

Sense

SENSE Community Services and Supported Living (South West)

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service:

Sense Community Services and Supported Living (South West) provides an outreach service and supported living service for deafblind adults 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. At the time of this inspection there were nine people who received support from the service in a supported living setting and 12 people receiving an outreach 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. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:

People were supported by staff who were passionate about giving people the right support. The staff team were exceptionally sensitive to the needs of people with sensory loss. Staff understood the things that were important to each individual, including the small everyday things that people with full hearing and sight may take for granted, such as who was in the room with them, and what other people were wearing. People wanted to know about the colours around them, the plants in the garden, and if there was a rainbow in the sky. They also enjoyed a joke. The skilled support from staff enabled people to experience the world around them, and to feel connected to friends, family and the local community.

People were truly respected and valued as individuals. Staff were sensitive to people's feelings, worries and concerns and used their communication skills to help people express their feelings. A member of staff told us, "When people feel emotional staff give people time to sit and chat". People told us they felt safe in the service. Staff knew how to protect people from all forms of abuse or discrimination. The service considered innovative ways of helping people gain independence and achieve goals and wishes, and at the same time remain safe, for example through the use of technology.

Staff were highly skilled in using the appropriate communication methods for each person. We observed staff using British Sign Language fluently. People and staff enjoyed sharing a joke. We observed people and staff laughing and enjoying lots of friendly banter through the use of sign language. People told us the staff were well trained, and the records we saw supported this. There was a stable and consistent staff group who people knew and trusted. Staff were recruited safely and there were enough staff available to meet people's needs. Staff were flexible, and willing to work at times to suit each person, which meant people were able to go out, and to do the things they wanted, when they wanted. Staff received good induction and ongoing training and updates on a range of topics relevant to people's needs.

People were empowered to realise their full potential and achieve their dreams and goals. The service employed specialists such as art therapists, and also worked with external specialists to support people to learn new skills. Staff were exceptionally skilled in recognising people's abilities and talents and giving them the confidence and emotional support to succeed. Staff were passionate about embracing people's interests. We saw examples of colourful and skilled artwork, and heard about the many hobbies and interests people participated in. We also heard how some people's lives had been transformed since they began receiving support from Sense. A relative told us, "Its heaven for [person]. She can do so much here. She has come out of herself."

People were fully involved and consulted in every aspect of the support they received. A person who was deafblind told us, "I have a support plan. I give feedback on the plan. I give text feedback on the plan. It's all good. I use Braille. I can make changes and edits. I am confident the staff follow the care plan".

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. If people lived in settings that did not give them the freedom or independence they wanted, the service worked with other agencies such as housing associations to help them find a place to live that better suited their needs.

The service was well-led. The well-established staff team were highly motivated and told us the registered managers were supportive. There were good quality assurance systems in place and people were consulted and involved in making positive improvements to the service. A person told us about the service they received and said, "Well I think it's outstanding!"

Rating at last inspection: The previous inspection took place on 23 September 2016 when the service was rated as Good overall, with Outstanding in the Responsive domain.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned based on the rating. If we receive any concerns we may bring our inspection forward.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Well-Led findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally caring

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

SENSE Community Services and Supported Living (South West)

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The first day of the inspection was carried out by one inspector. The second day was carried out by one inspector accompanied by an interpreter who is fluent in British Sign Language.

Service and service type:

Sense Community Services and Supported Living (South West) provides an outreach service and supported living service for deafblind adults 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. At the time of this inspection there were 12 people using the service.

The service had two managers registered with the Care Quality Commission. One manager is responsible for the supported living service and one manager is responsible for the outreach services. 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 5 days' notice of the inspection site visit because it is small and the managers are often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The second day of the inspection was delayed because we needed to wait until an interpreter was available to enable us to have confidential discussions with people who used the service.

What we did:

Before the inspection we reviewed the information we had received about the service since the last inspection. This included notifications we received from the service, and communication from other professionals who supported people who used the service. The provider had completed a Provider Information Return (PIR) before the inspection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also received feedback from three health or social care professionals.

During the inspection we spoke with two registered managers, six people who used the service, five staff and one relative. We also looked at a range of information, including two people's care records and medicine records, staff records, records of accidents, incidents and complaints, audits and quality assurance reports.

Is the service safe?

