

Sense

# SENSE - South East Supported Living Services

## Inspection report

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Date of inspection visit:  
13 June 2019

Date of publication:  
07 August 2019

## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

SENSE-South East Supported Living Services is a supported living service. It provides care and support in supported living settings to people who live with learning disabilities and sensory impairments. At the time of the inspection there were five people using the service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. The service applied the principles and values of Registering the Right Support and other best practice guidance. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

### People's experience of using this service and what we found

The service continued to demonstrate that they provided a service that had some outstanding characteristics. The service has continued to be flexible and very responsive to people's individual needs and preferences. The support and care that people received was particularly personalised and led by the people using the service.

People's relatives told us they participated fully in people's care and were kept up to date about any changes. People's relatives described staff as "brilliant" and of "going the extra mile."

The culture of the service was open and supportive. Staff valued people, listened to them and encouraged their empowerment by supporting people to overcome day to day barriers and encouraging them to accomplish their goals.

Staff used innovative and individual ways of involving people in their care and support plans. Staff knew people very well and had developed positive relationships with them. Staff were enthusiastic and passionate about supporting people to have as many opportunities as possible so that they lived a fulfilled life.

Staff understood each person's communication needs. People were provided with the support and tools they needed to help them communicate effectively. One person had been supported to significantly develop their communication by increasing their signing skills.

Staff continued to support people in innovative ways to become less anxious and more accepting of a range of medical procedures, so their health and medical needs were met by the service.

Staff worked as a team to provide people with the support they needed to enable them to be as independent as possible. People were listened to and took a lead in their care. People were valued and respected by staff, who supported them to achieve the goals they set.

People have continued to be supported to fully take part in a wide range of activities, most community based. These met people's preferences and helped them to develop new skills, which promoted their independence and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 10 January 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# SENSE - South East Supported Living Services

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

This service provides care and support to people living in two supported living settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. The Care Quality Commission does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission (CQC). This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. We used this and all other information we had about the service to plan and help support our inspection.

#### During the inspection

On the day of the inspection we spoke with the registered manager and deputy manager. We reviewed a range of records. These included three people's care records and risk assessments. We looked at three staff files in relation to recruitment and staff supervision, and a variety of records relating to the management and quality of the service.

#### After the inspection

We spoke with five relatives of people using the service and five care workers. We discussed with the registered manager and deputy manager us visiting the service. The registered manager told us that due to people's communication and other needs, and possible interruption to people's very busy lives, a visit from us could be more disadvantageous than beneficial to people. There was no indication from our records, people's relatives and a local authority care manager of any concerns to do with the services. We therefore decided on this occasion we would not visit the two supported living services.

Following the inspection visit, we continued to seek clarification from the registered manager to validate evidence found. We looked at training and staff meetings data, quality assurance records and records of people's participation in a range of activities. We received feedback from one care worker via email. We contacted two health and social care professionals by email and telephone and received a response from one care manager.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question remained the same rating. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective systems to safeguard people from abuse. Staff had completed safeguarding training and knew what action they needed to take if they witnessed or suspected abuse.
- The service had a whistleblowing policy. Staff knew that they needed to report poor practice from staff or any other concerns to do with the service.
- People's relatives told us that they felt people were safe. One relative said, "I feel [person] is safe. I don't worry about [person]."

Assessing risk, safety monitoring and management

- Responsible risk taking was encouraged and supported. This enabled people to take part in a variety of activities of their choice. Risk assessments included risks of behaviour that challenged the service, choking, and certain medical conditions. People's care plans included guidance for staff on managing risks. Staff were aware of risks to people's safety and knew how to support people so there was minimal risk of them being harmed.
- Staff told us they ensured they read people's care plans and risk assessments, so they were aware of people's current needs and any risks. They told us they would always report any concerns to do with people's safety.
- Each person had a personal emergency evacuation plan (PEEP) which was personalised, regularly reviewed and updated when needed. These contained information about how staff should support people in the event of a fire or other emergencies. Staff were aware of what to do in the event of an emergency.

