

Robert Owen Communities

Robert Owen Communities - Domiciliary Care South Devon

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?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

This inspection took place on 27 October, 31 October and 2 November 2016 and was announced. We gave the provider short notice of the inspection date and time. This was because we wanted to ensure people would be available to speak with us. We visited the main office on the first day, and then visited people in their own homes with their permission on the second and third days. Following the inspection the provider sent us additional evidence about the services provided.

Robert Owen Communities –Domiciliary Care South Devon provides support to 60 people with a learning disability in their own homes in the South Devon area. Some of this service is provided to people in supported living services, where small groups of people may choose to live together in a property. It is linked to the larger organisation of Robert Owen Communities (ROC) which is a registered charity and provides support for people with learning disabilities across the Devon and Cornwall areas. Robert Owen Communities –Domiciliary Care South Devon is operated from offices at 'Aspects' in Paignton, which also provided day opportunities for people with learning disabilities and a shop for crafts made by people using ROC services. On the days of our inspection approximately 30 people were receiving a service which involved a regulated activity from Aspects, namely personal care. It is this regulated activity that was looked at for this inspection. Other people were receiving enabling support from the service, but which did not involve personal care. These types of services are not regulated by the Care Quality Commission.

On the inspection the service did not have a registered manager in post, as the previously registered manager had left the service three days previously. However, a new manager was in post and had made an application to register with CQC. This person had previously managed this service, was well known to Robert Owen Communities and had worked for them for a number of years. They already had a clear oversight of the role and are referred to throughout this report as the manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Robert Owen Communities (ROC) was in process of merging with another care provider. At the time of the inspection the service had moved to be a 'wholly owned subsidiary' of United Response, which is a national charity supporting people with a learning disability. We were informed that the transfer would be completed in April 2017 when the service would need to re-register, although work was already under way to merge policies and systems and set up a new organisational structure.

People could expect to receive a service from Robert Owen Communities –Domiciliary Care South Devon that was tailored to suit their individual preferences and wishes. People's individual goals were identified with them, along with creative plans to ensure their aspirations could be achieved. For some people this included support to take part in activities in their community, both in specialist services for people with a learning disability and also those for the wider community. Innovative solutions had been sought to gather people's views, and support them to identify new services to meet people's needs and aspirations. For

example, following feedback from people the organisation had developed a scheme to help people receiving support develop skills to enter into the workforce in accordance with their wishes. This listened to people's aspirations for being a valued working member of society and helped people achieve them.

Robert Owen Communities – Domiciliary Care South Devon had a clear set of values, positive culture and ethos which were shared and understood across the organisation. The vision and values were person-centred and made sure people were at the heart of the service. People were involved at every level of the organisation, and their views were listened to and acted upon.

People's experiences of care and support from the service were overwhelmingly positive. They told us Robert Owen Communities –Domiciliary Care South Devon gave them the help and support they needed and wanted to identify and achieve their goals. People and staff identified with the service's values and understood Robert Owen Communities –Domiciliary Care South Devon was about supporting their rights and independence.

People we spoke with had a wide variety of needs. Some were living in their own independent flats in the community; others were living in shared supported living arrangements. Some people had communication or physical challenges as well as a learning disability. We saw people and others were kept safe from risks associated with their care through regularly reviewed risk assessments and action plans, including for medicines management. People had opportunities to take risks and develop new skills as a result. For example one person told us how they had been involved in making decisions about risks in their home and while travelling. The decision making had meant the person had greater independence.

People were supported by sufficient staff, at the time they wanted support and who understood their needs. Staff management systems ensured there were enough staff available at all times to ensure people received the care, support and opportunities that they needed and wanted. A full staff recruitment process had been followed for staff working at the service to make sure that staff who were working with people were suitable to do so. People using services had been involved in choosing the staff they wanted to support them. This helped ensure they were compatible, and had led to positive relationships developing.