Our findings

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

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and we saw they were relaxed and comfortable in their surroundings. A person who communicated using sign language told us they felt safe because all the staff used sign language. They said they could talk with anyone if they had any concerns.
- All staff had completed computer based courses on safeguarding every year. They also received more in-depth classroom-based safeguarding training during their induction, and every three years. A member of staff told us, "I had safeguarding training at the start. I am confident I could raise any issues with the managers. I know where to access the information about the safeguarding agencies if I need it."
- A registered manager told us, "If something is disclosed it is taken seriously and documented. We then contact [the local authority safeguarding team] and wait to be led by them on the right procedures to take." They held regular conversations with people to encourage them to speak out about any concerns. They said, "People are very used to telling the managers about their concerns."
- The service provided people with information about safeguarding and staying safe in a range of adapted formats, for example braille or picture format, to suit each individual. Monthly person-centred reviews also gave people opportunity to speak out if they had any concerns.
- Training sessions were held to support people on how to keep themselves safe, for example, helping them to take care with internet and social media.

Assessing risk, safety monitoring and management

- Where risks had been identified the service worked with people to enable them to manage their risks safely. The service actively sought out new technology to help people remain safe. For example, a person who was blind had experienced several falls. Staff considered the reasons why these had occurred and found the falls often occurred when the person got up to do something, for example, open or close their curtains. They helped the person to obtain technology which recognised speech, and this enabled the person to tell the technology to open or close the curtains, or switch on the lights. The number of falls the person experienced reduced significantly after this technology was introduced.
- People were enabled to take positive risks to do the things they wanted to do, as safely as possible. Staff showed empathy, and had a positive 'can do' attitude. For example, a person who was blind loved dolphins. Staff supported the person to go on holiday to Portugal where they hoped to achieve their dream of swimming with dolphins. When they visited the tourist attraction the staff at the venue considered it was too risky to allow the person to swim. However, the Sense staff worked with the venue staff to enable the person to touch the dolphins from the side of the pool. For the person, this meant their dream had been achieved. When they returned home they painted a picture of the dolphins (using textured paint) to remind them of their dream holiday.
- Risks to people's health and safety were assessed and care plans provided detailed information to staff on how to support people to enable them to remain safe. Risks associated with people's health were assessed,

for example, epilepsy or choking. The service worked with specialist NHS staff to ensure guidance was in place and followed. Risks associated with people's daily activities were also assessed. For example, swimming. This meant people could do the things they wanted to do, in the safest way possible.

Staffing and recruitment

- Where possible, people were actively involved in decisions about the staff who will provide their care and support, for example in relation to recruiting or choosing the staff who will work with them. People could specify the skills and interests of prospective staff in the job advertisements. If people did not like the applicants when they met them, their views were respected. There were sufficient staff employed to meet people's individual needs. There was a stable staff team, and many of the staff had worked for the service for a number of years. The use of agency staff to fill vacant shifts was low. This meant people could be confident they would be supported by staff who had the experience, knowledge and skills to meet their needs safely.
- Staff were recruited safely. The provider ensured all required checks and references were gathered before new staff were confirmed in post. Gaps in previous employment were explored. Where references did not provide sufficient evidence, further references were obtained until they were confident of a person's suitability for the post.

Using medicines safely

- Staff worked creatively with people to enable them to have as much control as possible over their own medicines. People held their own medicines. Risk assessments had been carried out to identify the level of support each person needed. Staff worked with people to find solutions to address risks and enable people to manage their own medicines. For example, a person who previously needed staff to administer their medicines now used technology to remind them when to take their medicines. Their relative told us, "[Person's name] now looks after her own medicines. [Technology] prompts her. Staff just open packets. They get her water. She makes sure she gets the right medicines."
- The service supported an NHS England drive to stop the over-medication of people with learning disability (known as STOMP). They had worked with people's GPs to ensure medicines were regularly assessed, and reduced where possible.
- Where people were supported by staff to take their medicines, records were maintained of all medicines prescribed to the person. There was good information about each medicine and the reason why it was prescribed, and any associated risks. Administration records were well maintained.
- A person who used the service told us, "Staff at Sense they are special because they support you". They went on to say, "I'm in control. I'm independent. The staff just help me with medication to remind me I have to take my medication. Everything keeps fine. I am very proud of that".
- Staff received training and regular updates on medicine administration. Their competence was regularly checked to ensure they followed safe practice when administering medicines. We observed a member of staff administering eye drops. They took care to follow the correct procedures, and used disposable gloves to prevent the risk of infection.

