Robert Owen Communities

Domiciliary Care East Devon

Inspection report

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Ratings

Overall rating for this service	Outstanding ☆
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Outstanding ☆

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The inspection was announced; we told the provider two days before that we would be coming. This was to ensure the registered manager was available when we visited the agency's office and so we could arrange to visit some people in their own homes to hear about their experiences of the service. This was the first inspection since the service was registered at this location.

Domiciliary Care East Devon is a domiciliary care service for adults, the provider is Robert Owen Communities, a Devon and Cornwall based organisation that supports people with learning disabilities. It provides support for 30 people with personal care needs in the Honiton, Exmouth and Exeter areas of Devon. This includes people with learning disabilities, mental health problems, sensory and physical disabilities. The service ranges from a few support hours several times a week, to 24 hour

Summary of findings

support for some people in supported living settings. A supported living service is one where people live in their own home and receive care and support in order to promote their independence. People have tenancy agreements with a landlord and a separate agreement to receive their care and support from the domiciliary care agency. As the housing and care arrangements are entirely separate, people can choose to change their care provider without losing their home.

We visited two supported living settings, and people who lived there had their own rooms and shared other parts of the house. We also visited a person with personal care needs who lived independently that staff supported several times a week.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People were at the heart of the service, which was organised to suit their individual needs and aspirations. People's achievements were celebrated and their views were sought and acted on. People were supported by staff that were compassionate and treated them with dignity and respect. Staff were trained to use a range of communication tools suitable to enable the people they supported to express their needs and wishes.

People were active members of their local community and led busy and fulfilling lives. There was evidence of positive outcomes for people, and that people had progressed over time, gained new skills and increased their independence. People were enabled through positive risk taking, to challenge themselves to achieve. Staff were supported to challenge practice and to experiment and try different approaches with people.

There was strong leadership which put people first, set high expectations for staff and led by example. The service had an open culture, a clear vision and values, which were put into practice. Staff were proud to work for the service and felt valued for their work. A positive culture was demonstrated by the attitudes of staff and management when we talked with them about how they supported people. Many of the staff we met had worked in the service for a long time, knew people well and had developed deep and meaningful relationships with each person they supported.

People benefitted from a service that was committed to continuous learning and improvement. Staff were enabled to become skilled practitioners through a system of induction, training, and continual professional development. The registered manager promoted evidence based practice and encouraged staff to reflect on their practice through regular supervision and appraisal, team meetings and mentorship. Practice took account of local and national guidance about effective care.

Staff were encouraged to raise concerns and report incidents. Incidents were used as opportunities to review what worked well for each person and what needed to be changed. Staff were confident and knew how to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest.

The service worked in partnership with other organisations in creative and innovative ways to improve people's independence and enable them to lead busy and fulfilling lives. This included working with a variety of organisations to gain opportunities for people to get work experience and gain employment.

The provider had robust quality monitoring systems to monitor the quality of care. Continuous improvement plans were in place which identified the staff responsible, set deadlines and were regularly monitored and reviewed.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The provider used good practice tools to promote people's safety and reduce their risk of abuse. People told us they felt safe, at home and in the community. They were encouraged to go out independently, if appropriate, and knew what to do if they were worried.

People were enabled to take risks as part of their development in order to lead more fulfilling lives and the service managed risk in positive ways. Staff knew people well, and were proactive in reducing risk and promoting each person's safety. Staff were encouraged to raise concerns and challenge practice when they felt people were at risk and positive action was taken in response.

Staff were confident in making sure, people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected so that decisions were made were in their best interest.

Is the service effective?

Good

The service was effective. People made decisions about their care and treatment. They were supported to have a healthy lifestyle and accessed to a wide range of healthcare services relevant to their health care needs. Staff were experienced and recognised when people's health deteriorated and sought advice appropriately. Staff confidently made use of the Mental Capacity Act 2005 and other legislation so that people's human and legal rights were upheld.

People were supported by staff that undertook a wide range of relevant training. Training was based on best practice evidence based of what works well so staff had most up to date knowledge to support their practice. Staff were supported through regular supervision to reflect on their practice and a coaching and mentorship scheme helped their career progression. The service had an Investors in People award in recognition of good employment practices.

