

Sense

SENSE Community Services and Supported Living (South West)

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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was announced and took place on 14 and 15 July 2016. It was carried out by one inspector. We told the provider two days before our visit that we would be coming. This was to ensure the manager (or a suitable deputy) would be available to meet us at the provider's office and also to make arrangements for us to meet with some of the people who used the service.

Sense Community Services and Supported Living (South West) supports deafblind people who are dual or single sensory impaired with additional physical or learning disabilities. The location headquarters is at Providence Court. The provider is Sense, a national charity organisation for people who are deafblind. The term 'deafblind' covers a wide range of people, some of whom may or may not be totally deaf and blind.

The service is registered with the Care Quality Commission (CQC) for the provision of personal care in people's own homes. This includes assistance or prompting with washing, toileting, dressing, eating and drinking. At the time of the inspection the service supported nine people under a 'supported living' arrangement in five single and shared occupancy houses in Exeter, Poole and Havant. The service was responsible solely for the provision of people's support services and not for the provision of their accommodation. This meant people had individual tenancy agreements and their personal care was provided under a separate contractual arrangement. In addition, the 'intervenor' service provided specialist one to one support to nine adults, communication support worker services supported one adult and the day service community support worker supported one adult. The role of the intervenor is to help the deafblind person interact and communicate with the outside world. These people lived in a variety of settings, including with families, in an adult placement and in a residential home. The service also provided other forms of social care support that are not included within CQC's registration requirements for a supported living service. In addition to personal care support, the service assisted people with their housekeeping, shopping, social and employment activities, attending appointments and other independent living skills. Providence Court provided a day service and was the home of Café 55, run by deafblind and disabled volunteers and open to the general public.

At the time of the inspection a management restructure was underway. The intervenor service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. Two new managers were managing the supported living services and in the process of registering with the Care Quality Commission. The previous registered manager for the supported living services was now, 'operations manager' for the region. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff really enabled people to live meaningful and fulfilling lives; working in partnership with them to identify and achieve their personal goals. They were available to support people with personal care when needed, but the focus was on providing practical support while promoting people's independence. This boosted

people's confidence and self-esteem and they told us how proud they felt when they achieved their goals.

People engaged in a wide range of activities of their choosing. The service assisted people with work placements, holidays, budgeting, safety, family contact, social networks and clubs. Recently people had created a play with a drama therapist, and performed it at a local theatre. Another person had helped to raise awareness about Sense by making a video about the intervenor service and doing a presentation to health and social care students at a local college.

A manager told us, "Genuinely the people we support are at the centre of what we do... They choose what they do. They tell you what they want". The service worked to ensure that people were fully and meaningfully involved in decisions about their care and the way the service was run. Where possible, people and their families were supported to recruit their own staff team and instruct them on how they wanted their care to be provided. Some people kept their own daily records in a format of their choosing. The service ensured people were able to contribute by using a wide range of communication methods, according to their individual needs, like giving staff smart phones to create a pictorial record for people to use in their reviews. Where people did not have the capacity to make decisions for themselves, for example about going to the dentist, they were fully supported to express their views during the best interest process, using photographs of the dentist to facilitate discussion.

Each person had a core team of support staff, and the majority had worked for Sense for a long time. This meant people knew the staff who supported them well, and the staff had a detailed knowledge of their needs and preferences. We found staff were motivated and committed to valuing people and their achievements and supporting them to fulfil their potential.

Care plans were clear and contained detailed guidance for staff to help them promote people's ability to make choices and meet their support needs effectively. People told us they were happy with the personal care and support they received from the service. One person said, "The carers are kind and respectful, they support me to be more independent" The relative of a person with complex support needs said, "For anybody who has complex needs like [person's name] I think it's an absolutely fantastic service".

Policies and procedures ensured people were protected from the risk of abuse and avoidable harm. Staff had received a range of training and information including safeguarding adults and safeguarding children. They were confident they knew how to recognise and report potential abuse.

