

HF Trust Limited

HF Trust - Devon DCA

Inspection report

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Date of inspection visit:
13 December 2019
19 December 2019

Date of publication:
24 January 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

HF Trust – Devon DCA is a supported living service providing personal care to 28 people at the time of the inspection. HF Trust – Devon DCA is part of a larger national provider for people with learning disabilities (HF Trust) and is registered to provide personal care to people living in the community.

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 lived in shared houses and bungalows in residential areas in south Devon.

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

People were safe. Care had been taken to recruit the right staff, and to make sure there were enough staff available when people needed support. In the last year the number of permanently employed staff had increased and the use of agency staff to cover vacant shifts had significantly decreased. This had resulted in people being supported by staff they knew well, and staff they liked and trusted. New staff had received good training and support at the start of their employment. Staff received ongoing training and regular updates on topics relevant to the needs of the people they supported.

Since the last inspection the support plans had been improved. Risk assessments were carried out on all anticipated risks. Support plans gave clear instructions to staff on all aspects of the support people wanted. People had been involved and consulted in drawing up and reviewing their support plans. They were offered a copy of their support plan in a format they could understand, for example, some people had a support plan containing photographs and pictures. People were supported to hold and manage their medicines safely.

People led healthy lives. Staff understood each person's health needs and supported people to obtain medical treatment promptly when needed, attend appointments and receive regular check-ups and treatment. People were able to choose the meals they wanted to eat and supported to plan menus, shop for ingredients, and prepare their own meals as far as they were able.

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

People were supported by staff who were cheerful, positive and caring. People who were able to express their views verbally told us they were very happy with the support they received from the staff. One person

told us, "They are all very friendly. They are all very supportive to us." Another person gave us the 'thumbs up' sign when we asked them if they liked the staff. Staff were passionate about giving people the right support to help them gain independence and to lead fulfilling and happy lives. People lead active lives, doing things they enjoyed, for example attending clubs, going on outings and holidays, and participating in activities such as swimming, arts and crafts.

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were involved and consulted in all areas of the service. They were supported to raise ideas, voice concerns, and make complaints. Their views were sought in various ways including questionnaires, house meetings and through local and national forums. The provider listened and took action on their comments and ideas.

The service was well-led. At the time of this inspection there was no registered manager in post. Two senior members of staff were jointly sharing the role of acting manager while the provider was in the process of recruiting and appointing a new registered manager. The regional manager was based in the local area and was actively involved in the management of the service. Staff told us the service had continued to be well-led under the two acting managers. Comments included, "Communication has been brilliant between staff and managers" and "Improvements in the last year have been exciting. It no longer feels as if we are 'fire-fighting'. Staff morale is much better, staff are much happier. We are all working towards the same goals now." The provider had systems in place to monitor the service and make improvements where needed.

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

Rating at last inspection

The last rating for this service was Good (published 29 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

HF Trust - Devon DCA

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector

Service and service type

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

There was no registered manager in post at the time of this inspection. The registered manager had left a few months before this inspection. There were two acting managers in post who shared responsibility for the management of the service supported by the regional manager. The provider was in the process of recruiting a new registered manager. Registered managers and providers are legally responsible for how services are run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also gave notice of the inspection because people were often out, and we wanted to be sure there would be people at home to speak with us.

We visited the office on 13 December 2019 and on 19 December 2019 we visited two shared houses where we met five people who used the service and three support workers.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We met five people who used the service. We also met the regional manager, two acting managers, three members of the office staff team, and three support workers.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received e mails from two support workers.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection we found some support plans required more information to explain the actions staff needed to take to keep people safe. At this inspection we found support plans had been improved. The risks to each person had been assessed and there was clear information on how people wanted to be supported to help them stay safe and well.
- The provider told us in their PIR, "We support and promote positive risk taking to enable growth and development". They had reviewed risks and considered measures to be taken to reduce risks wherever possible. This ensured people retained as much independence as possible. For example, 'one cup' kettles enabled people to make their own hot drinks safely. They had also supported people to obtain personalised technology including epilepsy bed sensors, door alarms and bogus caller alarms (these enabled people to answer their own front doors safely).
- People living with long term health conditions had support plans in place giving staff good information on the illness and support needed to manage these. Staff had liaised closely with relevant health professionals to ensure people received the right support, for example, where people were at risk of choking they had sought advice and guidance from the Speech and Language Therapy (SALT) team. The provider told us in their PIR, "Each person we support has an eating and drinking screening form and where required an individual risk assessment has been created, these are both reviewed regularly".
- Staff had received training on all anticipated risks, including health risks. A person who needed insulin to control their diabetes attended insulin administration training with staff, so they could explain their requirements to the staff.
- People were supported to live in safe environments. Safety checks were carried out weekly and monthly. These included; fire drills and fire safety equipment checks, vehicle checks, and water temperature checks.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and regular updates on safeguarding. Staff were aware of their responsibilities to protect people and were confident in reporting concerns to senior staff, or to appropriate agencies.
- Where safeguarding concerns had been raised these had been investigated thoroughly and appropriate actions taken. The service had worked closely with the local authority safeguarding team, where necessary, to ensure positive outcomes for people.
- Systems were in place to protect people from the risk of financial abuse. Records were kept of all financial transactions, balances were maintained and regularly checked.
- There were clear policies and protocols in place to assist staff to raise any concerns or alerts.