Is the service caring?

Outstanding

The service was caring. People who used the service, relatives and health and social care professionals were positive about the service and the way staff treated the people they supported. The service used good practice tools to support and involve people in achieving their goals and objectives.

People and staff had high expectations of what each person could achieve and showed determination to succeed. People's achievements were celebrated and inspired others to achieve.

People were supported to express their views in a variety of ways appropriate to their individual communication skills and abilities and actions were taken in response. Staff skills, hobbies and interests were matched with the interests of the people they supported.

Summary of findings

Is the service responsive?

Good 

The service was responsive. People's care was based around their individual needs and aspirations. The service had creative ways of ensuring people led fulfilling lives. People were supported to make choices and have control of their lives.

People were consulted and involved in the running of the service, their views were sought and acted on. People were encouraged to make friends, learn new skills and be involved in their local community, as well as to get work experience and employment.

Is the service well-led?

Outstanding 

The service was well led. There was a positive culture in the service, the management team provided strong leadership and led by example. Staff worked as a team and the provider had clear values which they promoted to staff. Staff were encouraged to challenge and question practice and supported to change things that weren't working well and try new approaches with people. The service followed local and national best practice standards.

The provider worked proactively in partnership with other organisations for the benefit of the people they supported. They had robust quality monitoring arrangements through which they monitored the quality of people's care and continuously improved the service. People were involved in monitoring the quality of the service provided.

Domiciliary Care East Devon

Detailed findings

Background to this inspection

An inspector visited Domiciliary Care East Devon on 07, 10 and 11 of July 2014.

This was the first inspection since the provider registered this location in July 2013, although the service was well established and had previously been managed from another location. We reviewed the Provider Information Record (PIR) before the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern. We also reviewed other information we held about the agency, including any notifications we had received. A notification is information about important events which the service is required to send us by law.

We met one person at home and 10 people in two supported living settings and spoke with two relatives. In the supported living settings we visited, people had their own rooms and shared a kitchen, dining room and lounge. We spoke with nine staff and observed people's interactions with staff in the services we visited. We visited the agency's office in Exeter and spoke with the registered manager and the regional manager. We looked at four people's care records, four staff records, and at the office systems for monitoring the quality of the service. We contacted local authority commissioners of the service and other health and social care professionals to obtain their views about the agency and received feedback from four of them. We also obtained feedback from two lay advocates that worked with people.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People reported feeling safe at home and when in the community, and staff said people were well known locally and could access support, if needed, when they were out alone. People were encouraged to go out independently, and to use public transport. Some people stayed at home alone for short periods, if they were happy and safe to do so. One person said, "I feel safe and secure" and told us they would go and ask for help in a shop if they got lost when they were out alone. Another person said they would walk away if anyone upset or frightened them and would tell a member of staff. A third person said they found money a problem sometimes and how staff helped them to "keep on top of things".

The provider's risk management policies and procedures showed the ethos of the service was to support people to have as much freedom of choice in their lives as possible. Staff understood people needed to be exposed to some risks as part of their development as long as individuals, others or staff were not put at unacceptable risk. Staff meeting minutes showed the registered manager empowered people in positive risk taking by providing staff with direction and support to weigh up the risks and benefits and balance people's wishes with the need to keep them safe.

People were enabled to lead more fulfilling lives by staff that supported them to take risks. A person with epilepsy had learned to use the bus independently. To begin with, the person and their relative had been anxious but the person decided they wanted to take that risk it to gain their independence and now travelled alone by bus regularly. Another person travelled by taxi to a day centre, which they felt confident to do so because as they had got to know the taxi driver, who drove them each week. People's risk assessments were developed with them, highlighted any risks and showed how they had been supported to reduce them. They were reviewed and updated as needed and changes were discussed with the person and agreed.

The service used a 'Keeping safe' pack, which provided people with information in pictorial, easy read and sign and write format about what keeping safe means. It included individual rights, personal safety, types of abuse, bullying and how to raise concerns, including talking to the police and tips for using public transport. The pack also included a 'safe place' card so each person could carry their details and emergency contacts. Staff confirmed each person took their emergency contact details with them when they went out, either in their phone or on a card.