Systems were in place to ensure people received their prescribed medicines safely. People were also supported to access other health and social care professionals to maintain good health and well-being.

Staff told us they were well supported by the provider, managers and each other. They received a thorough induction and ongoing training which allowed them to meet people's needs effectively, and continue to develop professionally. Some training in British Sign Language (BSL) was given by people who used the service. Staff whose first language was BSL were able to access additional support, such as interpreters, and the service was considering how to make their professional development more accessible by making it more competency based. Staff received regular one-to-one supervision and attended staff meetings. They were kept informed and up to date via staff publications, briefings and Sense's intranet site, where there was an area dedicated to practice sharing and recognising best practice.

People and their relatives told us the management and staff were very accessible and approachable. They said they could raise issues or concerns with any member of staff or with the managers and were confident they would be dealt with effectively.

The provider had a range of monitoring systems in place to check the service was running smoothly and to identify where improvements were needed. People and their relatives were encouraged to speak out and raise concerns, complaints or suggestions in a variety of ways. They were asked to complete annual survey forms seeking their views on all aspects of the service. People were invited to contribute to audits of the service, using a 'personalisation' tool which allowed them to express what was working for them and what wasn't. People were also able to express their views through a representative who attended the providers service users reference group (SURG).

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.

People were protected from the risk of abuse and avoidable harm.

All new staff were thoroughly checked to make sure they were suitable to work at the service.

Risks were identified and managed in ways that enabled people to maintain as much independence as possible and to remain safe.

Is the service effective?

Good ●

The service was very effective.

Staff were recruited to meet the specific needs of the individual they would be supporting, and people were fully involved in the recruitment process, choosing their own staff team.

The service acted in line with current legislation and guidance where people lacked the mental capacity to make certain decisions about their support needs.

Staff supported people to develop their skills and confidence around meal planning and preparation.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect and were supported to achieve their personal goals.

Staff had a good understanding of each person's preferred communication methods and how they expressed their individual needs and preferences.

The service was proactive in ensuring people were fully informed and involved in decisions about their care.

Is the service responsive?

Outstanding 

The service was extremely responsive.

Staff really enabled people to live meaningful and fulfilling lives; working in partnership with them to identify and achieve their personal goals.

The service ensured people felt empowered and a real sense of pride in their achievements by involving them fully in planning and risk assessing their support and activities, using communication methods most appropriate to them.

The service supported people who wanted to take an active and meaningful role in the local community, for example through work placements or working with students.

Is the service well-led?

Good 

The service was well led.

The service was person centred; ensuring people were fully involved and able to contribute using communication methods appropriate to each individual.

People were supported by a motivated and dedicated team of management and staff.

The provider had effective systems in place to monitor the quality of the service and make improvements where necessary.

SENSE Community Services and Supported Living (South West)

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 and 15 July 2016 and was announced. We told the provider two days before our visit that we would be coming. This was to ensure the manager (or a suitable deputy) would be available to meet us at the provider's office and also to make arrangements for us to meet with some of the people who used the service. It was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service. We looked at the information we had received from the service including statutory notifications (issues providers are legally required to notify us about) or other enquiries from and about the provider.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During this inspection we went to Providence Court and spoke to the operations manager, two registered managers and one new manager who was in the process of registering with the Care Quality Commission as a manager for a supported living service. We also met five members of staff and six people who received a regulated care service. We reviewed the care records of four people that used the service, two of which had

been written by the people themselves. We looked at the records for four staff, and records relating to the management of the service. After the inspection we spoke with four relatives by telephone and had further email feedback from seven members of staff.

Is the service safe?

Our findings

People who used the service told us they felt safe and supported by staff. One person said they would text staff if they were on their own and there was a problem. Relatives commented, "I trust them 110%", and, "We have total trust in every member of staff. The support is second to none. They could take [my relative] to Timbuctoo and it wouldn't matter".

