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### Reasons for our judgement

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We observed staff supported people when needed. Two staff were available to provide support to a person with more complex needs. We saw people received prompt attention from staff and this was provided in a caring way, which respected people's dignity.

We talked with three staff members on duty, two who had been recently employed. All had a good understanding of the needs of people living at the home. Staff told us about the training they had had. This included a range of subjects such as fire safety, safeguarding vulnerable adults, administration of medicines, food safety and nutrition and deaf/blind awareness and first aid.

There were six people present at the home on the day of our visit. We looked at the staff rota for the week prior to and including the day of the visit. This showed there was always a minimum of five staff on duty during the day and two at night.

We spoke with two staff about their recruitment. They both said they had completed an application form and medical questionnaire, attended an interview and had not started their employment until the organisation had received satisfactory information in relation to their suitability to work with vulnerable adults.

We asked to see the records of two recently employed staff to demonstrate the recruitment process was satisfactory. Whilst some information was available at the home, the manager told us some was held at the organisation's human resources department. Following this visit satisfactory information was provided to show two personal references were obtained as well as Disclosure and Barring Service (DBS) checks (previously criminal record bureau checks) for both staff we asked about.

**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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We checked a sample of records, which the service are required to keep by law in order people are kept safe. This included the care records of two people, employment records of two staff, the services statement of purpose, records of meals provided and records of any complaints received.

With the exception of staff recruitment records which were held within the human resources department of the organisation, all were made available on the day of the visit. Records to demonstrate a satisfactory recruitment process had taken place, (comments which were confirmed by staff who had recently been employed), were provided after the visit.

We saw personal records were kept securely in a fireproof cabinet. They were accessible for staff to refer to if needed. Staff confirmed care records were available for them to contribute to and they could refer to policies and procedures of the service if needed. We saw daily records were made of any significant events or of the care given to each person, which had been signed by the staff member who completed them. This meant that any new staff could have a good understanding of people's needs and how to meet them.

Staff spoken with were aware of people's rights to see their own records if they wished and of confidentiality procedures. A staff member told us, one person liked to look at their daily records. The staff member was aware of the person's right to do so. Staff said, as part of their induction training programme they had had specific time to read policies and procedures and care records.

Some records were also stored electronically. These were also kept securely, being password protected to prevent any unauthorised person accessing them.

Although we were unable to obtain the views of the people who lived at the home about this outcome, we saw where possible people had been involved in any reviews of their care as had other significant people such as relatives and social workers. Clear records were kept of who had attended reviews.

Care records were well maintained and contained detailed information about people's care needs.

## 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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