Preventing and controlling infection

- People were encouraged and supported to keep their home clean and tidy by following safe hygiene standards. Personal protective equipment was readily available to staff when assisting people with tasks where there may be a risk of infections, such as assisting with personal care.
- Laundry was washed following safe procedures. Dissolvable red bags were used for any laundry which may be an infection risk.
- Staff had completed infection control training. Spot checks were carried out to ensure staff followed safe infection control procedures. Staff knew where to find policies and procedures on infection control.

Learning lessons when things go wrong

- The service had a positive approach to learning from negative events. A registered manager gave an example of a person who said they did not like certain staff. When they looked at the reasons for this they realised it may be a training issue. The whole staff team received training by an enabling specialist to ensure staff understood how support people's independence. The person and their relative drew up guidelines for staff to follow. The person's staff team was adjusted to ensure they had staff they felt comfortable with.

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

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
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.

- We checked whether the service was working within the principles of the MCA. People's capacity to consent had been assessed. Care records demonstrated consideration of the MCA and how the service had worked alongside family and health and social care professionals when there were changes in a person's capacity to consent to care.
- Staff acted as champions to ensure people experienced good healthcare outcomes. Staff were willing to go 'above and beyond' to ensure people felt involved in their care, particularly when they were in unfamiliar settings people, giving up their own time where necessary. A person with sensory loss became seriously ill and was in hospital for a long time. A member of staff visited them in hospital in their own time to help the hospital team with communication. They used sign language to make sure the person understood what was happening. They also explained to the hospital staff the care the person wanted.
- Before people began receiving a service the agency gathered as much information about them as possible to ensure they were able to meet the person's needs. People, their families and professionals involved in their care were involved in the assessment. A plan was drawn up with the person and their consent was sought for all aspects of the care and support needed. Each person held a copy of their support plan in their home.
- Daily reports were completed by staff who sat down with each person to discuss and agree the content of the person's daily report. The reports showed people had been supported in line with their agreed plan.
- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes.

Staff support: induction, training, skills and experience

- Staff training was developed and delivered around individual needs. Staff were exceptionally skilled in communicating with people with sensory loss. People who used the service and the whole staff team supported new staff to learn sign language, and staff told us this enabled them to learn the skill very quickly. A person who used the service had identified in their support plan that they wanted to teach other people to use sign language.
- People told us the staff were well trained. We asked a person if they thought the staff were well trained and they said, "Yes I do. They are all knowledgeable." Another person told us, "Sense staff are nice. All the staff

are fine. Bank staff and agency staff are all fine. They can all sign well. Sense staff sign well."

- New staff received induction training at the start of their employment. They also spent time shadowing experienced staff until they were assessed as competent to work on their own with people. Staff who were new to the care industry were expected to complete a nationally recognised qualification known as the Care Certificate. This qualification is designed to ensure all care staff have the basic skills and knowledge to support people safely and effectively. A member of staff said, "I had a good induction and probation period. Before I started I attended training courses. Since then the training has been good. E learning and day courses. It's all good".
 - We were given a copy of the staff training records. This showed staff had received training and regular updates on topics the provider had identified as essential. Topics included health and safety, safeguarding, equality and diversity, dignity and respect and person-centred care.
 - Regular competency checks were carried out by senior staff to ensure all staff were following good practice.
- Staff told us they were well supervised and supported by the managers and senior staff team and supported by their colleagues. Supervision was provided every six to ten weeks according to the number of hours they worked each week. Staff were also given an opportunity to choose when they wanted supervision, for example if they had a particular issue to discuss.
- A member of staff who was recruited a few months before the inspection told us, "This is amazing. I wish I had heard about them sooner. I can contact [registered manager] at any time. I receive good support. We have regular staff meetings. We can raise issues, ideas, problems - we work really well as a team. The team are so supportive. I really love the team work."