The service had developed innovative ways of encouraging people to celebrate their successes We saw and heard evidence of staff supporting and demonstrating caring for people way beyond what they could be expected to do. This was celebrated in an annual gala event where people at the service and others within the wider organisation were able to thank and nominate staff for their support that went above and beyond' expectations. Staff were also able to use this event, which was organised by people being supported, to nominate people who they felt had made significant achievements in the previous year. We saw evidence of the pleasure this had given people, the caring nature of the staff supporting people and of the strong friendships people had built up. We saw numerous examples of staff giving up their personal time to help people have new experiences and develop new skills.

People were supported by staff who had the skills and knowledge to meet their needs. We saw people engaging with staff confidently, and staff supporting people with personal care such as drinking and mobilising. Staff had clear knowledge about how people wanted their care to be delivered, and some people had been involved in training their staff team through multimedia presentations. People being supported could also attend staff training if they chose. One person had done this for medicines recently and was planning to attend training in food hygiene to help develop their personal skills profile.

People were protected from abuse because staff understood how to keep people safe and how to report any concerns about their welfare. People were also supported to understand their rights and manage their

own personal safety. For example, we saw people's rights to make decisions were supported because the service acted in accordance with the Mental Capacity Act 2005 and best interest's framework. People were given guidance on keeping safe in ways they could understand, and were supported to attend local groups where they could learn about 'Hate Crimes' and internet safety. People were being encouraged to have an understanding of rights and inequalities within care. They had been encouraged to give feedback about their views and experiences both to local learning disability services and on a wider level to parliament through projects on citizenship and democratic engagement. They had supported people to develop skills to deliver training to other people with a learning disability about becoming involved in parliamentary processes. As a result some people had voted for the first time. Staff told us it was very important to them that peoples "voices were heard".

People benefitted from good medical and community healthcare support where this was a part of their plan. This included supporting some people with managing healthy lifestyles. Where people's care plans indicated they needed support with meals and nutrition plans ensured they received a diet that met their needs and wishes. One person for example told us about how staff had supported them to attend a local sliming group. They had lost significant amounts of weight, which had improved their wellbeing and self-esteem. Staff had helped them shop and cook meals from the club recipe books which they had really enjoyed.

People's dignity was supported and staff treated people with respect at all times. People's communication needs were identified and the service worked hard to support people express their wishes. For some people this involved the innovative exploration of technology, such as social media resources, where people could store recordings about their wishes or decision making. For others people were encouraged to take part in meetings, forums or act as service representatives to give feedback to the provider about people's experiences.

People could be confident that any concerns they raised would be listened to and actions taken to resolve them. People's empowerment was taken seriously by the organisation, and self-advocacy was enabled wherever possible. We saw the service had supported people to make their own decisions, sometimes in the face of conflict with others. Some people were involved in the checking and quality assurance of other services within ROC, to help ensure people felt able to speak up about any issues that concerned them.

Management systems were in place that ensured the quality and safety of services. This included regular audits carried out throughout all levels of staff. The service reported to a management board, which had direct links with people being supported. This helped ensure they had effective oversight of the service. The service took advantage of learning opportunities to enhance the services provided and feed information into the wider community about people's experiences and good practice.

People benefitted because records relating to the service were well maintained, up to date and accurate. They were available in formats to suit people's needs, such as including pictures or easy read text. People held their own information and could request changes to their plans at any time. People's private information was kept confidential.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People and others were kept safe from risks associated with their care through regularly reviewed risk assessments and action plans, whilst ensuring they had opportunities to take risks and develop new skills.

Staff management systems ensured there were enough staff available at all times to ensure people received the care, support and opportunities that they needed and wanted. A full staff recruitment process had been followed for staff working at the service.

People were protected from the risks associated with medicines through assessments of risk, staff training, policies and regular monitoring and audit

People were protected from abuse because staff understood how to keep people safe and how to report any concerns about their welfare. People were supported to understand their rights and manage their own personal safety.

Is the service effective?

Good ●

The service was effective.

People's rights to make decisions were supported because the service acted in accordance with the Mental Capacity Act 2005 and the best interest's framework.

People were supported by staff who had the skills and knowledge to meet their needs.

People benefitted from good medical and community healthcare support where this was a part of their plan.

Where people's care plans indicated they needed support with meals and nutrition plans ensured they received a diet that met their needs and wishes.