Staff promoted people's personal safety and were aware of situations which might be unsafe for a person. For example, one staff member said a person had a tendency to talk to strangers when they went out and they reminded the person not to do this and explained why it was not safe. Another staff member had taught the person how to cross the road so the person knew they could only cross safely when the 'green man' was displayed.

In the Provider Information Return (PIR) the service provided an example of how a person had been enabled by staff to travel long distance by train to visit their relatives. This was achieved through staff teaching the person to follow a detailed travel itinerary. Staff showed them how to change trains, and discussed with them what to do if they got on the wrong train, such as telling the train manager and phoning for help. Over time, the person gradually gained confidence and now travelled the long distance journey home independently. The person's risk assessment showed the measures taken to reduce risks such as making sure the person's mobile phone was fully charged before they set off and included up to date emergency contact details.

The provider had safeguarding policies and procedures, and staff were trained about the different types of abuse. Staff understood the signs of abuse, and how to report concerns within the service and to other agencies. Concerns about abuse were appropriately reported, and actions taken to protect people.

Accident/incidents and near misses were reported in detail which included any triggers and immediate actions taken. Where incidents were more serious, staff contacted senior staff immediately for advice and support, including out of hours. All reports were reviewed by the registered manager who took any further actions needed to reduce risks. Staff confirmed incidents were discussed at their monthly staff meeting, to identify any triggers and explore how staff could enable people to reduce the recurrence of incidents.

Staff supported people with behaviours that challenged the service in a way, which respected their dignity and protected their rights. Staff were trained in managing challenging behaviours. For example, a staff member

Good

Is the service safe?

described how they knew when a person was becoming upset and how they managed this, which was in accordance with the information in their care records. This person had a detailed behaviour management plan, which had been agreed with the person and their relative, so that staff had the information needed to manage them in a consistent way. A social care professional told us they were really impressed with how well the service had managed to support a person, whose behaviours were very challenging at times. Another care professional commented on how staff had supported a third person to manage their anger and frustration so the person had become calmer as a result. This showed staff were proactive and intervened quickly to distract the person which prevented them getting too upset.

Staff were confident about how to use the Mental Capacity Act (2005) to make sure people, who did not have the mental capacity to make decisions for themselves, had their legal rights protected. For example, staff reported concerns about suspected online abuse for a person who used internet and social media sites. The registered manager contacted the local authority safeguarding team and worked with them to agree how best to manage this risk. A mental capacity assessment was undertaken with the person, which showed they did not have capacity to fully understand the risks they were taking online.

The person, relatives, support staff and external professionals were involved in discussions and agreed staff needed to supervise the person when they accessed the internet in their 'best interest' to keep them safe. This decision was documented in detail in the person's care records and communicated to all the staff that supported them. Staff reported they were vigilant and remained in the person's vicinity when they were using the internet and regularly reminded them not to talk to strangers online. This showed the person was supported to continue using the internet safely with additional support.

The service had robust recruitment procedures in place. People were involved in meeting candidates, and provided feedback about which candidates they liked best. People confirmed they felt safe and well supported by staff and each supported living household had a dedicated team of staff that people had developed positive relationships with over a period of time. The service used relief staff to cover staff absence due to sickness or holiday, which meant people were supported by staff they knew and agency staff were rarely used. The registered manager monitored people's support hours closely to ensure people received the support required to meet their needs and keep them safe.

People received their medicines safely and were encouraged to take responsibility for their own medicines, according to their ability. Staff told us they were supporting a person to become more independent with their medicines. The person had progressed to getting their tablet out of the packet, putting it in their mouth, and checked it with staff before they swallowed it. Each person's individual assessment showed the support they needed to take their medicines, and information about medicines was provided to each person in a format suited to their needs. People kept their own medicines securely in their bedroom. Care records had detailed information about each medicine, what it was for, times of administration, dosage and any side effects. Staff were trained and competent to support people who needed help with their medicines, which included how to administer emergency rescue medicine for people with epilepsy.

Good

Is the service effective?