People who used the service were potentially vulnerable to abuse due to their sensory impairment and/or learning disabilities. The service protected people from the risk of abuse through appropriate policies, procedures and staff training. Safeguarding scenarios were discussed at staff meetings. People were supported to develop awareness and strategies to keep themselves safe, using relevant internet resources. We saw the service had worked effectively with people, their relatives and other agencies to investigate concerns and minimise risks. Effective disciplinary procedures were in place.

Staff knew how to recognise if people were vulnerable to abuse and emphasised the importance of good communication and a trusting relationship. They told us they would not hesitate to report any concerns and were confident their managers would take any action necessary to ensure people were protected. The safeguarding process was overseen by Sense's safeguarding board. The PIR stated the board's remit was to, "provide assurance to Sense senior management and our clients on the quality of safeguarding practice in Sense's direct services; provide independent scrutiny of Sense's safeguarding policies and practices, benchmarking them against wider sector practice, legislative and registration requirements; and make recommendations".

Risks of abuse to people were minimised because the provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the service. Staff recruitment records showed appropriate checks were undertaken before staff began work. Disclosure and Barring Service checks (DBS) had been requested and were present in all records. The DBS checks people's criminal history and their suitability to work with vulnerable people.

Risks were assessed and managed effectively to keep people safe. Staff told us, "Risks are part of life and we support people with an aim to minimising risks in living a full and active life as they cannot be eliminated. In our working practice we would support all people to be aware of risks, involving the deafblind people that we support in taking an active role in this - where possible". The manager explained how people with capacity to understand risks worked closely with their intervenor to see what the risks might be and how they might be managed, using communication methods appropriate to their needs like symbols, or photographs.

Support plans contained risk assessments with measures to ensure people received safe personal care and support. For example, they told staff how to manage a person's choking risk, or how to tell if they were in pain. They told staff how to recognise if a person was becoming anxious, angry and frustrated and provided clear strategies for diffusing this, "Everything you do should be with a smile". Staff told us, "We risk assess activities, and in any given situation consider the risks to the people we support and ourselves as we carry

out our work duties and duty of care on a daily basis". This was confirmed by a relative who said, "Staff take [family member] out and I am confident they are safe with them. They always complete a risk assessment if they are going to try something new".

Each person supported by the intervenor service had a core team of support staff specifically assigned to them. A regular team of staff worked across the supported living houses. This ensured people were familiar with the staff who supported them and the staff understood their needs and preferences. Staff told us the staffing levels were appropriate to meet the needs and preferences of the people they supported in all but one supported living service, where agency staff were used. A recruitment drive was underway to rectify this. A relative told us, "There is a stable staff team. [Person's name] likes continuity. They are getting more accepting of people. The staff understand them and they understand the staff. The people in their team can cover if somebody else is off".

The provider operated a 24 hour on-call system for staff to access if they needed management advice or additional staff support. Staff had confidence in this system and were reassured that support was available to them if they needed it.

The provider had a range of health and safety policies and procedures to keep people and staff safe. Staff had a good understanding of the policy and procedures related to accident and incident reporting and there were clear processes for them to follow. Incident reports were reviewed by the provider's health and safety team, allowing them to identify any causes and wider preventative actions that might be needed to keep people safe. For example, one person had fallen due to an uneven pavement, and this was subsequently reported to the council.

Some people required assistance or prompting to take their prescribed medicines. People in the supported living service had shared responsibility, and were working towards taking charge of their own medicines with staff support. Other people needed emergency medicines in case of epileptic seizures. Systems were in place to ensure people received their medicines safely. Staff received medicine administration training, and were observed before being assessed as competent. They were reassessed every 12 months to ensure their practice continued to be safe. Care plans contained detailed guidance for staff about how people should be supported to take their medicines safely.