Is the service caring?

Outstanding ☆

The service was very caring.

People's feedback was overwhelmingly positive about the service.

The service had a strong and visible person centred culture. People being supported were involved in having a say about the organisation at all levels.

People's dignity was supported and staff treated people with respect.

The service had developed innovative ways of encouraging people to celebrate their successes and acknowledge caring support and values in place from staff over and above what could be expected.

People's voices and experiences about issues related to learning disabilities were heard both within the service and the wider community.

Is the service responsive?

Good ●

The service was responsive.

Innovative solutions had been sought to gather people's views, and support them to identify new services to meet people's needs and aspirations.

People could expect to receive a service that was tailored to suit their individual preferences and wishes.

People's individual goals were identified with them, along with creative plans to ensure their aspirations could be achieved.

People received support to take part in activities in their community.

People could be confident that any concerns they raised would be listened to and actions taken to resolve them.

Is the service well-led?

Outstanding ☆

The service was very well led.

People benefitted because the service had a well understood, positive and open culture, with clear values set by the people using services.

People were involved at every level within the organisation in having a say about how services should be run.

The service used learning at all levels to improve people's experiences and develop new skills. They worked with other agencies to support people to have their voices heard and rights respected.

Records were well maintained, up to date and accurate. They were available in formats to suit people's needs, and people themselves had 'ownership' of their records.

Robert Owen Communities - Domiciliary Care South Devon

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 27 October 2016, 31 October 2016 and 2 November 2016 and the provider was given short notice (48 Hours) of the inspection date and time. This was because we wanted to ensure that people would be available to speak with us. The inspection was carried out by one adult social care inspector.

We looked at the information we held about the service before the inspection visits. We looked at information the provider had sent us in a provider information return (PIR), and information that we had received since the last inspection in January 2014. On that inspection we had not identified any concerns about the service. Following this inspection the provider sent us comprehensive information about the service including DVDs, links to social media sites and reports completed with people using the service to help inform our judgements.

On the inspection we spent the first day at the service office. We met with the nominated individual for the organisation, manager, stakeholder co-ordinator and senior personalisation manager for the organisation. The manager had an oversight of the service and organisational arrangements from their previous role as a support and development lead manager. We spoke with three other staff members at Aspects from ROC about the work they were carrying out with people. On the second and third days we visited 12 people by appointment in their own homes. Most of these appointments were carried out in the evenings as people

had been involved in other activities during the day. We spoke with people about the support they received from ROC, observed some aspects of care being delivered to people and spoke with the staff supporting them. We further carried out two telephone calls to staff members, which meant we spoke with 14 support staff overall.

We looked at the care plans, records and daily notes for six people with a range of needs, including people sharing these with us in their own homes, and three more computerised files in the service office. We looked at other records, policies and procedures in relation to the operation of the service, such as risk assessments and complaints policies. We looked at three staff files to check that the service was operating a full recruitment procedure, and also looked at the staff training and supervision records. We looked to see how governance arrangements were operated, including locally at the office at Aspects and in the wider organisation, where they related to this regulated activity.

Is the service safe?

Our findings

People received a service from staff which ensured their safety and kept them free from harm. People told us they felt safe and comfortable with the staff that supported them. One person said the staff "make sure I don't do anything dangerous" and laughed, and another person nodded and smiled when we asked if they felt the staff helped keep them safe.

People were protected from the risks of abuse because systems were in place to ensure people understood their rights and felt able to raise any concerns about their care. Staff had a clear understanding of safeguarding and protecting people from abuse, which had been achieved through training, policies and procedures. They told us there was a culture of no tolerance for abuse and openness about raising concerns. For example, safeguarding issues were discussed openly at team meetings and in supervision sessions with staff. Staff told us the organisations positive views about whistleblowing were enforced from the start of their employment in their Induction programme and regularly afterwards. Lessons were learned when things had not gone well, and the organisation shared information openly to ensure mistakes were not repeated. For example their approach was on "What have we learned" from an incident rather than looking for a source of blame.