Staffing and recruitment

- Staff employment records showed that appropriate recruitment and selection processes had been carried out to make sure only suitable staff were employed to care for people. The service had policies and procedures to support this process. Some people using the service had participated in the interviews of prospective staff. This showed that the service acknowledged that people receiving a service were well placed to identify the personal qualities of prospective staff and were at the forefront of decisions about services provided for them.
- The registered manager told us there had been difficulties in recruiting staff to fill vacant posts. This had led to a reliance upon agency staff. The registered manager informed us that they ensured that regular agency staff who knew the service were employed so were familiar with people's needs. The registered manager told us due to recent recruitment of care staff, there was less dependence upon agency staff. A relative told us, "It's fully staffed now, which is good."
- Staffing numbers and skill mix were based upon the dependency needs of people. When people's needs changed the provider was responsive in working with local authority commissioners to ensure people had

the support they needed to lead the life they wanted. The staffing was flexible and decided by the day to day needs of people. For example, a staff driver was rostered to provide a person with the transport they needed to access an activity that took place some distance from the person's home.

#### Using medicines safely

- The service had a policy in place which covered the recording and safe administration of medicines.
- People received an assessment of their medicines needs. Guidance in people's support plans detailed the support they needed with their medicines. Checks of the management of people's medicines were carried out by staff and improvements made when needed.
- Staff received medicines training and had their competence to administer people's medicines safely, assessed. Key workers told us following medicines reviews carried out by GPs, they made sure all staff were informed of any changes to people's medicines.

#### Preventing and controlling infection

- Systems were in place to minimise the risk of infection. Staff had been trained in how to prevent and control the spread of infection.
- Protective clothing, including disposable gloves, were available to staff to use when assisting people with personal care and some other tasks.
- Checks were carried out to make sure that staff were following infection prevention and control policies and guidance.

#### Learning lessons when things go wrong

- The registered manager told us about the importance of learning lessons from when things go wrong. Policies and procedures were in place to ensure that accidents and incidents were responded to appropriately. Appropriate action had been taken in response to incidents and accidents and to minimise the risk of them recurring. For example, a member of staff received more frequent one to one supervision following an incident.
- The provider monitored incidents and accidents closely. Patterns and trends were identified. Staff meetings and supervision sessions were used to ensure lessons were learnt from incidents, or safeguarding alerts, and shared across the team.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's physical, mental and social needs were comprehensively assessed. These assessments formed the core of people's support plans. People and when applicable their relatives participated in the review of their care plans.
- People's support plans included information staff needed to deliver effective care and support in line with best practice and relevant legislation.
- The service people received was very personalised and people's choices were understood and supported so that effective outcomes were achieved for people.
- People's relatives spoke positively of the care and support people received and told us they felt that people's preferences were understood and supported by the service.

Staff support: induction, training, skills and experience

- Staff completed a comprehensive induction which was personalised to meet their individual needs and included completion of the Care Certificate. The Care Certificate includes a set of standards that staff should abide by in their daily working life when providing care and support to people. Staff spoke very positively about their experience of their induction. A member of staff told us that their induction had been "fantastic", and said the registered manager had "gone through everything" they needed to know.
- Staff received training and competency checks to support them to be effective in their roles. Training was relevant to their roles and responsibilities and included person centred care, positive behaviour support, sexuality and relationships, and meeting people's communication needs. Staff also completed a British Sign Language (BSL) course to help them communicate effectively with people. Staff were enthusiastic about the practical training they received. They told us they had worn a blindfold and a headset to help them understand and experience visual and hearing needs similar to the sensory needs of people using the service. Another member of staff who had sensory needs told us that the provider had ensured that the training they received had been accessible to them. They told us, "I received lots of training. Sense [provider] are aware [of] equal opportunities for Deaf people and other disabilities"
- Staff told us that they felt very well supported. They received ongoing and regular one to one supervision and annual appraisals of their performance, which helped them be effective in their roles. A member of staff told us, "I am supported well. [The] team and manager tell me how much they appreciate my hard work."

Supporting people to eat and drink enough to maintain a balanced diet

- People's nutritional needs and choices were understood and supported by staff and detailed in their support plans.