There were systems in place to make sure Providence Court and the supported living houses were safe for people, and regular environmental risk assessments were carried out to ensure this was maintained. Staff had received training in fire safety, and regular fire checks and drills were carried out. The manager of a supported living house told us they had done a lot of work with people about fire safety, and regularly set off the fire alarm in the middle of the night, as a fire could happen at any time. This was important because there was one member of staff on duty at night, and they needed to know people could get themselves to a designated safe place in an emergency.

Is the service effective?

Our findings

During the inspection we observed staff supporting people very effectively, facilitating communication, supporting with activities and responding to requests for assistance. Relatives told us the service was effective in meeting their family member's personal care and support needs. Comments included, "For anybody who has complex needs like [person's name] I think it's an absolutely fantastic service", "They are very qualified people, very caring", and "They are brilliant. [Person's name] has complex needs. Sense are trained in all that. They are well used to all their problems".

Staff were recruited to meet the specific needs of the individual they would be supporting, and people were fully involved in the recruitment process. For example, a recruitment drive was underway for one particular service. Potential staff had been invited to a coffee morning in a café, where a person using the service was going to tell them about the service using a slideshow called, "This is my life". People and/or their relative sat on the interview panel to ensure the questions asked were relevant to them. One person told us, "I got involved in interviewing staff. I decided on the questions and asked them in the interview. I asked, 'Have you done care work before?'...Whoever supports me has to be prepared to go to the vets and flea the cat". A manager told us all services used British Sign Language, and communication skills were very important, as well as the 'right attitude'. Prospective candidates were therefore invited to an informal, 'meet and greet', where they could be observed interacting and communicating with people. People in one supported living house told us they were very lucky because there were four deaf members of staff working with them.

New staff completed a six month induction which began with a five day introduction to the organisation and its vision and values. Key training was then provided on topics such as supporting people with swallowing difficulties, safeguarding, first aid and positive support planning. New staff also shadowed more experienced staff to help them understand and meet the needs of the individual people they would be supporting. In addition, the service had recently enrolled staff on the new national Skills for Care programme, a more detailed national training programme and qualification for newly recruited staff.

Ongoing training was provided via a mixture of eLearning and face to face training. A manager told us, "We need to think about staff individual learning needs according to whether BSL (British Sign Language) is their first language. We are moving towards a competency based assessment, as it's better for them". Training included personalisation, nutrition, equality and diversity, medication awareness, slips, trips and falls, fire safety, dysphagia (swallowing problems), safeguarding and epilepsy. A five day 'intervenor course' gave staff the knowledge and practical skills to work with deafblind and multi-sensory-impaired people and their families. People using the service taught some staff how to sign. In addition, some 'bespoke' training was arranged as required according to people's individual needs, for example MAPA (the management of actual or potential aggression). Annual capability checks and mandatory refresher training ensured staff knowledge remained current and up to date, and continued professional development was supported and encouraged. Staff were positive about the induction and training, "Sense has an excellent induction process and regular training updates. This is reflected in the longevity of staff service and levels of care provided in what is a specialist area of work. The training is focused to enable staff to feel competent in supporting deafblind people effectively. There are also lots of training opportunities to improve your skills in certain

areas or become a trainer yourself". One person using the service told us, "Staff are always kind and friendly. They are well trained in visual impairment".

Staff told us they were well supported by their managers and by the organisation. They had formal supervision every six weeks and an annual appraisal. One member of staff told us they used supervision to look at their goals. They described their manager as, "very human and approachable about problems... happy to discuss with me if there's an issue". Another manager told us they booked interpreters to support deaf staff in supervision, "because it's hard to sign and make notes at the same time".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 a person lacks the mental capacity to make a particular decision, any made on their behalf must be in their best interests and the least restrictive option available. We checked whether the service was working within the principles of the MCA. Staff had received training and had an in depth understanding of the requirements of the MCA. In addition, managers carried out regular audits of how the legislation was being used in their service, and how staff were supporting people to make choices and decisions. When people lacked the mental capacity to make certain decisions the service followed a best interest decision making process. For example, a best interest process was followed to support a person who was anxious about going to the dentist. Although they had been assessed as not having capacity to make a decision about going to the dentist, they were enabled to be fully involved in the process through using photographs of the dentist to facilitate discussion. The agreed support plan helped them overcome their fear and they now attended the dentist regularly.