Staffing and recruitment

- In the last year there had been a significant improvement in the number of permanent staff employed. This had led to a big reduction in the use of agency staff to fill vacant shifts. Staff morale had risen, and people had benefitted from a stable and positive team of staff who knew them well and understood their support needs. People told us they liked all of the staff. We observed people interacting well with staff, smiling and relaxed.
- There were sufficient staff to meet the needs of the people who used the service. Rotas were planned a month in advance. Notice boards in people's houses displayed staff rotas with pictures of the staff so that people knew which staff would be supporting them each day.
- Staff were flexible and willing to cover shifts at short notice, for example when other staff were off sick.
- Rotas showed how staff were allocated to provide shared support and one-to-one support in line with each person's individual funding agreements. Rotas showed people received the right level of support from staff, when they wanted it. People could go out, attend clubs and activities in the community, and staff were available to support them.
- Care was taken to employ the right staff for the job. Staff were not allowed to begin working with people until all essential pre-employment checks were completed and the provider was confident they had the right qualities for the post. A member of staff told us, (In the last year) "We have recruited some really good staff. We have been able to be choosy about applicants, matching applicants to the people they support".

Using medicines safely

- Safe systems were in place to ensure people received regular stocks of prescribed medicines.
- People were supported to hold their own medicines safely, usually in secure cabinets in their rooms.
- Assessments were carried out to determine the level of support each person needed and wanted. Where possible, people were supported to administer their own medicines, or given support to retain as much independence and control as possible.
- Each person had their own medicine support plan giving detailed information to staff on the medicines prescribed to them and information on how these should be administered. Any risks relating to medicines were identified and procedures to minimise the risks were clearly explained.
- Staff were not allowed to administer medicines unless they had received training and their competency had been checked. Staff received regular updates on medicine administration.
- Policies and procedures were in place for the administration of medicines.

Preventing and controlling infection

- All staff had received training on prevention and control of infection.
- Staff had access to personal protective equipment such as gloves and aprons to use to help prevent the spread of any possible infection.
- Regular checks and audits were carried out to ensure good standards of infection control were in place. At the end of each shift a handover checklist was completed which included details about cleaning tasks completed.
- There were policies and procedures in place to ensure staff followed best practice for infection control.

Learning lessons when things go wrong

- There was a positive, 'no blame' approach to mistakes. All errors and incidents were taken seriously, reported, and investigated. Actions were taken to minimise the risks of reoccurrence, and any learning was shared across the staff team. For example, a problem occurred when a relative wanted to contact a manager on a weekend but there was no manager available. They complained to the provider who took the matter seriously. The 'on-call' system was reviewed and re-organised. The relative was pleased with the outcome and felt the service had listened and taken appropriate action.
- Incidents and accidents were audited to identify any trends and reduce further risk.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Each person had their own support plan in place setting out how they wanted to be supported in all areas of their daily lives.
- People had been involved and consulted about the contents of their support plans. The plans were regularly reviewed to ensure they were up-to-date and provided staff with sufficient detail on all areas of needs.
- Daily notes provided good information about each person's health, well-being and daily activities. These records were used as a handover for other staff to read. This ensured staff were kept up-to-date with any changes in people's needs.