- Staff used BSL and pictures to assist people to communicate their food preferences. A relative told us, "[Person] chooses what they want to eat. [Person] is supported to cook."
- Nutritional assessments identified when people had difficulty swallowing and/or were at risk of choking. Advice was sought from healthcare professionals including speech and language therapists (SALT) when needed. Records showed that their advice was followed. For example, staff noticed a change in a person's ability to eat some foods. They arranged for a SALT assessment, which had led to the person's food texture and fluid consistency being changed. A person's relative was positive about the support a person who was at risk of choking received from staff.
- Staff with support from a speech and language therapist had been innovative in enabling a person to have a birthday cake despite the person having to have a 'soft' diet. They made the birthday 'cake' with the person, out of soft ingredients so the person could have a 'cake' celebrating their birthday without being at risk of choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked as a team and with healthcare and social care professionals to ensure people received effective and personalised care and support. People were supported to access a range of services, so their medical and healthcare needs were met. Recommendations and advice from healthcare professionals were included in people's support plans to ensure people received safe and effective care. A local authority care manager told us the service was good at identifying people's health needs and involved healthcare professionals when needed.
- People received the support they needed when moving between services. Due to changes in one person's needs the person had recently moved to another of the provider's services. The transition process was personalised so that the move was a good experience for them.
- People had a hospital communication passport in written and picture format that included the information hospital staff needed to help them provide each person with the care they needed when admitted to hospital. People also had pain passports which helped identify when they were in pain so be provided with support and pain relief if needed.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the Deprivation of Liberty Safeguards (DoLS) cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

- People's support plans included information about their capacity to make particular decisions. Staff knew that when a person was unable to make a decision, a decision could be made by those involved in the person's care and treatment in the person's best interest. A person's relative told us they were fully involved in decisions about the person's care and had been involved in making decisions in the person's best interest about their care and treatment. A member of staff described the principles of the MCA and told us, "Staff must ensure the needs and wishes of our people who lack capacity are [at the] centre of any decision making process."
- People were able to make day to day decisions about their lives. They used a range of ways to communicate their decisions. These included BSL, gestures, behaviour, objects and pictures. Staff had a good understanding of how each person communicated their needs and wishes.
- Staff told us they always asked for people's agreement before assisting them.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives spoke in a positive way about the staff. One relative described staff as "excellent" and said, "They go above and beyond." Another person's relative spoke about a member of staff who they said had a particularly good relationship with a person, knew them well and the support they needed. The relative told us the support worker had been very thoughtful in agreeing to accompany the person to an important health appointment, despite it occurring on their day off. The relative told us, "[Staff member] knows [person] best and realised the importance of going with [person]."
- People's support plans included details about their background and lives, relationships and future goals. People's support plans included 'My essential information'. This included details about 'Things you need to know about me.' This included information such as, "I am deaf, I cannot be left on my own." This helped staff and others involved in people's care understand each person's needs.
- The service had a positive and supportive culture. Staff spoke of valuing the people they supported and of the importance of treating people respectfully. Staff had received training in equality and diversity including sexual orientation and relationships, to help them better understand people's differences and needs, and how to support them.
- Staff told us about the importance of building trust with people, treating them fairly and supporting them to have the relationships they wanted. One member of staff spoke of respecting people's differences and of "leaving opinions at the door." Another member of staff told us about the importance of "celebrating the diversity of people and staff". One goal that a member of staff had was to "learn what those I support celebrate and support them do this."
- People's sexuality, relationships and friendships needs were understood by the service. People were supported to develop the friendships and relationships they wanted. The registered manager told us, "We support people to find friends."
- Staff supported people's emotional needs and were aware of changes in people's mood. They spoke of the personalised support people needed when they were anxious or unhappy.
- People's preferences regarding the gender of the staff who support them with their personal care had been accommodated.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported and involved people in making choices by signing and showing them objects or pictures. They spoke of the importance of giving people the time they needed to communicate their preferences and make choices. Staff commented, "I encourage our people [to make] choices as much as possible" and "When we sign 'monkey' [person] knows that it means going to the zoo." A person had an independent

advocate to support them with hospital appointments and decisions to do with their care.