People had been given cards and information packs with easy read information about how to keep safe and how to report anything they were uncomfortable about. The organisation had supported people to take a wider community view on keeping safe and reporting concerns about their safety or well-being. For example, people had been supported to understand about "Hate Mate" crimes, through meetings with local police teams. Local retailers have been encouraged to show "safe place" signs where people can go if they are feeling concerned when out in the community. People told us they would be happy to report any concerns they had. One person told us "I would tell the staff" and another person named a staff member they would tell if they were worried or unhappy about anything. Staff told us they would be able to tell from people's behaviour or presentation if they were concerned or worried about anything, and were alert to any changes. One said "I am sure we would absolutely know if they were upset. We work very closely with people".

ROC had policies in place to ensure staff were clear about boundaries when using technology such as mobile phones when supporting people in the community or in their homes. Policies also applied to the use of social media. Some of the people we met had tablet computers and their own internet access. Staff accessed local services such as the police to help people understand some of the risks involved in social media use. Security arrangements were in place where staff had access to key safes to enter peoples' property.

People were empowered to take positive risks with meeting their needs, and developing new skills. A staff member told us about how proud the team were of the changes one person had made in becoming more independent. This had involved some positive risk taking but the person had 'embraced' the changes in their life. They had developed new skills and were managing aspects of their daily life where previously they had been very restricted. Another person had been living in residential care but was now being supported to

live independently in their own flat. They told us this had made them "very happy".

Risk assessments were proportionate and focused on the specific needs of the person and were helpful in supporting staff to promote people's safety. Risk assessments were carried out at the initial assessment of the person's needs and regularly reviewed. We saw one person's file in the main office which we later looked at a copy of with the person in their home. The file showed the person had been assessed for risks associated with access to knives and sharp instruments in their kitchen and for travelling in a vehicle. The person told us they had been involved in making decisions about the risks and agreeing the action plans that followed to reduce the risks to themselves and others. Another person's file covered assessments of their personal vulnerability from others, and physical issues within their home environment such as from steps. The person also managed their own medicines, and assessments covered risks associated with this process and how they could be reduced through regular monitoring. Staff had access to documentation in each person's home to help them manage any risks from the environment, for example "What to do if the lights go out".

Risks such as those associated with healthcare conditions were assessed and managed. For example one person was living with epilepsy. Protocols were in place to ensure staff were clear about the steps to take if the person had a seizure. All staff working with the person had received training in the use of the person's prescribed emergency medicines, and this was regularly updated. The medicines were stored in a cupboard in the person's bedroom and taken with the person whenever they left their home to ensure they would be available at any time. Staff regularly checked to ensure the medicines were still in date and safe to use.

Some people needed staff assistance to support them with their regular medicines. This varied from prompting, to staff having to administer these for the person to ensure this was done safely. Team leaders checked medicine administration records or MAR in people's houses, observed staff giving people medicines and ensured staff were up to date with training in safe administration as a part of their role. Staff were trained to administer medicines and then observed on at least five occasions before they were considered safe to do this independently. Some people had blister packs which helped them to maintain their independence with regards to medicines administration. People were encouraged to store their medicines securely, particularly if they lived in shared supported living accommodation. Risk assessments were completed where this was the case to ensure medicines could not be accessed by other people. Guidance was available on the management of 'as required' medicines for each person, in particular where the person might use these in unsafe ways, for example take more pain relief than was safe over a 24 hour period.

A recruitment process was in place that was designed to identify concerns or risks when employing new staff including disclosure and barring (police) checks. We sampled three staff files, and identified a full recruitment process had been followed. People using the services were involved in making decisions about the staff that worked with them. Staff recruitment principles identified the staff member's values, such as respecting people as much as looking for previous experience. This helped ensure they would work within the organisation's expectations.