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

- People were supported to plan and cook their own meals. People ate meals of their choice and were encouraged to eat a healthy diet. Where people shared a house with other people they decided between them how they wanted to plan and cook their main meals. A person told us they sat down together each week to plan the following week's menus. They said, "We do set days of cooking meals. We choose the meals together. I do a Monday. My favourite meals are curries".
- Care plans set out each person's likes, dislikes and dietary needs. Staff supported people to choose their own meals, and also advised them on healthy eating. A member of staff told us, "For me it's that choice. They can say 'No, I don't want to eat that meal. I want this food'".
- Staff supported people to shop for the food and household items they needed. This was either through trips to the local shops, or by ordering groceries on line to be delivered to their home.
- Staff understood each person's abilities and encouraged and enabled people to gain independence by supporting them to cook their own meals. For example, we observed a person who was deaf and blind making the evening meal. They chose the recipe and knew the ingredients needed. A member of staff assisted only with tasks the person could not do. The person stirred the ingredients and when it was ready the person and a member of staff carried the pot together to be placed on a slow cooker which would be ready to be shared with other people in the house later in the day.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with other agencies and professionals to ensure people received the support they needed. A social care professional told us, "They have people qualified in how to communicate with deaf and/or blind people and that is invaluable in the community". Another professional told us, "My experience of the staff is that they are very qualified and skilled in working with this client group with the appropriate communication skills. They optimise each individual's experience allowing them to use total communication and ensuring their needs are understood and met by anybody supporting them."

Supporting people to live healthier lives, access healthcare services and support

- People were supported to receive medical treatment and attend appointments when required. A person said, "If I need to see the doctor the staff will take me. I went for a check-up last Monday. And then three weeks before to get some cream as my wrist hurt".
- A relative told us staff acted quickly if they noticed a person was poorly and made sure they received the right treatment. They told us, "[Person's name] has bad arthritis in her knees. The staff are on top of it. None of it is ignored".
- The service has been developed and designed in line with the values set out in current best practice guidance, such as Registering the Right Support. People who used the service were supported to gain independence and live where they chose. If people lived in settings that did not give them the freedom or independence they wanted, the service helped them to move to a place that better suited their needs. For example, a person who lived in a shared bungalow in a small village told us they hoped to move into Exeter soon. The service was helping them find the right place. They talked about the things they wanted in their new home, and how the staff were supporting them to achieve this.

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

People were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service

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

- Staff understood the things that were important to each individual, including the small everyday things that people with full hearing and sight may take for granted. Staff understood the things people wanted to know about, such as who was in the room with them, and what other people were wearing. A member of staff explained how important the sense of touch was for people who were deaf and blind. They talked about a person and explained, "She knows who is walking around, knows by the touch of a hand who is there".
- A member of staff also explained how important it was to tell people about the world around them. They explained how people wanted to know about the colours around them, the plants in the garden, and if there was a rainbow in the sky.
- A person who was deaf and blind enjoyed reading books using Braille. We heard how they often asked staff to explain certain words to them. Staff understood the importance of explaining words that people with sensory loss may not understand, because people had not been able to see or hear these things first hand. The staff's skills in sign language helped them explain these words. This enabled the person to continue to enjoy reading their books and expand their knowledge.
- Having a staff group who spoke people's language also helped people to express themselves and to share their worries and feelings. Staff were sensitive to people's feelings, worries and concerns. They understood how sensory loss had affected each person. A member of staff told us "When people feel emotional staff give people time to sit and chat". They described how one person liked to have a chat with staff before they went to bed. They described the reasons why this was so important to the person and how this helped them sleep at night. They told us, "All the staff know how important this is to her".
- Staff understood people needed to be given opportunities to use and expand their skills, and to support them to overcome any barriers they may experience due to their disability or sensory impairment.
- Staff treated people as equals and understood the importance of appreciating potential power imbalances in their role. A member of staff described an occasion when they had suddenly felt poorly due to a migraine. The person they were supporting was concerned and wanted to look after them. They described how excited the person was to "feel in a different position", to be able to care for someone rather than being the person receiving care.
- People and staff enjoyed sharing a joke. We observed people and staff laughing and enjoying lots of friendly banter. A member of staff said some people enjoyed going to comedy clubs for people with sensory loss. Staff understood the things that people with sensory loss may find funny, and how this may differ from other people's sense of humour. Another member of staff talked about a recent evening when two people had decided to stay at home instead of going out. They told us, "We had a really good giggle. [Person] stayed at home and we did silly things. They chose what they wanted to eat at home".
- Staff were always willing to go 'above and beyond' and would support people in their own time if needed. A

registered manager told us, "Staff have slept on hospital floors to make sure people have had the right support".