- People and, if applicable, people's relatives were fully involved in decisions about people's care. People's relatives told us communication with the registered manager and other staff was good.

Respecting and promoting people's privacy, dignity and independence

- People were supported and encouraged by staff to be as independent as possible. Staff told us that people were central to their care and were supported by staff to lead the life they wanted as independently as possible. People were fully involved in all aspects of daily living. This included participating in shopping, cooking, ironing and other household tasks. This helped people develop skills and encourage their independence.
- Each person had a travel pass and were supported to use public transport which helped develop their skills, independence and participation in the community.
- During reviews of their care and support, people were supported to set themselves goals. These goals supported the development of people's skills and independence.
- The registered manager and deputy manager monitored staff engagement with people and checked it was always positive and respectful.
- Staff understood the importance of respecting people's privacy and understood that people might wish to have time to themselves.
- Information about people was stored securely and only shared with appropriate others including those involved in people's care and support.

# Is the service responsive?

## Our findings

### Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same rating. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives spoke highly of the service and staff. They told us, "One staff is brilliant. [Staff] knows [person] so well. [staff] knows signs and changes in mood. [Staff] are consistent they go the extra mile." "Staff are very supportive, especially when [person] was ill." "They [staff] work closely with the family. It is so important working together" and "[Person] loves the staff. The staff are fantastic." A care manager spoke very positively about the service. They told us that people received very personalised care, staff had compassion and empathy and went above and beyond in supporting people.
- People received very personalised care and support. Staff were skilled at communicating with people through sign language and understanding the meaning of people's gestures and behaviours. For example, staff knew that when a person tapped the table when they didn't want anyone sitting near them. Staff ensured people had access to the pictures, personalised objects, and technology to help them with communicate their decisions and choices. A person used personalised objects to indicate their choices. For example, the person had a pair of socks that represented a sports activity they took part in. These helped the person communicate to staff when they wanted to take part in that activity.
- One person had difficulty in doing sign language. The service supported the person to attend a theatre group that used sign language. The registered manager told us that the person's communication had "flourished" since taking part in the theatre's choir and dance sessions to which the person had signed all the songs. The person had also participated in stage productions which the public attended. A member of staff told us, "[We] encourage [people] to sign [about] the activities that they are doing on the day, [and] praise them."
- Key workers supported people to keep learning logs and communication books to reflect upon activities and to help people plan their future goals. These showed people's achievements and progress and helped encourage them to continue to challenge themselves to achieve their goals.
- The service continued to be very responsive in working with healthcare professionals to support people to overcome their anxieties. Staff provided the support one person needed to conquer their fear of having health checks, such as blood pressure checks, heart monitoring procedures and blood tests. The service used a process called desensitisation. For example, staff helped the person prepare for a scan by encouraging the person to regularly put shower gel on areas of their chest. This represented the gel which would be used during the scan. Staff worked in a consistent way over a significant length of time with the person and the person's relatives to achieve the goal of the person accepting this and other tests. The person's relative spoke very positively about the positive impact this had on the person's health and well-being.

- Since two people had been seriously unwell the service had been responsive in introducing Anticipatory Care Calendars. These had a traffic light system that helped staff monitor people's health more closely and identified the action staff needed to take in response to any changes in the health needs. One person was provided with an electronic device to monitor their health and fitness. These monitoring tools and devices helped ensure there was no delay in advice being sought from healthcare professionals when needed. This close monitoring of people's health also helped reduce the risk of people becoming acutely ill and people experiencing the worry and stress of possibly having to be admitted to hospital.
- Staff were also responsive in ensuring healthcare and social care professionals were quickly told about changes in people's needs. A speech and language therapist provided advice when a person was at risk of choking. In response to this the service promptly provided the person with the extra support they needed during mealtimes to keep them safe and calm. This care and support were provided despite it taking several weeks to achieve the funding from commissioners for this additional support. We were provided with several other examples where following assessment and review of people's needs the service had been effective in achieving extra funding from commissioning authorities to meet the changes in people's needs and maintain their independence.
- Staff had supported a person with their communication and other needs whilst they were in hospital despite very poor winter weather that had affected the transport systems. A relative spoke highly of the support a person received by the service when the person had been unwell.
- The service understood the needs of people and delivered care and support in a way that met these needs and promoted equality and people's human rights. The registered manager informed us that on one occasion hospital staff had wanted to make a best interest decision about a person without providing them with the communication support they needed to enable them to make the decision about their treatment. The registered manager told us that the decision was going to be made without consulting the person, who had capacity and without a BSL interpreter being present. Staff intervened, and the meeting took place with a BSL interpreter present, and the person had a positive outcome.
- The service had recently supported two people to register with a GP surgery that provided annual learning disability health checks, which had not been provided by their previous community medical service. Health checks for people living with learning disabilities are important as they can help to identify any medical issues early.