Levels of staff support to people were determined by individual assessments of their needs. People being supported by ROC were living in their own homes, sometimes with others as part of a supported living scheme. Some people had a 24 hour a day staffing allocation; others had a set number of hours each day, some of which might be shared by agreement with others. For example three people might choose to have a staff member in their home at night and share the cost. We found that ROC employed enough staff to meet people's needs. Staff told us people had flexibility to decide how they used some of their staff hours, for example if they wanted to follow particular hobbies on different days. Some other hours might be more

regular and fixed, for example to support people with attending courses or college. Core teams of staff worked with individuals to support continuity and consistency and there was a system in place to ensure that staff had the required skills to support that individual person. Team leaders worked in roles that ensured they worked 60% of their time with people being supported and 40% in a supervisory role. This helped ensure they were in touch with people's needs and available to support staff when needed. People told us they felt there were enough staff to support them. One person told us "I am happy that the staff come in and then we go out. I like going out to the pub with my friends".

People were being protected from the risks of cross infection. We saw staff had access to aprons and gloves when supporting people with personal care and there were no known current infection control risks.

Is the service effective?

Our findings

People told us the staff who supported them were good, and knew what support they wanted. One person told us about the people supporting them that day and about the staff who would be there tomorrow. They said there were "lots of people" coming in, which they liked. Another person told us they had chosen the staff from ROC they wanted to work with them when they moved into their own home, and were very happy about this. They said "I like my staff".

There was a strong emphasis within the organisation on training and on-going staff development to meet people's needs. On the inspection we looked at three staff's files, and spoke with staff we met about the training and support they received. The files showed staff followed a core training programme and then received specific training in relation to the needs of the people they were working with. For example we saw all staff completed moving and handling training, but staff supporting one person who had complex needs, received specific 'moving people' training to support them. Clear records were available in the person's home to re-enforce their specific positioning needs.

Staff followed an induction programme including shadowing more senior staff, and were signed up for the Care Certificate, which is a nationally recognised induction programme for people working in care if needed. One staff member told us that they had not received all the training they felt they needed when they had started but had recently caught up with this and now felt they had the skills and knowledge they needed. Other staff members told us they were confident that had the skills and support they needed to carry out their role. One told us "I know there is always something new to learn but I feel I have had good training and there is always someone to ask". Another said "I think it is good that they push us from time to time to learn new things and update ourselves. Working with (name of person being supported) has shown me some new things I didn't know before".

Core staff training included equality and diversity, health and safety, infection control, food hygiene, safeguarding, fire and first aid. Additional training modules included care of diabetes, swallowing difficulties, epilepsy, autism, challenging behaviours, person centred care, moving and positioning, self-harm, sexuality, dementia and mental health. Many people receiving a service were supported to take part in training along with staff if they wished. For example one person had completed medicines training as part of their personal development. They had expressed an interest in doing further training in food hygiene, which was being accessed for them. The organisation had a management development programme which encouraged managers to develop personal development plans and identify their own goals.

Supervision and observation systems identified where staff were putting the training they had learned into practice. Staff were encouraged to use reflective practice following incidents to identify learning they could use elsewhere, and told us they had access to senior staff on call at all times for advice and support. Some supervision and spot checks/observation of practice had fallen behind in one area, but staff told us this was now working better with a new team leader and they were now receiving the support they needed.

We saw staff had the skills needed to support people well. We observed staff supporting people with

personal care, meal preparation and prompting with their chosen routines. Staff were confident and clear about their role and the appropriate boundaries of care. One told us "we must never forget this is their home and we are the guests in it. We are in their home not they are in our workplace".

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 saw staff confidently supporting people to make decisions including giving them time to process information thoroughly and respond. Records showed us people were routinely involved in decision making no matter how significant their disability. The service advocated for people to make decisions and carry these through if they wished, even where this had brought them into conflict with other family members, for example in pursuing a loving relationship. The service's management and staff told us that if they had any concerns over the person's ability to make a decision they would carry out an assessment of their capacity and then make a best interests decision, including others to help ensure the decision making was in accordance with legislation. For example one person living in their own home had monitoring equipment in their bedroom at night, due to risks from a long term health condition. The person was assessed by an independent social worker and advocate who were not satisfied that the person had the capacity to consent to the arrangement. A best interests meeting had been held, which assessed whether the equipment was the least restrictive practice to keep the person safe. This helped ensure the person's rights were respected.

Staff told us they had received training on the requirements of the MCA and records confirmed that staff understood people's rights to make decisions about their own care and support, for example, in respect of their finances.

