

Devon County Council

# Multi Sensory Impairment Enabling (MSIE)

## Inspection report

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## 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Multi Sensory Impairment Enabling (MSIE) is a specialist domiciliary care service, supporting children and young people in the community who are registered deaf and blind with associated conditions. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there were 12 children and young people receiving personal care, either in education settings, or in the community for respite care. All support packages were long term, specialist packages funded and commissioned by the local authority.

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

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.

People felt safe and supported by staff. Comments included, "[The staff] are super highly skilled. They have the service user at the heart of the service. They support and advocate for them. I know when they're with them they are 100% safe."

Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have.

People's individual risks were identified, and risk assessment reviews were carried out to identify ways to keep people safe.

There were safe processes in place for the management of medicines.

Effective infection control measures were in place.

Families generally confirmed that staffing arrangements met their needs. Staffing arrangements matched the support commissioned and staff skills were integral to this to suit people's needs. Health professionals and families commented the service had had issues with recruitment and retaining staff, but the provider was aware and recruitment for suitable specialist staff was ongoing within funding restrictions. At the time of the inspection, 1.7 full time staff were required to meet current overall support hours fully. Where a person's needs increased or decreased, staffing was adjusted accordingly. For example, there were examples where risk had been managed well resulting in less staff required to mitigate the risk.

There were effective staff recruitment and selection processes in place.

People received effective care and support from staff who were well trained and competent. As a specialist

service it was important that people were supported by staff with the specialist training required to meet people's individual complex needs.

Care files were personalised and detailed to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service.

Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff and management relationships with people were caring and supportive. Staff provided care that was kind and compassionate.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged their professional development. The provider worked hard to instill a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.

Staff felt respected, supported and valued by the provider which supported a positive and improvement driven culture. Some staff commented that they did not always feel the pay received recognised their specialist skills. The provider was aware of such issues which were related to funding and outside of their control.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

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

This service was registered with us on 1 August 2022 and this is their first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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?

Good ●

The service was 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.

# Multi Sensory Impairment Enabling (MSIE)

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Multi Sensory Impairment Enabling (MSIE) provides specialist personal care and support to children and young people in school, home and community settings, so that they can live as independently as possible and fulfil their potential.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### 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 reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 members of staff, the registered manager and the nominated individual. We visited a specialist school setting and met with 1 young person receiving a service.

We reviewed a range of records. We looked at a variety of records relating to the care and support provided. This included three staff files in relation to recruitment, and various audits/reports relating to the quality and safety of the service. We requested a variety of records were sent to us relating to staff training and regards the management of the service.

### After the inspection

After our visit we sought feedback from people using the service, relatives, staff and health and social care professionals to obtain their views of the service provided to people. We received feedback from 11 members of staff, 7 relatives, and 4 health and social care professionals. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. Families commented, "[The staff] are super highly skilled. They have the service user at the heart of the service. They support and advocate for them. I know when they're with them, they are 100% safe" and, "The nice thing about the service is that we get to meet the carers and get a feel for them. They become friends. They give a very positive feeling."
- Staff had access to the provider's policies on safeguarding and whistleblowing. Safeguarding was a regular topic in staff supervision to ensure staff had the opportunity to discuss any concerns.
- Staff knew people very well and could recognise if a person was worried or unhappy. This meant any concerns about people's wellbeing could be identified and followed up.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- There were comprehensive risk assessments in place covering all aspects of the service and support provided.
- The service worked in partnership with people and their families to understand and manage risks. Information was provided in an accessible format according to their individual communication needs. This meant people and families could participate meaningfully in assessing risks and developing support plans. There was a positive culture which focused on people being supported to take reasonable risks that enabled fulfilling lives. For example, one person was now able to ride in a car safely with 1 staff member, rather than 2. This was due to patient, caring support, which ensured the person was comfortable with their environment.
- Staff were trained to monitor, anticipate and observe changes in behaviour. This helped them identify if people were unwell or upset and provide the support they needed.
- Support plans contained clear guidance for staff about how to recognise and manage risks, for example enabling them to manage triggers, and minimise where people may become distressed or anxious. Staff were very knowledgeable about peoples' needs and the registered manager ensured all details known by staff were included in care plan and risk assessment information.
- People's support and records were monitored and reviewed frequently. This meant any issues or improvements needed were identified and communicated to staff promptly. All staff had access to a live computer system which meant they had up to date information.
- There were effective systems in place to ensure information about any changes in people's needs was shared across the staff team.