Staff support: induction, training, skills and experience

- Training was given a high priority by the provider and senior management team. They recognised the importance of a well-trained staff team, and they had a range of training resources, policies and procedures in place to make sure this was achieved.
- New staff received induction training at the start of their employment to ensure they had the basic knowledge and skills to carry out their jobs effectively. Induction training was provided over three days covering a range of topics the provider had identified as essential. New staff were also expected to complete a nationally recognised qualification known as the Care Certificate within the first few weeks of their employment.
- All staff had to complete refresher training on essential topics on a regular basis. Training completion dates were closely monitored, and actions were taken if staff did not complete essential training.
- There was a wide range of training topics available, either classroom based or on-line. Staff were encouraged to request training on any topics they were interested in. Training was available on all areas of needs relevant to the people who received a service. For example, all staff had received training on oral hygiene.
- Staff told us the training was good. Comments included, (Training is) "Absolutely excellent" and "It's very personalised for each staff member".
- Staff were encouraged to achieve qualifications relevant to their roles.
- Staff were well supported. They received regular supervisions and annual appraisals.

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

- Support plans set out each person's eating and drinking requirements.
- People were supported to choose the meals they wanted to eat. In some shared houses people had decided to plan a weekly menu, taking in turns to choose the main meal each day. In other houses people

chose the meals they wanted to eat on a daily basis. People were supported to draw up shopping lists, go to the shops to buy ingredients, and to prepare and cook meals as far as they wished, and were able. People were offered pictures of meals to help them choose and draw up menus

- Staff were aware of each person's dietary needs and preferences. Where people had asked for support to help them lose weight, staff offered guidance on healthy options.

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

- Support plans provided information on all areas of people's health needs. Staff sought treatment and advice from health and social care when needed.
- Systems were in place to make sure people attended medical appointments. These included making sure appointment times were right for the person, for example some people needed appointments later in the day. Staff rotas were checked, transport arrangements put in place, and appointments were written in diaries and communication books to ensure they were not missed.
- Staff liaised closely with other health professionals to help people make positive changes to improve their health and well-being. For example, staff had worked closely with occupational therapists, physiotherapists and social workers to support a person to get out of bed safely. They attended regular core group meetings and agreed a plan to help the person feel safe when being hoisted. They had also sought agreement from an advocate on the plans.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Assessments had been carried out to determine each person's capacity to make important decisions about their lives, and the care and treatment they needed. Where people were unable to make decisions, the appropriate legal authorisations were in place.
- Staff had received training on MCA and understood people's rights to make decisions about their lives. Staff offered people choices and waited for their responses before giving support.
- Where people were unable to make decisions about their finances staff ensured decisions were reached with other important people in their lives, following Best Interests' procedures. For example, a person wanted to go on a cruise but did not have capacity to make decisions on the cost of the holiday. Records contained evidence to show that Best Interest procedures were followed, and the person went on holiday and had a wonderful time.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity. Supporting people to express their views and be involved in making decisions about their care

- People who were able to express their views verbally told us they were very happy with the support they received from the staff. One person told us, "They are all very friendly. They are all very supportive to us". Another person gave us the 'thumbs up' sign when we asked them if they liked the staff.
- Staff were passionate about their jobs and expressed determination to ensure every person received the best possible support and care. Comments included, "It's great seeing the people we support grow and achieve their goals", and "We all work to the same goals which is to make sure the people we support are living their lives to the full. Yes, there are days when you have a million and one things to do and doesn't always run smoothly but the people we support are the most important and they come first".
- We observed staff supporting people in a gentle, caring a friendly manner. Staff were cheerful, positive and kind. Staff knew each person well and understood the things that mattered to them.
- People were involved in every aspect of their support needs. Staff asked people what they wanted to do, and where they wanted to go. For example, people were invited to attend a Christmas party organised by the provider, to be held in a local hotel. Some people we met were looking forward to the party, while other people, when asked, said they did not want to go. Their wishes were respected.
- Staff spoke with fondness and respect for the people they supported. For example, a member of staff talked about a person and the things they enjoyed doing, and said, "She's a character - she's brilliant! She has a zest for life".
- We heard examples of staff's compassion and caring. For example, a person became seriously ill and was admitted to hospital. Following treatment staff realised the person was not recovering and had become very depressed and withdrawn. With the person's agreement they liaised with their family, medical and social care professionals to agree the person's discharge to home. Arrangements were agreed to meet additional staffing costs, and equipment and medical support needs were put in place. Staff described their emotions when the person returned home and an immediate improvement in their mental well-being. The person recovered well and had regained full health as a result of the positive care and support from the staff team.
- A member of staff told us, "I have found that supporting the people we work with on regular social outings in particular is a wonderful way to promote positive wellbeing and interaction". They gave examples of outings and activities that had given lasting pleasure and enjoyment to people, such as a person who loves music and light displays. They went with the person to a local garden centre that had spectacular Christmas displays. They told us the person loved the visit, joined in with the singing penguins, laughed and looked at all of the colourful lights and spoke with Santa. The person talked about the outing long after the event.
- Birthdays and special occasions were always celebrated. For example, a surprise birthday party was

organised for a person who loved music. Staff organised a birthday cake in the shape of a drum kit and a local professional disc jockey provided a disco for the party goers.