People can only be deprived of their liberty to receive care and treatment when this is in their best interest and legally authorised under the MCA. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). ROC had made an application to the Court of Protection for the authorisation of a Deprivation of Liberty Safeguard for one person in a supported living service. This was because they needed constant care and supervision by staff, due to risks associated with a degenerative mental health condition associated with their learning disability. This had not yet been granted at the time of the inspection, but independent assessments were under way by social workers to see if a DoLS was needed to support the person's rights.

Some people's care packages included staff supporting the person to make choices around healthy eating and meal preparation. One person living in their own home told us how they went shopping with staff and bought what they wanted to eat which staff then prepared with them. Another group of people were living in a supported living house. They told us how staff helped them plan a menu and they took it in turns to cook the meals. Documentation provided for staff guidance in one supported living service and prepared by the people who lived there said "We will need to plan what we want for meals throughout the week and write our shopping list accordingly. We need encouraging to eat a balanced diet. We try to eat as healthy as possible". One person being supported had swallowing difficulties. The person had been assessed by the Speech and language team and an appropriate textured diet was being provided to enable them to eat well. The staff member working with them understood the person needed to be closely monitored when eating.

People were supported to maintain their health and wellbeing. This included supporting some people to attend hospital or medical appointments and follow a healthy lifestyle. People were encouraged to take as

much control as possible of their health including attending local services and clubs where the importance of preventative health screening was identified and discussed. Where people wanted this, staff supported people with their weight management. One person had been supported to attend a local slimming group since being supported by ROC and proudly told us how much weight they had lost. They said they felt like "a different person" as a result. Staff supported them by cooking recipes from the club cookbook with them and helping them make positive food choices when out shopping.

Some people were supported to attend groups in the local area also run by ROC to support active and healthy lifestyles, including exercise and lifestyle advice. Each person had a health action plan and hospital passport where emergency information was immediately available to support an admission and reduce any distress or misunderstanding about their needs or communication.

Is the service caring?

Our findings

People being supported by this service experienced support that was empowering and was provided by staff who treated people with dignity, respect and compassion. People using the service were full of praise for the changes that Robert Owen Communities – Domiciliary Care South Devon had made to their lives. People told us "Staff have helped me plan to move on and to know what I want to do" and "We get together and make changes. We have rights. People listen to us now".

People and staff were encouraged to celebrate the value of caring within the organisation. Robert Owen Communities – Domiciliary Care South Devon participated in the organisation's ROC awards, which were an opportunity for people using the service to acknowledge and reward staff or people who they felt had made significant contribution to their life or the organisation. These were presented at an annual gala event at a local hotel. This gave people the opportunity to celebrate their own and other people's achievements and to 'spread the word' about the work ROC was doing.

The awards were presented by people using services and the event was run by them. We heard about the impact of staff going 'above and beyond' what they needed to do to support people and demonstrating caring in practice. For example in 2015 one staff member had voluntarily given up their own Christmas with their family to spend the day with a person who was at the end of their life in hospital, so they wouldn't be alone at that time.

A person using the service had nominated a staff member who had supported them when they were in hospital through an unexpected stay. Their nomination said "(Staff member's name) was on phone support for the person in that time when she wasn't there in person and not just in work but in her own time. When the person had to come home, the hospital wanted them to wait three hours for tablets. (Staff member's name) and a staff member took that person home without getting the tablets so she didn't have to wait. The person was then settled at home and supported to get their tablets at a later time. These awards told us staff took that extra time to 'put the people they were supporting first'.

The service also used the ROC awards to celebrate people's individual successes. One person was nominated for the achievement of making "real strides towards his independence, having been working on particular areas of his life. (Person's name) can now put his own socks on, never giving up on this task which has taken him a long time to achieve." The person's family attended the awards ceremony to celebrate their progress with them.