People can only be deprived of their liberty to receive care and treatment which is in their best interests and legally authorised under the MCA. The Deprivation of Liberty Safeguards (DoLS) authorisation procedure does not apply to supported living services. For this type of service, where a person's freedom of movement is restricted in a way that may amount to deprivation of their liberty it has to be authorised by the Court of Protection. Some of the people currently being supported by Sense Community Services and Supported Living (South West) were at the start of this process.

When required, staff assisted or prompted people to have sufficient to eat and drink and to have a balanced diet. Staff told us they supported people to have a balanced diet as far as possible. "We can tell them, 'This is what a healthy diet looks like', but if they have capacity and choose not to follow the advice, they are allowed to make that mistake". Staff supported people to develop menus, cook meals and shop for food on the internet. One person, in a supported living house, told us, ""Everybody cooks, we take turns". Their specialities were curry, pasta, and Sunday roast. Another person with visual impairment told us they liked to do as much as possible themselves, and were working towards increasing their skills and independence. Staff gave them verbal support to help plan and check their menus. They also used equipment to support their independence, such as a talking microwave and audio labels which helped them distinguish between different meals and told them how long the meal took to cook.

We saw from care records that people were supported to see various health and care professionals according to their needs, for example: GPs, social workers, physiotherapists, speech and language therapist, dentists and an optician. One person, with very complex needs, was supported by a multi-agency team which included Sense staff. Staff monitored people's health and wellbeing to help ensure they maintained good health and prompted and supported people to attend their appointments. One person's care plan said, "It is vital that [person's name] is accompanied to all medical appointments and procedures so that you can sign to them what is said, being done and reassure them as well as acting as an intervenor with non-signing professionals". Double appointments were made with GP's to allow time for effective

communication. Feedback to a manager from a Speech and Language Therapist said, "Just wanted to let you know how impressed I was with [Manager's name] and their team. All staff were very supportive and appropriate in their communication with [person's name], included them in everything, and used an impressive range of communication systems extremely well. They were very respectful and appeared to have a genuine affection for them. All staff were really welcoming and gave me useful information to help my assessment of [person's name]'s mealtime. [Manager's name] was very knowledgeable, and was an excellent advocate for them, giving me up to date information on health input and other relevant information".

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Is the service caring?

Our findings

During the inspection we observed staff supporting people in a patient and caring way. People were relaxed and laughing and enjoyed a bit of banter. People told us the service was caring. Comments included, "The carers are kind and respectful, they support me to be more independent", and, "Staff are kind". This was confirmed by a relative, who said, "You've got to gain [family member's] trust because of their disabilities. They've accepted every member of staff; they are ready to go every day, they like what they are doing. We're very, very happy." Another relative told us their family member had a painful condition currently under medical investigation, "At times they will scream out in pain and be difficult to manage. The carers will sit calmly and stroke their hand, put soft music on or give them a massage."

The Provider Information Return (PIR) stated, "Staff hold a position of trust and responsibility and they are expected to demonstrate consideration for a person's right to privacy, safe support, dignity and respect. Support with personal and healthcare should in the first instance be directed by the person... Support plans and health logs will provide detailed information in how best to provide support." One member of staff, whose first language was BSL, emailed us to say they respected people's dignity by, "Doing in pace without rushing, ask how like to be supported. Show some privacy, door shut instead door open for everyone see". Support plans gave clear guidance to staff about how to work respectfully with people. For example, "Don't assume that if you do not sign you can talk about things you do not want [person's name] to know about. People talking in front of them without signing will cause them great anxiety and they might think you are talking about them".