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

- People were supported to achieve their dreams and wishes. At each review of their support needs, people were encouraged to identify their goals and agree how these would be achieved. A relative told us, "Everyone has an annual goal - and if it is physically possible, they achieve it". A member of staff said, "There is a 'can do' attitude among the staff group. We recognise what people can do, despite their disability". We heard examples of people gaining independence through the use of technology, and people going on holidays to places they had always wanted to visit.

Respecting and promoting people's privacy, dignity and independence

- We observed staff interacting with people in a respectful manner. Staff understood the importance of promoting people's dignity, for example by supporting people to wear the clothing, jewellery and make up of their own choice.
- People were supported to learn new skills and gain independence. People described how they were able to go out on their own and use public transport. A person described how they had learnt to do their own cooking, saying, "They encourage me to do things for myself, for example, cooking, with staff. That's why I like the staff".
- A member of staff explained how they were supporting a person who was deaf and blind to gain greater independence, such as paying for their own shopping by using contactless payments or cash. They also explained how person had been given braille flash cards with a picture on one side and braille the other side. The person could use the card to say to shop assistants "This is what I want", for example a Latte coffee.
- The service used technology to support people to gain independence. For example, a person with sensory loss went on a long journey to London. The person failed to get off at the right stop, and this caused staff and friends to panic. The staff recognised the importance of supporting the person to continue to travel independently. They supported the person to use a mobile phone application which staff, friends and family can use to locate the person if they get lost. They can use the technology to see where the person is at all times. The person now travels to visit friends independently and goes to town on the bus with complete confidence, knowing they can be found easily if they get lost.
- A person who was deafblind had been supported to learn how to make their own hot drinks by using a 'one cup' kettle. They were now able to make their own drinks completely independently.
- The service had a property in the centre of Exeter which was used as an office base, and also a community hub, café and day centre. A range of classes were held there where people could learn new skills, such as cooking.
- A member of staff described how two people with sensory loss had formed a close friendship. They liked to give each other a hug, but they found it difficult due to their blindness to locate the other person and to know how to hug the person without hurting them. The member of staff told us, "We have helped them find a way of doing that so that it is comfortable for them. Found a way to make them both feel comfortable without hugging too hard".

Is the service responsive?

Our findings

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

Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People continued to receive highly personalised care and support that met their individual needs and preferences. People were fully involved and consulted in every aspect of the support they received. A person who was deaf and blind told us, "I have a support plan. I give feedback on the plan. I give text feedback on the plan. It's all good. I use Braille. I can make changes and edits. I am confident the staff follow the care plan".
- People were kept informed and consulted about the service, and about things that mattered to them. There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). This is a legal requirement to ensure people with a disability or sensory loss can access and understand information they are given. Information, including a copy of their support plan, was provided in formats suited to each person's needs, such as Braille, large print, pictures, or through the use of technology such as mobile phone applications. The service had secure forums people could access through their mobile phones and computers where they could hold discussions, talk about things that matters to them, and also find out about events going on in the community.
- Staff were skilled in communicating with people, for example through sign language, or by understanding people's facial expressions. For example, staff were able to communicate and understand a person who was non-verbal by recognising all very small body or eye movements. Staff were able to quickly recognise signs of agitation. They understood the things the person liked to do, and things the person did not like.
- Staff were sensitive to people's need to feel important and valued as an individual. They understood how each person had unique abilities and skills, and how they could contribute to society. A registered manager described the difficulties and prejudices people faced when trying to gain employment, either paid or voluntary. They had approached organisations including charity shops but had met with refusal to take on deaf/blind volunteers due to 'health and safety'. Sense had managed to find other work and volunteering opportunities through services they ran, such as a children's specialist group.
- If people needed support or technology to help them achieve their goals and wishes, the service helped them to gain funding, wherever possible, if costs were prohibitive. For example, a person used special technology when they were at school to help them communicate. The technology was owned by the school and when they left they no longer had access to the technology. Sense staff managed to find funding to purchase the technology for the person. The person was now able to express their needs and wishes clearly. They could say what they want to do. Staff can now have a much better conversation with the person.
- People were supported by staff with specialist skills to help them achieve their full potential, their dreams and goals. At the day centre an art therapist was employed. During our inspection we saw examples of people's art work. One person who was blind had created large and intricate paintings. Staff had supported the person to exhibit their work, and some of the artwork had been sold. The person showed us their workbooks which they used to help them plan each piece of work. The art therapist explained how the

person created a small drawing, and they worked alongside the person to explore their ideas and to help them plan how to convert their ideas into a much larger piece of work. Another person who was blind had created colourful and textured paintings of things they were interested in and places they had visited. These were displayed around their home.