- People were referred for support from external health professionals when this need was identified. People had regular multi-disciplinary meetings with their specific health professionals due to their complex needs. One health professional told us, "The team leader showed initiative and contacted me directly to request a discussion regarding the potential outcomes of planned neurological surgery for a young person. It was clear the team leader was thinking ahead as to be able to manage any change in health need, and to potentially to adapt the service they offer while the young person recovers."

#### Learning lessons when things go wrong

- Staff raised concerns and recorded incidents and near misses. This helped keep people safe.
- There was evidence that learning from incidents and investigations took place, and appropriate changes were implemented. For example, care plans and risk assessments were updated to reflect any changes in peoples' needs. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

#### Staffing and recruitment

- Support packages were mainly long term and had been in place with a previous provider, so families and staff had built up close relationships. Each person had a 'mini team' who were trained in particular skills to meet individuals' needs. The service mostly had enough staff, including for one-to-one support for people to go to school and take part in activities how and when they wanted. The registered manager said, "I've never turned anything down that people want to do, archery, holidays- whatever we can achieve within funding."
- Staff were very committed to supporting people. They worked hard to meet their needs and complete essential personalised training, working additional hours if needed.
- The numbers and skills of staff matched the needs of people using the service. Potential employees met up with current staff, people and families as part of the recruitment process. However, families and health professionals commented at times there were issues with covering staff leave and absence, and making time for staff training within allocated hours. The registered manager said there were plans to move the team leaders to work more 'hands off' to be able to provide cover support. A health professional commented, "[Registered manager] is making positive changes toward developing a consistent and available workforce." At the time of the inspection, 1.7 full time staff were required to meet current overall support hours fully. Where a person's needs increased or decreased, staffing was adjusted accordingly. For example, there were examples where risk had been managed well resulting in less staff required to mitigate the risk.
- Every person's record contained a clear profile with essential information to ensure that new or temporary staff could see quickly how best to support them. As the care plans were very detailed with important information, the registered manager was compiling shorter 'pen profiles' for easy information overviews.
- There were effective recruitment and selection processes in place. Staff had completed application forms and interviews had been undertaken. In addition, pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.
- Staff made sure people received information about medicines in a way they could understand.



- Staff followed effective processes to assess and provide the support people needed to take their medicines safely.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and provided advice to people and carers about their medicines.
- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.