Robert Owen Communities – Domiciliary Care South Devon and the wider provider organisation of ROC had a strong, positive and visible person centred and empowering culture throughout. Staff we met or spoke with were highly motivated and wanted to ensure people received high quality, consistent support. We repeatedly heard them using the word 'passionate' to discuss their approach and commitment to the organisation and the people they were supporting. This was also one of the written core values of the organisation. Staff expressed great enjoyment in their work and pride in the achievements of the people they were supporting. One staff member who had been supporting a person in their own home who had

previously lived in a residential care setting said "Look at (person's name). She's tremendous –really terrific. Look at everything she done and the quality of life she has now. Wonderful".

Communication was effective throughout the organisation. Staff cared about how people communicated and recognised poor communication could be an obstacle to good support. As a result people could have their care plan presented in different formats to meet their communication needs, such as on DVD. An 'easy read' tenancy agreement was in place so people could be supported to understand about their rights regarding their housing. A focus group including people using this service had raised a request for information about what people's titles meant within the organisation, so a photographic presentation had been prepared for people to help them know who was who within the wider organisation.

People receiving personal care were encouraged to be self-advocating through the use of effective communication tools and systems. These included person centred planning, stakeholder engagement and meetings. A stakeholder co-ordinator was employed at Aspects specifically to help people develop their independence and have their 'voice heard'. They told us "I see myself as a tool to help people be empowered". They gave us examples of how their role worked within the organisation. For example over time staff within the service had got to know about one person's likes, dislikes and their goals. The caring and open nature of this relationship had resulted in the person expressing a desire to move to a new home. They expressed a wish to be nearer the train station, and to be closer to friends and family. The stakeholder co-ordinator had sat with the person and identified the things that were important to them about where they wanted to move to, such as having a big living space. They also identified what qualities and interests the person had, what would be difficulties for them and what they did not want in their new home. They had then supported the person to identify a new house to move to. We spoke with two people who had recently moved to a supported living service. They told us the move had gone really well and they were happy with the new house. They told us the staff had "worked really hard" with them to make it a nice place for them to live.

The nominated individual told us they were working hard to ensure that people's voices on learning disability issues were heard not just within the organisation but in the wider community. For example, ROC was working with the Governmental Parliamentary Outreach team to assist people with learning disabilities to learn more about democratic engagement. As a result some people had been enabled to vote for the first time. One person had given feedback to the organisation about the impact that this had had upon them. They had said "Going to Parliament was an honour.....it has given me a boost in my ability to speak up and to speak up for others". Based on this, ROC held a 'Parliament week' in November each year to give people who wished to attend information and guidance about the work of government and how people with learning disabilities both using their services and external to the organisation could engage with that process. This year the theme was "Use your voice and empower change". People had also prepared a DVD as part of another national project to send "Postcards from the Edges" to the government. In this they had written or read out what good social care meant for them. This was also placed on a password protected social media site to be shared with others.

The service had "Empower – Train the Trainer" training planned for next year, for some people using personal care services to learn how to deliver training on democratic engagement to other people with learning disabilities within ROC and the wider Learning disabilities community. People had been encouraged and supported to attend the local learning disability partnership and engagement board at the local authority, where decisions were being made about the future of support for people. We saw people had involvement in giving feedback to the local board about the impact of service cuts on their lives and supporting the board's understanding of women with a learning disability feeling vulnerable when accessing healthcare services. As a result of people's involvement ROC has a contract

which helps ensure people in supported living services are more involved in the design of day support services to meet their needs.

Staff understood the importance of friendship and activity to people and considered volunteering their time to support people with mutual interests was one way they could help. The stakeholder co-ordinator told us they were working on a time bank scheme, which would involve staff being able to notify people being supported if they were doing something special in their own time that people might like to come along to, as an informal and friendship based voluntary arrangement.

The nominated individual told us about how the service was working on developing additional multimedia systems to support people's communication. They had been exploring using Webinars and social media to help people communicate more freely within the organisation at times that suited them. This also helped some people who had previously found face to face communication difficult. People could send requests and receive support by text when out in the community. The nominated individual was completing a professional qualification, part of which was considering the impact of assistive technology to enable people to have greater independence and privacy. We saw evidence of how this was being used to support people, for example with the use of monitoring devices to support people with complex epilepsy by reducing the need for a constant staff presence in the person's environment, or lighting that automatically switched on when the person got out of bed. We saw that one person had previously found it very difficult when there was a constant staff presence. The use of monitors, including a wrist monitor, floor mat sensor and epilepsy monitor enabled the person to have their need for privacy respected, with staff able to remotely be alerted if there was a seizure happening.