Our findings

People received care from experienced staff that knew people well, and promoted each person to have a good quality of life. Staff had built strong relationships with people and challenged them to achieve as much as possible. One staff member said, “Staff have gained confidence to support people to do what is best for them”. Another member of staff, talking about a person they supported said, "The more responsibility we give him, the stronger he becomes". One person said, “I’m very happy”, another said, “Staff are very friendly, they help me when I need it”. Relatives reported each person was happy and settled, one said how supportive staff had been when the person suffered bereavement, they said, “Staff have been wonderful with her”. Another relative said, “I think he is doing really well and is more independent”.

Health and social care professionals spoke about how much progress each person had made and how impressed they were with what staff had supported people to achieve. For example, one person had learnt to eat independently using adapted cutlery and staff had taught another person to use the toilet regularly, which had improved their continence and quality of life.

Each person had a copy of their agreement with the agency and knew they had choices about which agency delivered their care. Where there were any relationship difficulties, people exercised choice about who supported them. For example, one person told us how previously they weren’t happy about a member of staff who supported them because they didn’t find them very friendly. They told the team leader about their concerns and, as a result, the member of staff no longer supported them.

Staff confidently made use of the Mental Capacity Act 2005 and other legislation and involved people in decisions about their care so that their human and legal rights were upheld. For example, the registered manager told us about how they were involved in supporting a person and staff recently in relation to the person’s capacity to make an informed choice about intimate relationships. They told us how they had spoken with other health and social care professionals and researched all the relevant legislation in relation to this. This resulted in involving the person, family and other professionals in a ‘best interest’ decision about the person’s contraception and sexual health.

People were supported to keep healthy, eat a balanced diet and make healthy living choices. One person told us about how they were trying to eat more healthily, take more exercise and had lost weight. They showed us their care plan which showed how they were achieving this. The person had collected a range of healthy eating information leaflets which gave them ideas about healthy foods. They explained how they checked the food labels in the supermarket with staff support when they went shopping to make sure they chose healthier options. They said they had reduced their portion sizes and had given up chocolate but had a low sugar hot chocolate drink instead, for an occasional sweet treat. In that household, staff said they and others who lived there had joined the person in their healthy living campaign which had supported and encouraged them.

The provider ran a service called ROC Active, which encouraged people to improve their health and keep active through providing sporting activities such as volleyball, badminton, swimming and individual gym training. Several people’s weekly plans included going to ROC Active, one person’s care plan included pictures of them at the gym and another person told us they enjoyed going swimming each week. Staff explained how regular exercise, in addition to improving each person’s fitness, also helped people with their emotional wellbeing.

Before the service commenced each person’s individual care needs were assessed to check what care and support they wanted and needed. People were involved in creating detailed care records about them, which were updated regularly, so that staff had all the information they needed to support each person. Staff had a detailed knowledge of each person’s health care needs, recognised changes in people’s health and sought health professional advice appropriately. For example, one person had a mental health condition which made them prone to mood swings. Their care records included information about signs which might indicate the person was becoming unwell. Staff told us how the person had recently been unwell and how they had recognised this by the changes in the person’s behaviour. They contacted the person’s mental health team for advice and followed that advice and said they were feeling much better now.

People were supported by staff to maintain their health and attended regular health appointments with their GP, dentist, optician and other specialist’s. Each person

Good

Is the service effective?

recorded any health appointments in their own diary. Where people needed assistance to communicate with a health professional, this was provided. For example, a British Sign language interpreter with advanced skills was booked to support a deaf person to visit their GP.

The service had arrangements in place to support people in an emergency. A 'hospital passport' was available for each person which provided key information about them so hospital staff would need in order to care for them. Where people had medical conditions, such as epilepsy, detailed protocols were available and staff were trained to use emergency medicines to manage prolonged fits. When a person who lived alone broke their arm, they told us staff gave them extra support with their personal care which meant they didn't have to stay in hospital.