#### Preventing and controlling infection

- Staff had received training in infection control. This helped them to follow good hygiene practices during care and support. Everyone said staff followed good personal protective equipment (PPE) guidelines in relation to the COVID-19 pandemic.
- The provider supplied staff with masks, gloves and aprons to use when supporting people with their personal care where required. This helped to minimise the risk of infections spreading.
- Staff were kept up to date with best practice on preventing infection and COVID-19, along with any new legislation/guidelines that would affect the way they worked. This ensured they followed best practice in order to keep people safe.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations. They included communication, physical and mental health needs. People, those important to them, and staff, reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant and detailed assessments of people's communication support and sensory needs.
- Care plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person. For example, each person had 'ambitious outcomes' as goals. One person had gained confidence following cane training, which meant they no longer required support staff in school. Their next goal was to ride a bicycle.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included specialist training, often requiring external specialist practitioner input and face to face tuition. This covered the wide range of topics people registered deaf and blind, and with associated conditions, require.
- Staff felt well informed and said they had enough training to meet peoples' needs. One new staff member said, "I feel that I am equipped to support the young people from the training and shadowing opportunities. I know if I am unsure or need some clarification, I can phone on call and get the support as soon as possible."
- Staff comments also included, "There are times where training needs to be done and there aren't enough hours in the day to get it done. Then I feel pressured to get it done. Sometimes after a long day at work I really can't get my head around it, and the training takes longer to do. This takes up overtime. Having regular 'admin days' would be so beneficial for everyone." This was being addressed by the registered manager and discussed with the provider.
- Updated training and refresher courses helped staff continuously apply best practice. The registered manager was ensuring that skills required on children and young peoples' education health care plans (EHCP) were priority. Supporting people within the deaf and blind community was described by staff as intense but rewarding work, and we heard how committed staff were to 'getting it right' for people.
- The service checked staff's competency to ensure they understood and applied training and best practice. All new staff worked alongside more experienced staff during their induction, so they knew peoples' needs well.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. staff worked in schools and in the community they commented that it could be tiring to have to attend

supervision after a days work, but the registered manager was aware and addressing this.

- Staff could describe how their training and personal development related to the people they supported and were very knowledgeable about individuals.
- The service had clear procedures for team working and peer support that promoted good quality care and support. For example, the administrator and registered manager were accessible to the staff team and there was an on-call support system.

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

- People received support to eat and drink enough to maintain a balanced diet.
  - Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight.
  - Mealtimes were flexible to meet people's needs and to avoid them rushing meals. Staff had been trained in how to manage complex nutritional needs. For example, staff had worked with a community children's nurse to ensure they were signed off to support a person with gastric feeding and medicines.
- Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff knew how to respond to people's specific health and social care needs, and recognise changes in a person's physical health. For example, they identified that one person's mobility was regressing and worked with an occupational therapist in a timely way. This reduced the amount of time the person spent in their wheelchair, through gaining strength and using alternative mobility aids.
  - Staff supported people to access education. This often meant planning for changes, such as individualised introductions, and visits to secondary school or new classes, with people, teachers and families. This helped people feel supported and included, and able to cope with new situations. The registered manager had started formally assessing all community/school environments before people attended. For example, they had already visited some locations to ensure staff had had a good school induction, meet school staff, and check that MSIE staff had everything they needed for people and support whilst working remotely.
  - Staff worked closely with the local rehabilitation officers for visually impaired children (ROVIC), to ensure people were able to navigate new environments. A Children's Guide about support provided in their environment had been devised in collaboration with ROVIC using appropriate widgets and colour schemes.
  - Multi-disciplinary team professionals were regularly involved in, and made aware of, support plans to improve people's care.
  - People were referred to health care professionals to support their wellbeing and help them to live healthy lives. One health professional said, "We have a proactive and supportive relationship with the MSIE service and individual team members. This helps ensure that identified needs of children and young people are supported and developed, using techniques and strategies to best promote sensory understandings and best practice."
  - People had hospital passports. Hospital passports are used to provide important information to hospital staff about a person living with complex needs, if the person is admitted to hospital. If the person was admitted to hospital, staff would attend to provide information and support until the parent/guardian arrived.
  - People were supported to attend annual health checks, specialist health care appointments and screening and primary care services.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their 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.

- Staff empowered people and families to make their own decisions about their care and support.
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions with families.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Staff knew people very well and created a warm and inclusive atmosphere.
- People were well matched with their designated support workers. As a result, people were at ease, happy, engaged and stimulated, with support from staff who knew how to communicate with them individually.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff were sensitive to the needs of young people, for example ensuring people had freedom to be with their peers with discreet adult support.
- Staff were calm, focused and attentive to people's emotions and support needs, such as sensory sensitivities. They celebrated peoples' achievements and worked hard to ensure people had communication methods which enabled them to make real decisions and express what they wanted.
- Staff were mindful of individual's sensory perception and processing difficulties and ensured people were protected from exposure to any environmental factors they would find stressful.
- People and families felt valued by staff who showed genuine interest in their well-being and quality of life. The nominated individual said, "Our hearts and souls are with the children. It's what we do." For example, class teachers were encouraged to attend multi-disciplinary meetings to achieve positive outcomes for people.