Supporting people to develop and maintain relationships to avoid social isolation: support to follow interests and take part in activities that are socially and culturally relevant to them.

- People continued to be respected as individuals. They were challenged, encouraged and supported to do anything that they wished to do. People were supported to work towards their chosen goals and to try new things. One person had been supported to achieve their goal of going on an activity holiday abroad. Goals which had risks were not ruled out. Risks were assessed, and management strategies enabled people to participate in them. A person had been supported to do a sporting activity they enjoyed despite having significant medical needs.
- Staff had a very responsive approach to how they delivered their support to people and were flexible to people's needs. Staffing was organised around people's busy lives. Staff were effective in seeking out and introducing a range of activities to people and supported them to maintain and develop their interests and hobbies. Day and evening activities included, college, art, shopping, day services, drama groups, swimming, barbeques, going to cafés, aromatherapy, horse riding, discos, clubs, and day trips. When people decided they did not want to continue with an activity, their decision was respected by staff. For example, one person no longer wanted to attend a sports club and had chosen to go bowling instead. We saw pictures of people enjoying themselves whilst taking part in a range of activities. People's relatives spoke positively about the activities people did. A relative told us, "[Person] goes anywhere [person] wants, shopping, meals. [Person] is never still, always busy."



- Staff had worked hard to find people learning and employment opportunities. People had attended college, volunteered at a local charity shop and a local church. One person was employed by a company selling snacks. Staff had provided the support and guidance the person's employer needed to effectively communicate with the person and to support them to carry out their role. These activities and job opportunities helped people's confidence, development, and promoted their independence.
- Staff provided people with the support they needed to develop and maintain relationships with people that mattered to them within the service and wider community. People were provided with the support they needed to visit relatives. Staff at times provided care and support to people during these visits, which enabled them to take place.
- Staff with similar interests to people were matched with people they supported. Relatives were positive about the relationships that people had developed with members of staff. They told us that staff knew people well and supported them in the way each person wanted.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff used innovative ways to support people's involvement in their care and support. The provider had recently carried out a technology audit. The audit showed that the service had comprehensively assessed and reviewed people's sensory needs and provided them with the personalised aids and equipment they required. For example, one person had a personalised computer tablet and a video games console. Another person had recently received a mobile phone that included a mobile computing device. They used it to capture memories through pictures and video. A third person used email messaging and video calls to communicate with people. They used the internet to plan holidays and buy things for their house. Large print of a person's goals was displayed on a computer monitor screen, which enabled the information to be fully accessible to them. This technology and devices supported people's communication, social needs and independence.
- Staff were very knowledgeable of people's individual communication needs and knew the importance of making information as accessible as possible to people. Staff had created a video library on a computer tablet to help a person improve their use of sign language and communicate more effectively. People's personalised computer tablets included pictures, sign banks and videos of favourite places, people and activities relevant to their lives. Staff told us these tools and equipment helped people to be more involved in making decisions about their lives and about the things they wanted to do. Each person had an activity board on which they displayed pictures of the daily activities they had planned to do.
- A person was being supported to learn to write. The person had learnt to read several words. This supported the person to better communicate their needs and choices and helped written information to be more accessible to them.