Each person's nutritional needs and preferences were discussed with them and included in their care record. For example, one person only ate organic vegetarian food which staff supported them to buy and cook. The service used good practice tools to assess any nutritional risks and supported people to stay in a healthy weight range and where needed, the person's weight was monitored regularly. Staff told us how another person needed regular drinks to prevent dehydration which was particularly dangerous for them because of their medical condition. Staff described the external signs they would look out for which might indicate the person was becoming dehydrated, which were also detailed in their health care records.

People made their own decisions about meals they wished to eat. In one household, people had a weekly meeting to plan meals for the week and had decided to contribute money to a 'kitty' to eat their main meal together. They consulted cookery books for ideas and each person chose a favourite meal and they compiled a shopping list, to do the food shopping. Where people chose to share an evening meal, people's likes and dislikes were accommodated by careful planning. For example, one person didn't like curry, so, other people cooked curry for dinner on the evening the person went to visit relatives for the night.

Staff prompted people to adopt good housekeeping principles, for example, the "Working in our home" guidance, said, "We always check what we already have in the cupboards, fridge and freezer and try to use these up first". Staff also described how they promoted people to achieve a balance between healthier meals and convenience foods or such as chips and pizza.

The provider had achieved Investors in People good practice award, in recognition of their positive employment practices. Staff were proud and enthusiastic about their work and spoke positively about the opportunities for training, development and support. People's needs were met consistently by staff that had the right competencies, knowledge, skills, experience, attitudes and behaviours.

The service had a comprehensive programme of staff training. A training matrix showed the training all staff were required to undertake to meet the needs of people they supported such as safeguarding, Mental Capacity Act, first aid, fire safety and moving and handling training. In addition, staff undertook additional training to meet people's specific support needs, such as autism, epilepsy and managing challenging behaviour training. Most staff had qualifications in care and had opportunities for career progression.

New staff undertook a detailed induction programme in accordance with the requirements of national good practice induction standards. They had a lengthy probationary period and were regularly assessed to check they had the right skills and attitudes for the people they supported. Staff received regular individual appraisals through which they discussed people's care and through individual training and development needs were identified. Staff also had regular opportunities to meet, reflect on their practice and identify ways to improve the service provided for each person they supported. The service used a mentorship and coaching scheme to help support individual staff pursue their career ambitions. Two staff, at different stages in their career, were participating in the scheme, which they said they found helpful, and one of them had recently applied for a more senior role.

Outstanding ☆

Is the service caring?

Our findings

People and relatives spoke positively about staff and said they listened and treated people with dignity and respect. One person said, "Staff are all friendly, they help me to go shopping", another said, "Staff help me to plan ahead, it's nice to know we have support". One relative said, "The support workers are brilliant, (the person) has gained confidence because she knows she will be listened to." People expressed their views and were actively involved in making decisions about their lives. Lay advocates told us how the service involved them in supporting people to express their views when decisions were being made about their future. For example, in supporting a person to choose a new place to live. One advocate said, "I think they do well, I have visited three clients, and people are happy". A social care professional said, "People are very happy with the service and have developed good relationships with staff".

In one household, people and staff sat around the kitchen table having a coffee, chatting and laughing together. The atmosphere was relaxed and friendly, and everyone was included in the conversation. Staff encouraged people to tell us about their achievements, and to show us their care plans and photographs and tell us about them. Staff listened attentively to what people had to say, demonstrated positive regard for each person and supported them at a pace and in a way that suited them. Staff spoke with pride about the people they supported, one said, "It's a privilege" and another said, "I feel I make a difference". One member of staff said, "These guys have a fantastic quality of life".

The provider used person centred plans and life maps, good practice tools to support and involve people to make decisions and to help people set their own goals and objectives. These tools helped individuals to highlight what was important to them and identify any barriers they faced to achieving a good life. People were encouraged to identify family, friends and other who were closely involved with helping the person, known as people's 'Circles of support'. Each person was encouraged to think about the various aspects of their life such as home, health, relationships, fun/leisure, work, religion/spirituality, communication, travel and money. From this, a 'steps, milestones and goals' approach was used to help people identify further goals in any particular area and the steps they needed to take to achieve them.