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

- People were given time to listen, process information and respond to staff and other professionals. Communication needs were very complex, and people relied on staff to enable them to access and understand their environment. Staff told us how they used their British sign language skills (BSL) and Makaton (a method of communication), for example, to ensure people were included in friendship groups outside of school classes, and understood information and discussion around class topics. Again, staff showed how committed they were in promoting peoples' communication, taking time, and understanding a wide range of communication technology. The registered manager was ensuring there was written instructions for each device including trouble shooting.
- Staff took the time to understand people's individual communication styles and develop a rapport with them. Information was added to care plans as it was received to further enhance peoples' communication and language as they got older.
- People were enabled to make choices for themselves, and staff ensured they had the information they needed. Expanding choices was promoted and we heard how some people had become more confident in expressing choices with staff support. One person was now able to express 'I want...' and 'I don't want...' for example, with staff celebrating the person's voice.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those

relevant to protected characteristics. The registered manager was supporting staff to devise further information for teams about neuro-diversity and adolescence and puberty.

- People, and those important to them, took part in making decisions and planning of their care and risk assessments. People and families were supported to discuss their goals and 'ambitious outcomes' which were then monitored and reviewed.
- Staff supported people to maintain links with those that are important to them.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence .
- Staff knew when people needed their space and privacy and respected this. For example, ensuring that support using the bathroom was discreet and respecting quiet preparation time and support to undertake school exams.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Skilled staff supported people in a holistic and highly individualised way. People all had a 'My Story' which documented their life, achievements and goals on a 3 monthly basis.
- Support focused on people's quality of life outcomes, and people's outcomes were regularly monitored and adapted as a person went through their life.
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans.
- Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations.
- Staff discussed ways of ensuring people's goals were meaningful and spent time with people understanding how they could be achieved.
  - Preferences (i.e. gender of staff) were identified and appropriate staff were available to support people with matched interests.
- People were supported with their sexual orientation, religious, ethnic and gender identity without feeling discriminated against.
- Staff offered choices tailored to individual people, using a communication method appropriate to that person.

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 ensured people had access to information in formats they could understand.
- There were visual structures, including objects, photographs, use of gestures and symbols which helped people know what was likely to happen during the day and who would be supporting them. Some staff were highly skilled in British Sign Language.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- Staff worked closely with health and social care professionals and ensured people were assessed to see if

they would benefit from the use of non-verbal communication aids. Staff kept up to date with new technology.

- There was individualised support such as tailored visual schedules to support people's understanding.

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

- People were encouraged and motivated by staff to reach their goals and aspirations.
- People were supported to participate in their chosen social and leisure interests on a regular basis. Staff also supported people socially and for respite outside the school term. Staff ensured people were able to meet up with their peers and friends.
- Staff provided person-centred support with self-care and everyday living skills to people.
- Staff ensured adjustments were made so that people could participate in activities they wanted to.
- People were supported by staff to try new things and to develop their skills.
- Staff enabled people to broaden their horizons and develop new interests and friends.

Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and compliments. This was thorough discussions with them by staff on a regular basis who were able to recognise when people were not happy with a situation. The provider ensured relatives were aware of a clear complaints process should they wish to use it.
- The service had received one formal complaint which had been addressed in line with the organisation's policies and procedures.