Staff were able to tell us about people's complex needs, and how they promoted their independence by supporting them to make choices. One member of staff told us, "Some deafblind people have clear ideas about the things they like to do or where to go etc. Others need more support with options and suggestions. Sometimes it's good to offer ideas anyway so people have the opportunity to try something new even if they have fixed ideas on what they want. People need to be empowered to make decisions about their own life and as an organisation we aim to promote this at every level". Staff told us they would help people choose their clothing by telling them what the weather was going to be like, and giving them the fabric to feel. They emphasised the importance of developing effective individual communication to enable people to understand the options and make meaningful choices. This might incorporate a range of methods, for example signing and using 'objects of reference' to represent an item, activity, place or person. One person with autism needed information to be broken down into 'step by step' pieces. Their support plan advised, "Give them as much information (as needed) to make decisions but this can provoke anxiety". Another person used both Polish and British sign language. Two relatives told us Sense had made a real difference to the lives of their family members, because they now knew they could make choices. One relative commented, "Sense have given [person's name] the ability to make choices".

Sense staff worked closely with people's families to ensure they were fully involved and informed about the support their relative received, and the intervenor training supported them to do this effectively. Relatives told us, "There is good communication all the time. The staff are wonderful, I can't praise them enough. My worries are addressed. They are extremely kind" and, "They communicate really well. There is a

communication book. I will ring the manager and vice versa if I have any worries."

The service had supported people following the death of a peer. They had organised a day at a local abbey where they shared memories, using a 'memory box' of letters they had written to the person. This event had highlighted for managers the issue of discussing people's 'end of life' wishes, so they could be documented and respected. A manager had spoken with one person about their wishes for the end of their life; however they found this was a difficult subject for families to talk about. This was a 'work in progress'. Training about 'end of life' support was being arranged for the team.

Is the service responsive?

Our findings

The service was very responsive. The focus was on providing practical support while promoting people's independence. Staff really enabled people to live meaningful and fulfilling lives; working in partnership with them to identify and achieve their personal goals. For example, people had created a play with support from a drama therapist, and performed it at a local theatre. A manager told us, "Seeing people stand up and perform in front of 50 people. Amazing!" One person had an aspiration to swim with dolphins. The service worked with them to achieve this on a holiday, but their physical and sensory needs meant they weren't permitted to actually swim with the dolphins. The manager told us, "We got them as close as we could", and the person had, "kissed a dolphin instead". This had been a real achievement, and this person proudly showed the photographs to people whenever they had the opportunity. The person was now working towards new goals, including going to Wimbledon and seeing their favourite band in concert.

The service ensured people felt empowered and a real sense of pride in their achievements by involving them fully in planning and risk assessing activities, using communication methods most appropriate to them. For example one person had been supported to go on their first ever holiday, which was a Sense camping trip. A change of routine was a daunting prospect for them because of their autism. Staff had an excellent understanding of the support they needed, breaking the planning and preparation down into small steps, using symbols which were meaningful to them to facilitate discussion, looking at photographs of previous camping trips and acting out with the person how they would sleep in the tent. The person showed us pictures on their iPad of what had been a very successful holiday.

In addition to providing assistance with personal care, the service enabled people to take an active role in their community for example through work placements, social networks and clubs. Some people volunteered to work in Café 55, the café at Providence Court which was open to the general public. Volunteers were able to take courses in food hygiene and COSHH (Control of Substances Hazardous to Health), adapted to make them accessible to people with sensory impairment. People were developing links with the local college, actively educating students from a health and social care course about Sense, working with students on placement, making a video about the intervenor service and delivering presentations at the college.

Referrals to the service came from a range of sources, like people leaving college and looking for an adult supported living placement, or moving from residential care into a more independent setting. Initial assessments were carried out in people's main environments, for example home or college and included key people like family members, carers and commissioners of their care. The way people were introduced to the service depended on their individual support needs. For example, someone with Asperger's syndrome might be unable to cope with a trial overnight stay in new accommodation because of a difficulty in managing change, so the transition needed to be carefully planned with them. A manager told us, "It's a balance between taking informed risks and putting people into situations where they can't cope".