- We heard how some people's lives had been transformed since they began receiving support from Sense. A relative told us, "It's heaven for [person]. She can do so much here. She has come out of herself." A person described the support they had received from the staff and how their life had changed. They told us, "Well I think it's outstanding!"

- Staff were passionate about embracing people's interests. People were supported to lead busy and fulfilling lives. At the day centre and café there were a range of classes, activities and events people could join. Ideas for activities were generated by the people who used the service. Some of the sessions held there included Karate, drumming sessions, sewing and drama. People also attended clubs and facilities in the local community. A member of staff explained how they supported a person who wanted to ride a horse. "We went to look at the horses first, then went for lesson the next week and she loved it!"

- A member of staff told us about a person who loved to give friends and family personalised presents such as bird boxes. They told us, "We went to the RSPB shop. We got a pattern for bird boxes. We went to B&Q for wood. We went to the 'Men in Sheds' and asked them to help us put the bird boxes together. We individually wrapped seven presents. Put them all in a big bag. We had lots of fun".

- Staff were flexible about the hours they worked, which meant people were able to do the things they wanted, when they wanted. If people wanted to go to the theatre, to church or other events, staff were happy to accompany them. Staff used sign language to interpret where needed. For example, staff supported a person to go to a choir concert and signed the words for them.

- People were invited to attend group meetings every six weeks where they could make suggestions and ideas about activities they might enjoy. Examples included holidays in Cornwall, balloon festivals, Longleat for the Christmas lights festival and a pantomime in Torquay. Staff were very enthusiastic about supporting people's ideas and wishes and making sure these were achieved.

- Staff recognised the importance of supporting people to keep in touch with friends and family. Visitors were welcomed whenever they visited people, and staff supported people to visit and keep in touch with friends and family, for example, using telephones and computer technology. A member of staff told us, "We have a good relationship and understanding of families. We support people to be a part of their family. Maintaining family relationships is important. We put family first. There is a strong push towards that".

- A relative told us there was a low staff turnover and that meant there had been a consistent staff group who knew the person and the family well. They said, "The staff here have always gone above and beyond. They work longer hours to take her to places she wants to go, such as concerts. The staff do way above their contract. They do a fantastic job given the funding. She has been on several foreign holidays".

- The relative also told us about other activities the person had been supported to do, including art, drama, and pub outings. They told us "It's a packed life. I now have to book an appointment when [person] is free!"

Improving care quality in response to complaints or concerns

- People were given information about how to make a complaint, in a format they could understand.

- People said they were confident they could raise a concern or complaint with staff or the managers and their complaints would be taken seriously. A person told us, "I can tell the staff – an emphatic 'Yes'". A relative told us, "We do it as a team. That's how it should be - working as a team. Sometimes there are fallings out but it all gets resolved".

End of life care and support

- At the time of this inspection, none of the people were nearing the end of their lives. The service held basic information about end of life plans.

- Staff understood the importance of talking about death and dying with people, and supported people

when family or friends were dying. A relative told us a person had found it very difficult to cope with the recent death of their mother. The staff had shown compassion and understanding and had helped the person express their feelings. Their colleagues commented "The staff were fantastic. Staff bought a clematis and a rose to remember her by. Staff went to the funeral with her. Staff spend time talking to her. Staff are very aware of [person's] emotional needs and they have been tremendously supportive to me too. They are very understanding". Staff told us the person's emotional health had vastly improved as a result of this level of support.

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

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People were at the heart of the organisation. People were involved in all aspects of the service, for example recruitment of staff, planning and reviewing their support needs, and improving the service. People could say who they wanted to support them. Families and friends were welcomed and involved.
- The service was innovative in the way they supported each person to achieve their goals and ambitions. Support plans were tailored to individual communication needs, and people were in control of the support they received. The provider employed specialists, and the service also worked closely with external specialists to ensure people reached their full potential.
- There was an open culture. The registered managers were approachable, people and staff knew how to contact them for advice or support. The managers knew each person well and met with people and staff regularly. The service had a positive approach to learning from negative events.
- The provider and registered managers understood their duty of candour. They kept us informed of any incidents or events that may affect the service in accordance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Health and Social Care Act 2008 (Regulated Activities) (Amendments) 2015.