- Staff helped people make positive changes in their lives. Staff recognised a person's potential to gain greater independence. They liaised with the provider's personalised technology advisor who introduced a range of technology such as a 'one cup' kettle, an induction hob, and movement sensors to enable the person to make their own hot drinks, use the hob safely, and have a good night's sleep without the need for regular checks by the staff. This had resulted in the person gaining a sense of pride and achievement. Staff reported the person's speech had improved. Their relatives expressed satisfaction in the changes and improvements to the person's safety and well-being.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People were involved and consulted in drawing up and reviewing a plan of their support needs. They were given documents and versions of their support plans in a format they could understand, for example some people had talking books with photographs and audio information to support each photograph. Another person had a box with things that were important to them.
- People were able to choose where their support plans were stored; most had chosen to store their plans in their rooms.
- Two staff had been appointed as 'champions' for person centred support. They had received training to help them observe other staff and give support and ideas to colleagues on providing the highest standards of personalised support.
- Staff shared good practice and ideas to improve support for people. For example, a member of staff had found a person who used a wheelchair had greater independence if they were wheeled into the bathroom backwards. They noticed another member of staff experienced difficulties when they wheeled the person forwards. They passed on the hint, and the member of staff found it was successful. They shared this with other staff, and the person's support plan was updated to reflect this guidance.
- The provider employed a personalised technology team who had carried out personalised technology assessments with each person. Through these assessments they had introduced a range of technology to support people to gain greater independence, safety and fulfilment. This included one-cup kettles, hearing loops, movement sensors, fingerprint locks and easy-open doors.
- Where people showed signs of distress or unhappiness that might affect their behaviour, the provider employed staff who specialised in positive behaviour support to carry out assessments and provide training to staff. Staff described how this had made a positive impact on people's lives. Staff understood the reasons why people may become upset, and knew the support they needed to help them remain calm and happy. Staff told us the training had been very helpful.

Meeting people's communication needs

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

- People were given information about the organisation in a format they could understand. Information was provided in formats such as large print, pictures, photographs, audio and video.
- Where people's first language was not English they provided information and support in their native language. For example, a person who was Polish was supported by a member of staff who was also Polish to make links with other people living in the area of the same nationality. This had helped other staff gain a

better understanding of the person's cultural background.

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

- People were supported to lead active and fulfilling lives. Some people attended local clubs and classes such as arts and crafts. Some people volunteered for the Dawlish Garden trust, and others regularly visited a local farm where they helped look after the animals. Other regular activities included swimming, shopping and Tai Chi.
- We saw photographs of people enjoying holidays and day trips. Recent holidays had included a person who went on a cruise and another person who went on an activity holiday.
- People were offered the opportunity to receive friendship and support from volunteer 'buddies'. The provider had a recruitment programme following the same rigorous recruitment checks as their permanent staff team. We heard about one person whose buddy had accompanied them on a wide range of activities such as clay pigeon shooting, laser games, archery, golf and football. They had also visited the local fire station where they met the fire staff. The visit was reported in the local newspaper.
- Staff told us they were always on the lookout for new activities. Ideas for activities were discussed in supervision sessions
- The provider had set up a group known as 'Voices to be Heard'. This was a focus group for people who used the service to have their say about a wide range of topics that were important to them. Sexuality and relationships had been an important topic covered by the group in recent months, including matters such as contraception and relationship advice. Where people were in loving relationships staff understood the importance of allowing them privacy, dignity, support and advice.
- Most people had received support from the provider for many years. They had lived in the same houses for many years and had formed long-standing relationships with the people they lived with. People told us they had chosen where they lived, and they were happy there.
- People were supported to keep in touch with friends and families. People kept in touch through visits to friends and families, letters, cards and phone calls. Friends and families were also encouraged to visit regularly.

Improving care quality in response to complaints or concerns

- People were given information and support to help them speak out if they had any concerns or complaints. Complaints were listened to, taken seriously, and acted on.
- People were encouraged to raise complaints in whatever method suited them, for example by telephone, face to face or online. All complaints were logged and sent to head office who ensured the complaints were investigated and actioned. They also ensured complainants were happy with the outcome.