#### Improving care quality in response to complaints or concerns.

- The service had improved the accessibility of the complaints process. The complaints procedure was personalised in picture, video, and symbol format, and accessible on people's computer tablets. Staff had worked with each person to help develop their understanding of the complaints process. Each person's complaints procedure included details about the way the person expressed discontent or unhappiness. This helped staff to be more responsive to people's feelings and any concerns they had.
- People's relatives told us they knew how to make a complaint. They told us that they could contact the registered manager at any time who always listened to them and promptly addressed any issues that they raised.



- Records showed complaints had been addressed appropriately and lessons learnt.

#### End of life care and support

- No one was receiving end of life care and support. There was some information in people's support plans about their end of life needs. The registered manager understood the need to consider peoples' end of life wishes and had plans to seek ways to explore people's choices in relation to end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same rating. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff worked as a team in a consistent way to ensure people were provided with the personalised support they needed to take part in community life and achieve their goals. The service supported people to try new things and demonstrated a culture that empowered people.
- The service including staffing, training and social activities was shaped around the individual needs of each person using the service.
- Staff told us that they felt listened to and well supported by the registered manager. They told us they loved their jobs and respected and valued each person they supported. A member of staff told us, "[Registered manager] is brilliant. She has confidence in us. She deals with things perfectly well."
- A care manager told us communication with the service was good and they were always kept up to date about people's needs.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the importance of being open and transparent in relation to the running of the service and of taking responsibility when things go wrong. They knew when they needed to report incidents and other occurrences to us and other agencies including those involved in people's care.
- People's relatives spoke of the positive communication they had with management staff. They told us they were kept fully informed about all aspects of people's care.
- There was a culture of openness. The registered manager has an 'open door' policy and she or the deputy manager were contactable at any time. Staff told us that they could raise at any time any issues about the service including people's care. They were confident issues would be addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff and people's relatives were knowledgeable about the management structure of the service. Staff were clear about their roles and those of management staff.
- The registered manager and staff team were enthusiastic about working with people and their families to provide the best service they could for people using the service. They understood the importance of monitoring and developing the quality of the service and making improvements when needed.
- Staff told us they felt valued and were encouraged to share ideas and best practice to improve the quality of the service. The registered manager regularly met with other managers to review and reflect on their

practice. They receive feedback from each other about their performance and made improvements when needed.

- A range of quality checks of the service including health and safety, medicines, environment, people's finances were carried out by staff and the provider's operational manager. Action was taken to address shortfalls when needed. 'A member of staff was a quality champion and met regularly with managers and staff from other services to discuss and share quality issues. Unannounced 'spot checks' of the service provided at the supported living settings were carried out to check that people were receiving effective good quality care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People attended a variety of activities where they met people and developed friendships. The service encouraged participation in the local community. They had arranged community events. A 'Party in the Park' event arranged by the service helped raise awareness of the organisation and included participation from people, people's families and members of the public from the local community. A local radio station broadcasted the event.
- Staff told us the registered manager was very approachable. They spoke of being listened to and of being fully involved in the service. A member of staff told us they had suggested making some improvements to people's care files, so the information would be more easily accessed. The registered manager had agreed, and the task had been completed.
- Relatives told us they were fully involved in the service and could contact the registered manager at any time to discuss the care of their family member or provide feedback about any other aspect of the service. Feedback questionnaires were regularly provided to staff and people's relatives. Action plans were in the process of being completed in response to recent surveys. A relative told us, "I am very happy with the service."

Continuous learning and improving care; Working in partnership with others

- The registered manager ensures they keep up to date with good practice. Best practice was shared during management meetings and by the quality team.
- Staff worked closely with a range of different healthcare and social care professionals, authorities and agencies to provide people with a personalised good quality service. We saw, for example, that staff had worked with a specialist learning disability service to develop support and guidance that had led to a reduction in a person's anxiety-related behaviours.
- Team meetings and staff supervision sessions were held regularly. These gave staff the opportunity to discuss ideas to develop and improve the service. Best practice matters and learning from issues that had not gone well were also examined.
- People's log books of their activities had recently been changed. They were now more personalised, and outcome focused. They now contained photos and objects of reference to help people remember events and prompt memories.