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

- The provider valued their staff team. Awards were given to staff who were recognised for exceptional achievements. Staff expressed a sense of pride in their jobs.
- There was a clear management structure. There were two registered managers, one with responsibility for the outreach service, and one with responsibility for the supported living service. They worked closely together, and people, relatives and staff knew the managers and understood their roles.
- Staff told us the service was well-managed. Comments from staff included, "The organisation is well run. [Registered managers] are good managers" and "The service is well run – [registered manager] does her job very well" and "If I need information I can always ask my line manager". A person who used the service told us "[Registered manager] is the boss. It's well run".
- Staff were highly motivated and proud of the service. A recently recruited member of staff told us the service was "Amazing". Other staff talked about a sense of belonging, and feeling the service put people first. There was a strong sense of team work. Staff described how new staff were welcomed and supported by the whole team. Staff told us the service recognised staff strengths rather than weaknesses. Staff were recruited to match the needs and interests of the people who used the service. People were able to choose the staff who supported them.

- Staff meetings were held regularly. A member of staff told us they felt able to speak out in staff meetings. They had raised issues in the past and they have been resolved.
- A relative told us, "From what I have observed their intentions are always in the right direction. They aim to promote choice, independence. To help [person] achieve as much as she possibly can".

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

- Staff were invited to become a 'quality champion'. A forum was held four times a year in Birmingham to look at quality issues across the organisation. This was also an opportunity to share good practice, for example supporting people through bereavement.
- A person who lived in the Exeter area was the local representative on a focus group called Sense Users Reference Group (SURG). This is a consultation group which gave people the opportunity to make positive change by working with Sense to help them better understand common experiences of deafblind people receiving Sense services, and to identify ways to improve.
- People's views on the service were also sought in various ways, including questionnaires and local meetings. The outcome of these were used to review and improve the service. A person told us, "They regularly ask my opinion of the service and I feel my opinions count. We have a house meeting every month".
- Some of the staff employed by Sense had sensory loss. This gave them a special insight into the needs of the people who used the service. These staff also helped other staff to gain a better insight into the needs of the people they supported, including communication needs. A member of staff said, "Sense give staff the enthusiasm to learn to sign". They talked about other staff with sign language as their first skill, and some as second language and told us "This helps to build a fantastic team".
- People were treated as valued members of society. They were able to lead fulfilling lives, and participate fully in the local community, and wherever possible, staff supported people to overcome any barriers or prejudices they may experience from the wider community. Staff supported people to follow their beliefs and faiths, for example one person told us they attended church services for deaf people. Where people needed staff to support people to communicate and understand, staff were flexible and able to support them when they needed it, for example by accompanying people to the theatre to provide interpretation.

Continuous learning and improving care

- The provider had systems in place to continually monitor and improve the service. Their Head of Safeguarding and Quality officer told us management systems were reviewed through a process of self-assessments, by the managers of the services. They said, "Information from these feeds into our national information collection which then supports in identifying organisational change. As part of our outcomes audits we look at care plans and follow these through from person centred planning to implementation of the persons choices in their daily lives". They visited the service regularly to carry out their internal quality assurance programme. They had observed interaction between the support staff and the people they supported.
- The registered managers carried out regular monitoring checks on all aspects of the service, including support plans, medicine administration, supervision and training of staff.
- The registered managers completed training and attended courses and events which enabled them to keep up-to-date with good practice. These included courses run by the provider including Leadership Training, and also Sense's Growing Stronger Leaders Together course.

Working in partnership with others

- The provider had just launched a new strategy aimed at making positive changes to people's lives. The outcome of people's reviews of care fed into the new strategy. The organisation wanted to listen to people's aims and wishes and to act on them, for example, wanting to live in their own homes with their own front doors. A registered manager told us "Sense are listening. People want to make their way into the

workplace". They explained how they were working with housing organisations to find housing provision that met with people's needs and wishes. They were looking at ways of helping people gain meaningful employment.

- The service worked with other health and social care professionals to ensure people received the support and treatment they needed. People and staff described communication with other agencies. Care files contained evidence of staff seeking advice and working with other professionals. A professional told us, "They work alongside families and to support with behaviours or difficulties at home. The staff are approachable and welcoming when I visit. The service users are well cared for and kept safe"