For example, one person had recently achieved their goal of becoming confirmed in the Church of England. They showed us their person centred plan which identified the steps they had taken to achieve this goal. They told us how they attended weekly meetings with the vicar to receive their religious instruction. Also, how they planned for the ceremony and prepared the celebration party for family and friends with staff support. We saw pictures of them on the day of their confirmation looking happy and proud, surrounded by family, friends and staff.

Staff were trained to use this person centred approach and had to create their own person centred profile. They said they found this approach really helpful in learning how to enable people to develop their person centred plans. Staff profiles were used to match staff skills, hobbies and interests with the people they supported.

People were encouraged to manage their own personal care and staff only helped with aspects the person couldn't manage. Information for people was provided in a variety of formats suited to individual people's communication needs, such as easy read which included symbols and pictures. Staff told us how one person had their own signs and what they meant and we saw people and staff used some simple signs when they were chatting to them. The provider told us they were working with a local college to support a deaf person to use voice activated software so they could buy their own bus ticket and travel more independently.

An independent lay advocate told us the service asked them to support a person to make a decision about whether or not they wanted to move, as their relative did not support this proposal. This showed the person was supported to make the right choice for them. An advocate for deaf people commented that new staff couldn't always communicate effectively with deaf people from the outset as they were not British Sign Language trained. We followed this up with the registered manager who explained that recruiting staff who were BSL trained was very difficult. Instead, new staff were mentored by existing staff and were taught simple signs when they first started and attended BSL sign language courses at the Deaf Academy as soon as possible. A new member of staff, said other staff were really helpful at teaching them how to sign when they first started and people helped them by signing

Outstanding ☆

Is the service caring?

more slowly and by repeating signs for them. They had completed their BSL level one training and felt much more confident to communicate with the people they supported.

People were involved in day to day decision making and took collective responsibility for household decisions that affected everyone. Regular household meetings were held and minutes showed people aired minor grievances and resolved them and discussed things they were planning and looking forward to. In one household, people had raised concerns about one person's aggression and bullying behaviours. Eventually, they decided they no longer wanted to live with the person as their behaviours continued to be unacceptable. The person was supported to move and live somewhere else more suited to their needs. When it was proposed a new person would come and live at the house, people were consulted. They discussed and agreed some ground rules about mutual respect, such asking first, and avoiding doing things that upset other people. This showed people's opinions were actively sought and listened to and their privacy and dignity was respected and promoted.

The provider worked in partnership with people and sought their views through surveys, local household meetings, tenant forum meetings and locality forums. Representatives from each household met with the management team at locality forums and discussed issues that mattered to them, which were fed back through regular newsletters and household meetings. Managers monthly reports showed actions were taken in response to people's feedback. Forum representatives also reported to staff and trustees on their recent visit to parliament where they met the speaker. People were working with the provider to make a video to use for staff induction training to give new staff information about how they would like to be supported.

Good

Is the service responsive?

Our findings

One person said, “The staff are very good with me” and another said, “They are all good and help when you feel down” and a relative said, “The person is very happy”. People who used the service and relatives were very satisfied with how the service was run. A relative said how pleased they were the person had become much more independent since they moved to supported living, having previously lived in residential care. For example, they travelled on the bus independently, had lots of friends in the local community, and enjoyed visiting the local shops. This showed the provider supported and empowered people to become more independent.

People and families also reported high levels of satisfaction with the support provided by staff in the most recent survey. The survey used simple questions, symbols and pictures and included topics such as safety, choices, helping to learn, listening and being treated with respect. People were encouraged to have friend or family member rather than a member of staff supporting them to complete the survey so that they could be open and honest in their feedback.

Staff were equally positive about their work supporting people. One staff member said, “I couldn’t be happier, Its brilliant, I’ve always got a smile on my face when I come home from work”, another said “I absolutely love it”. Staff knew all about each person, their likes/dislikes, interests and hobbies, what each person could do independently and when they needed staff support with.

People developed their own person centred care plans and life maps with staff support which they kept with them. More detailed care records called ‘working policies’ included more details for staff about people’s day to day care and support needs and people had signed them to show they agreed with their content. A staff member told us how one person was unhappy with one entry made about them, so staff changed the record until the person was happy with the words used about them.