End of life care and support

- At the time of inspection, no-one in the service was receiving end of life care. If that changed, the registered manager told us they would consult with the person, their relatives and health professionals to ensure they received care in line with their needs and preferences. People all had a support and outcome plan.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The provider worked hard to instill a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The nominated individual and registered manager were approachable and took a genuine interest in what people, staff, families and other professionals had to say.
- The provider was alert to the culture within the service and spent time with staff, people and families discussing behaviours and values. The service had been run by another provider prior to this registration and families spoke of how they felt the service had improved with the new registered manager. For example, staffing levels and communication were priority.
- Staff felt respected, supported and valued by the registered manager, which supported a positive and improvement-driven culture. One staff member said, "I feel very valued within my job, 'positive moments' (a scheme where staff were encouraged to document and share 'positive moments') that are used for our young people and staff members, boost self-esteem and morale when it comes to working. It is nice to be appreciated for what we do through these positive moments. We have also received positive moments from families towards the staff."

Some staff did not feel their pay reflected the complex skills required to support people but showed great commitment to the service and individuals.

- Staff felt able to raise concerns with the provider without fear of what might happen as a result.
- The provider set a culture that valued reflection, learning and improvement and they were receptive to challenge and welcomed fresh perspectives. Staff views were valued and put into practice.
- The provider and staff put people's needs and wishes at the heart of everything they did.
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose and service user guide documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in MSIE.
- People were constantly encouraged to lead rich and meaningful lives. For example, staff were gathering and sharing activity and destination ideas that were fun and accessible for people, with accessible facilities and space. One staff member said, "The young people really benefit from our service, it supports them to be able to access their education and feel as though they are being supported through this time. The young person is at the centre of everything we do, so we ensure they are receiving the best possible education they can. We support people socially to be able to enhance their social interactions and to explore a range of

different places too."

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 service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. Families said, "The manager is excellent. She has taken over fairly recently. She is fantastic. I know I can always ring and email her. She is responsive. I feel listened to and heard. She is passionate about delivering the best service possible."
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team.
- Systems were in place to monitor the quality and safety of the service.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. Due to peoples' complex needs, staff worked very closely with specialist services and health professionals and families on an ongoing basis and were highly skilled.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. The registered manager worked hard to ensure staff felt valued. For example, they were looking at ways to make training and supervision easier to access after a day's work, and to make team meetings more sociable with time for peer support. For example, there had been a team building treasure hunt.
- The provider understood and demonstrated compliance with regulatory and legislative requirements.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. Staff worked in 'mini teams' with individuals to ensure consistency and high level knowledge about peoples' needs.
- Staff delivered good quality support. All families praised the staff. Comments included, "[Staff are] amazing. Brilliant individuals. I think of them as part of the family" and "The carers are amazing and go above and beyond. They always know what [person's name] likes and make sure they know them really well. They communicate really well with what happened that day." It was sometimes difficult to cover staff absence and sickness, which staff and families told us about. The registered manager and provider were in discussion about how to improve this issue, which can be challenging for such a specialist service within funding parameters.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- Staff confirmed they were kept up to date with things affecting the overall service through conversations with the provider on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system and about individuals to ensure consistency of care and support.
- The provider and their staff team were in regular contact with families, via phone calls, technology and visits. There were online private groups, a newsletter and regular meetings with families. The provider recognised the importance of continually improving the service to meet people's individual needs. The

registered manager was in the process of contacting all families and gathering their views to improve the quality and safety of the service and the care being provided. Families' comments included, "Sometimes they run parent forums where you can raise concerns and ask questions. They are proactive there" and "They have done a few questionnaires. They do listen and they do regular online zooms with parents."

#### Continuous learning and improving care

- The provider kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements within funding restraints.
- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.

#### Working in partnership with others

● The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and various specialists specific to certain conditions/needs. Regular reviews took place to ensure people's current and changing needs were being met.

One health professional said, "Staff have all been fantastic and are highly skilled individuals. They have been and are essential to the young person doing as well as they are doing- expanding the world, enabling learning and relationships. They have also worked very well with other professionals to ensure there is a team approach to supporting the young person."