Staff were recruited to meet the specific needs of the person they would be supporting. We spoke with one person who was in the process of picking their own staff. They told us once the hours had been agreed, they

would meet with them to discuss the support they required. The relative of a person with more complex needs told us, "I think they are absolutely fantastic. They tailor staff to meet the client's needs. The staff that work with [person's name] seem to understand their needs. They are very patient with them. When Sense interview they have in mind the client they've got. That's really tailoring it to the client's needs. Just fantastic."

Each person had a comprehensive care and support plan based on their assessed needs. People told us they were involved in developing the plan. "The manager does the support plan with me... and we review it together". Staff told us, "Care plans give you an outline of what a person can and can't do. For example, if they're left handed, or have right eye vision or left eye vision. Everyone is such an individual". We saw care plans gave detailed guidance to staff about how to meet people's support needs. "When shopping for food [person's name] can choose where they would like to go. support workers to offer verbal information about where things are, choices available, prices, special offers, dates on food, quality, condition of food etc". Another person's complex care plan had been developed with a multi-agency core group. It detailed the support the person required with decision making, finances, health needs, dietary needs and preferences, daily routines, personal care and when out and about. Goals and monitoring arrangements were clear, and the person and their family were fully involved in regular reviews.

Support plans were monitored on a daily, monthly and annual basis. The PIR stated, "Daily diaries are completed by staff to support and monitor each individual's service to ensure they are living their preferred/chosen lifestyle". Information was gathered using the most accessible method for the person, for example photographs for people who couldn't use written information. Full time staff had smart phones to record activities so that people had a photographic record to use in planning and review processes. Some people kept their own daily diaries, in a format of their choosing. One person showed us their scrapbook, while another person had written down their daily activities and had photographs stored on their iPad. Each person had a monthly core team meeting to review the support provided. They chose who they wanted to attend. The information from these meetings fed into an annual person centred review. A relative told us, "We've just had a review. We have one every year. The managers, the intervenors, they're second to none".

The provider had an appropriate policy and procedure for managing complaints, and there was a more accessible adapted version for people using the service. People told us they would tell staff if they weren't happy. A manager said, "We watch behaviours for people who can't tell us", as this might indicate that something was wrong and needed to be addressed by the staff team. Relatives knew how to make a complaint and had confidence in the process. One relative said, "I have never made a complaint, but would know how to do so. I am confident it would be resolved". Any complaints were overseen by the organisations quality assurance team, to ensure appropriate action had been taken.

Is the service well-led?

Our findings

At the time of the inspection a management restructure was underway. The intervenor service was managed by a person who was registered with the Care Quality Commission as the registered manager for the service. Two new managers were managing the supported living services and in the process of registering with the Care Quality Commission. The existing registered manager for the supported living services was moving to the role of 'operations manager' for the region.

The operations manager and other managers supported the inspection process, facilitating communication between the inspector and people who wanted to contribute. It was clear they had a warm and trusting relationship with people and a detailed knowledge of their support needs. People, staff and relatives were very complimentary about the managers. One relative said, "It's a well led, well managed service. You can tell from people's happiness. There is never any atmosphere." Staff comments included; "My manager is really supportive. I like the way we've got a long standing team of staff, it says something about the service" and, "I get brilliant support from Sense. I always know my manager is on the end of the phone". The provider supported the professional development of its senior staff and managers, for example by providing a five day management course to improve coaching and management techniques, a "Growing Stronger Leaders Together" course, and supporting managers to complete the Diploma in Deafblind Studies.

Relatives also spoke highly of the provider and the organisation as a whole. They told us, "There are consistent staff from above to below. They are very open, they come down to your level; all the managerial side, there's no hierarchy. They will come and talk to you, even the chief executive. They are the most ordinary, normal people you could possibly get. It's like a big family".