Care records demonstrated that people gave their consent to any treatment. Where people lacked capacity; there was evidence of family and staff involvement in 'best interest' decisions making in partnership with other health and social care professionals.

Each person had own their own weekly planner which showed they lived busy and varied lives. One relative said, “He is so busy, sometimes I have to make an appointment to speak with him”. Staff supported people to pursue a wide variety of interests and hobbies, and to access community groups. For example, several people attended literacy and numeracy courses at their local adult education centre and others supported a local homeless charity’s fundraising by having a meal there each month. The provider had a local arts and crafts project, ROC Creative that several people liked to go to each week. One person enjoyed photography, and another needlework.

Support hours were used flexibly to meet individual needs. For example, one person needed one to one support whenever they went out, and another person used their one to one time with a member of staff in the evening until 11 o’clock, because they liked to stay up late.

People were supported to meet up with friends and make new friends. Staff told us about two people who had become firm friends, staff said, “They are more like sisters than housemates”. Several people had jobs or were undertaking work experience. For example, one person worked in a kitchen, another in a charity shop, and several people worked on a farm. Staff told us how excited four people were about plans for them to do work experience on Exmoor national park later in the week. The provider also had had community farms where people had opportunities to learn how to care for animals, do construction projects, metalwork and woodwork.

Staff supported people to achieve their ambitions. For example, one staff member told us how they had supported a person to be involved in their local carnival. They accompanied the person to weekly carnival meetings, to costume fittings and supported them during the carnival. Another person who lived alone, that the agency supported with personal care, said they also appreciated that staff helped them to go shopping, deal with their correspondence and household bills. Staff supported another person to attend a Sunday lunch club. This showed staff support helped people make new friends and prevented social isolation.

People knew how to make a complaint. The provider had a written complaints policy, information was available locally to people an easy read format with picture symbols which explained how a person could raise concerns or complain and who could help. The complaints information included

Good

Is the service responsive?

a commitment to try and put things right, explain why things went wrong and say sorry. A social care professional said the registered manager was very open minded when any concerns were raised.

One relative had raised a concern, which was fully investigated. The registered manager met with the relative to report on their findings, apologised that staff forgot to do what had been agreed and made a plan to prevent the issue happening again. This was followed up by a written letter reiterating the apology and setting out the actions agreed. A compliment letter from another relative showed a person's relative thought staff had gone "over and above" to support the person to achieve their goals and wishes.

People were consulted and involved in the running of the service, their views were sought and acted on. The provider had a locality forum where a person from each supported living service got together with other people to meet with managers. Prior to meetings, people were asked if they wanted to raise any issues and following the meeting, their representative fed back to them.

Outstanding ☆

Is the service well-led?

Our findings

The provider set high expectations for people and the staff who supported them. There was a clear management structure in place and staff said the registered manager had an 'open door' policy and led by example. Staff were encouraged to challenge and question practice and supported to change things that weren't working well and try new approaches with people.

The provider had a mission statement which set out the organisation's values and commitment to ensuring each person they supported had the chance to be able to do what they wanted. Their values included being supportive and caring, treating people with dignity and respect, being passionate about people and committed to learning and continuous improvement. Senior managers explained they tried to demonstrate those values through working with people and staff.

Staff demonstrated they understood the principles of individualised, person centred care through talking to us about how they met people's care and support needs. They spoke about their commitment and used words like "individual "and "personalised" when they talked about the people they supported. One said, "We (staff) are so passionate about the guys we support", another said "Robert Owen Communities (the provider) is so passionate about person centred care, that it is ingrained into all of us". The most recent staff survey results showed staff were very positive about working for the provider, were committed to the people they supported and were proud to work there.

Staff could report risks and any concerns about practice in confidence with the provider (known as whistleblowing). For example, one staff member told us about an occasion where they had reported concerns about another staff member's practice and said the manager dealt with it and it had stopped.

The provider had a staff award system to recognise and thank staff when they went 'over and above' to support a person. One member of staff told us about how much they had appreciated being given a staff award because of the support they provided a person. The provider also had an employee development scheme to develop staff for more senior roles within the organisation, which showed they were committed to career progression for staff and to developing future leaders.