End of life care and support

- End of life plans were in place. These contained good detail explaining how the person wanted to be cared for at the end of their life.
- Staff worked closely with health professionals to ensure people received end of life care in their own home if they chose.

Is the service well-led?

Our findings

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

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

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

- In recent months the registered manager had left the service. At the time of this inspection two senior staff were sharing the role as acting managers. They were supported by the regional manager, who was based in the local office. The provider was in the process of recruiting a new registered manager.
- Staff told us the service had continued to be well-led under the two acting managers. Comments included, "Communication has been brilliant between staff and managers" and "Improvements in the last year have been exciting. It no longer feels as if we are 'fire-fighting'. Staff morale is much better, staff are much happier. We are all working towards the same goals now".
- Staff felt well supported. They received regular supervision and were confident they could always speak with a member of the management team at any time for advice or support. A recent team building day helped staff to focus on each other's strengths and overcome 'niggles' within the team. Staff told us it had been a very positive and enjoyable day.
- A recently recruited support worker told us, "I have received assistance in all manner (of ways) from my co-workers in support staff, all of the acting Cluster Managers, even extending up to direct support from our Senior Regional Manager, when I have required it. As a new member of staff at HFT, I can currently only relay positive and assured confidence in the work being done and the shown acts of commitment to the people we support as well as the staff supporting them".
- Staff felt the organisation valued them. Staff had been consulted and involved by the provider on how to establish a stable staff team. New pay rates had been agreed, and this had resulted in a significant improvement in staff recruitment and retention. The provider had recognised and rewarded staff for good practice. Staff had received certificates and gift vouchers where they had gone 'above and beyond'.
- The provider ensured staff were kept updated on news and changes within the organisation, for example through regular newsletters, focus groups and managers meetings.
- The provider's visions were "We believe in a world where anyone with a learning disability can live within their community with all the choice and support they need to live the best possible life". During our inspection we saw evidence of how staff put these values into practice.
- Staff were positive about their jobs. Comments included, "I love it. Always something different. I really enjoy it" and "I really enjoy my job. I work in a fantastic team where we all support each other. We have a good management team from the senior to the cluster managers to the area manager".

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

- The provider and management team understood and acted on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong. They notified the Commission of all incidents and accidents. They also ensured information was given to the local commissioners and safeguarding teams when there was an incident or serious injury that affected people's safety or well-being.

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

- The provider and management team had a range of procedures in place to make sure all aspects of the service were safe and running smoothly. Regular checks and audits were carried out and these were double-checked by the managers and regional manager. The regional manager completed a health and safety audit on a monthly basis. This was discussed in quarterly executive team meetings.
- The provider had a range of quality monitoring and improvement systems following the Commissions' guidance and standards, known as Key Lines of Enquiries (KLOEs). The regional manager told us their checks were "The KLOEs with bells on!". They drew up detailed action plans and ensured these were actioned.
- Where incidents and accidents had occurred, the regional manager checked reports and looked at trends to identify where changes and improvements were needed. Learning from incidents was shared with other managers.
- The provider ensured support plans were reviewed and updated regularly through their compliance system. Reminders were sent to staff when risk assessment were due to be reviewed.
- The provider had good systems in place to make sure staff were well trained and supported. Supervision and appraisal trackers were in place.

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

- The provider sought people's views and opinions about the service in a number of ways including house meetings, questionnaires and regular reviews.
- The provider also encouraged people to participate in the organisation through local, regional and national groups called Voices to be Heard. The groups met regularly, and meetings were minuted. People were given feedback on the topics covered in these meetings in a video format. In recent months the groups had looked at Accessible Communications and people lobbied the provider to make letters and communications more accessible. The finance department had listened and sent out easy read bills.
- People were supported to participate in the local community, for example by attending local groups, events and by being members of local churches if they wished.

Continuous learning and improving care

- The provider had been endorsed as a Centre of Excellence for training with a national organisation known as Skills for Care. Training was given a high priority for all staff. Staff were encouraged to gain qualifications and attend training relevant to the needs of the people they supported.
- At the time of this inspection the acting managers were receiving additional training to enable them to gain the knowledge and skills needed to fulfil a management role.

Working in partnership with others

- The service has worked closely with local organisations and professionals to ensure they provide a good service. For example, they had worked with the local authority Quality and Improvement Team (QAiT) to bring about changes and improvements where needed. The regional manager told us, "We are in a good place now".

- The provider had worked with the local authority to set up a show house in Exeter where they were able to demonstrate to other providers a range of innovative technology that could be used to benefit people who used service.