The managers had a shared ethos for the service. One manager told us, "Genuinely the people we support are at the centre of what we do. They choose what they do. They tell you what they want. We have a genuine desire to make a difference and help people we support make a difference. It's great seeing people achieve things you would never have thought possible." Another manager said, "We support deafblind people to achieve the best they can and make the choices they want. It's about valuing people and their achievements". This ethos was underpinned by a set of 'I' statements which described Sense's values and the expectations of everybody involved with Sense, in any capacity. In summary, "People are listened to, understood and respected. We are honest and open and we encourage everyone to participate and contribute. We also ask people to consider the benefits of taking informed risks and to celebrate success when it comes. Our final 'I' statement is, 'No decision about me without me', as we always seek to involve people in decisions that affect them".

Staff told us they were well supported by their colleagues, the management team and the provider. Deaf staff had access to a work budget so they could book their own interpreter if required. One member of staff said, "I feel Sense is a very good organisation to work for. I have been working here for over 12 years and there are many longer serving team members in the Intervenor Service. We have a great team and are able to work alongside and support each other as well as receive support from our manager and other systems within the organisation, (Sense helpline/Employee assistance programme)." Other comments included, "I've

never been as well supported as I am by Sense", and, "I love it. It's the best organisation I've ever worked for". A manager told us, "I've got a fabulous staff team. The staff are able to pull together. I know they will do stuff to the best of their ability. I'm very proud of my staff team. They have to deal with very difficult situations. They have to be professional."

The provider had a comprehensive quality assurance system to ensure people's needs continued to be met effectively. Managers completed monthly operational audits each month, which looked at a different aspect of the service. They told us, "People love being involved in the audits. We use a personalisation tool to look at 'what's working/not working?' This helps to get people's views, leads to discussions and helps to resolve issues between people at the house". This process was overseen by the quality assurance team, who also reviewed all accident and incident reports, complaints, safeguarding concerns, medication errors, training and HR processes. This ensured any trends were identified, appropriate action taken and information shared across the organisation as required. Audits were also carried out by Sense's Quality Team based on Sense's 'I' statements, using feedback from people using the service. Two supported living services and the Intervenor and Community support services had recently received a letter of recognition from the Quality Team for the high quality support provided.

Regular tenants meetings were held in the supported living houses, attended by staff and the people who lived there. Interpreters were used so that everybody was able to participate fully. People told us they valued these meetings. They were an opportunity for them to feedback on the service and identify additional support needs as well as plan holidays and draw up the cake rota. A separate staff meeting was held afterwards. A manager told us, "This way everyone is involved. If we were talking about the cleanliness of the home or an issue we've had. It's open and transparent and we know they're fully informed." People were also supported to express their views at their monthly review meetings, and were represented at the service users reference group (SURG) by a person who used the service. The representative told us, "We exchange information, have meetings, talk about the service, activities and payments". Annual satisfaction surveys were sent to families and staff by the provider's quality assurance team. The results were collated and distributed, and changes made if required.

The provider organised and participated in various forums for exchanging information and ideas and fostering best practice. Managers attended service related conferences. They were kept informed and up to date via staff publications, briefings and Sense's intranet site, where there was an area dedicated to practice sharing and recognising best practice. This information was also accessible to staff and people who used the service. Regular managers meetings were an opportunity for managers to get advice and support from colleagues, share information and discuss practice issues. Any new ideas or learning could then be shared with their team to improve the support provided to people. Exceptional staff performance was celebrated nationally at the 'Sense' Awards. Strong community links were fostered, for example by the provision of placements for health and social care students at the café at Providence Court and a supported living house. People using the service were able to work with the students to help them learn about the life of a 'deafblind' person and raise awareness of Sense.

As far as we are aware, the provider met their statutory requirements to inform the relevant authorities of notifiable incidents. They promoted an ethos of honesty, learned from any mistakes and admitted when things went wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.