In the provider information return (PIR), the registered manager highlighted how 'Progress for Providers', a good practice approach was used to help create a person centred culture within teams. We asked them to tell us a bit more about this. They explained how the service had used the tool to carry out a self-assessment in 2013 and from this, the provider identified further actions to improve the service for people. These included the introduction of good practice tools such as person centred plans, life maps and an employment pathway for each person.

Staff were taught the principles of person centred care and were trained to use individualised care plans and life map tools with people. All staff, including senior management and trustees had to create their own individual profile using this approach. This helped them gain an understanding of the principles and value of the tool. Senior staff explained how this tool was used to embed person centred approaches as a way to support people to have choice and control over their lives. The provider monitored progress and the skills and knowledge of the staff team and identified further training needs and areas for improvement.

The registered manager was in day to day charge of the service, which was managed from the Exeter Office. Locally, staff were supported by local care co-ordinators who worked alongside staff, and were in regular contact with them by telephone. Out of hours, staff had access to advice and support from senior staff at all times via a telephone on call arrangement. The Exeter office had up to date information about people and staff. On call staff could access each person's electronic care records so they had up to date information about each person and could document advice given and any changes to their care and support.

The provider used a range of systems to monitor the quality of the service provided to people. Locally, staff undertook a range of weekly and monthly checks which included medicines and health and safety checks and receipts for people staff supported with their money. All checks were documented and showed corrective actions were taken such as, contacting the landlord to arrange for any repairs or maintenance to be undertaken. Senior staff also undertook regular 'spot checks' in supported living settings, talked to people and staff, and looked at records and audits undertaken. Any improvements identified were followed up.

Outstanding ☆

Is the service well-led?

The provider had systems in place to seek feedback from people who used the service and from staff. They had recently trained some people to become quality checkers. This involved people visiting other supported living settings, and getting feedback from the people, family members and staff there about their experiences. From this a report was written, and a meeting arranged with the manager to discuss the recommendations and actions. The registered manager said the first visit by a quality checker in Exeter and East Devon was planned for September. This showed people were being developed to monitor the quality of the service provided.

Minutes of senior management team meetings showed feedback from people and staff was discussed and that ideas and suggestions influenced changes and improvements. Staff views were sought through regular team meetings and through an employee council. Employee council minutes showed issues were discussed openly between staff and management and actions were agreed were fed back to staff. Subjects discussed included out of hours on call arrangements, staff training, annual leave and the need to improve staff access to computers in response to staff feedback about the need to broaden the range of ways of communicating with staff. The provider had developed a staff intranet, monthly newsletter, e mail updates and had set up links through social media in response to staff feedback.

Monthly newsletters to people and staff provided feedback about what was discussed at people and at staff forum meetings. The provider held an annual conference and invited people, families, staff and health and social care professionals they worked with. The conference included people speaking about their experiences of what worked well for them and about further improvements they would like. Videos of people's stories were used so that ideas about what worked well and examples of good practice were shared.

The provider had developed a joint partnership with the Deaf Academy in Exeter to help young people make the transition from education to adult independent living and working. Staff from the Deaf Academy supported people during the day, Monday to Friday, to attend college and work. Staff working for Domiciliary Care East Devon supported those people outside of college hours to live in a supported living setting. This meant young people were helped to make the transition from full time education to living as more independent adults and benefitted from continuity of support and access to specialist services for deaf people. This demonstrated the provider worked with other agencies in providing joined up care.

Feedback from staff in both organisations showed the partnership arrangements had brought mutual benefits for people and staff. Deaf Academy staff told us how staff had taught them about individualised care approaches They also told us about how people had become more independent and had opportunities to get work experience since the partnership had begun. Staff who worked for the provider said working with the Deaf Academy had raised deaf awareness within their service and provided access to training and support for staff to develop and improve their skills to communicate with deaf people.

The registered manager had close relationships with staff working in children and adult services within the local authority, which they used to seek advice and support with supporting individuals. They also explained how security of housing was a big challenge for people with learning disabilities. They had developed links with a voluntary housing association and their local other community organisations so people had more opportunities and choices about where to live. This showed the provider worked in partnership with other organisations for the benefit of the people they supported.