People were supported by an organisation that was positive and innovative with regard to communication. For example, a project was underway to look at how technology such as social media, DVD recording and Multimedia systems could be used to support people living in their own homes to express their views, take a greater part in person centred planning, chair their own support meetings, and build their own self-esteem. We saw some people were using this to help them 'train their own staff' in the way they wanted their care and support to be delivered through DVDs. Other people who felt uncomfortable having face to face discussions were more comfortable doing so through the medium of visual recordings. We saw an example where one person had used a DVD recording to share a decision making process they had used about where they wanted to live. This person told us they had difficulties sometimes in communicating their thoughts and feelings clearly and this helped them be clear about what they wanted to say.

At a more personal level, people had been involved in making decisions about selecting the staff they wanted to support them. A staff member told us how they had been chosen by one person to provide support to them in their new home, which had made them feel really positive, as they enjoyed working with this person and felt they had enjoyed their company in return. People had developed valued and positive relationships with the staff supporting them. One person told us they felt staff were "friendly and kind". Because people felt trust in the staff supporting them they told us they were relaxed and open to new possibilities to make changes or develop new skills. People were supported to engage with the local community through the 'opportunity hub' in Paignton. This was attended on a regular basis by local councillors, the ambulance service, police, housing services and people supporting health and welfare. Through this people had access to topics of interest such as online safety and hate crime, and a forthcoming talk was to be someone sharing their experiences of living with autism.

We saw people were supported with respect for their dignity. One person living with a learning disability enjoyed wearing costumes as a way of expressing themselves. Staff had worked with the person to help them understand some clothing choices might attract unwanted or negative attention outside of their

house. So the person had two wardrobes or rails in the room to help them distinguish between the clothes they enjoyed wearing at home and those they wore out. We met the person in their home and they showed us how this worked for them, which had been really positive, and meant they could still enjoy dressing at home how they wished.

People's privacy was respected. Staff took care not to discuss people's care within earshot of others and any records kept in the person's home such as their care plan or working policy were kept by the person in their private space. Staff asked people if they would be happy for us to look at this information and the person themselves showed us this rather than staff doing so. This told us staff understood the records were the person's own belongings.

Is the service responsive?

Our findings

People told us they were very happy with the support they received from ROC. They told us they felt the staff always listened to them when they said what they wanted to do. One person said "I can do what I want to do and the staff will help me, but I don't need much help now. They help me be happy." A staff member told us that "The most important thing to me in my job is that people's voices and experiences are heard".

People could expect to receive a service from ROC that was tailored to suit their individual preferences and wishes. Packages of support that people needed were very individual from people who needed a couple of hours a week to carry out a specific activity to others who needed 24 hour care and support. Prior to anyone receiving a service from ROC, the person was visited so that an assessment of their needs and wishes could be identified. Following this a detailed and person centred plan or working document was drawn up with the person which the person or their advocate signed to confirm their agreement. This contained information about the support the person wanted and needed, and when this was wanted during the week. Time was then spent trying to match the person to a staff member or team who had similar interests or personality to support them.

People received consistent, personalised care, treatment and support because people's care plans or working policies were up to date, thorough and well maintained. They focussed on all aspects of the person's life and set goals they wished to achieve. For example, one person loved dogs. They had had lost confidence in going out on their own and wanted to lose weight. Staff introduced them to a lady who lived locally who had a dog. With staff support the three of them regularly go dog walking. This has helped the person to grow in confidence, get to know their local community, exercise and make a friend.

The nominated individual told us that 75 % of the people Robert Owen Communities – Domiciliary Care South Devon supported had indicated in recent surveys they wished to participate in some form of work. Robert Owen Communities – Domiciliary Care South Devon had as a result, along with other services in ROC developed an awards based Work2Work programme. This included offering internships at local offices, and supporting people to develop new skills to then use in seeking wider employment. People we spoke with told us they enjoyed working towards employment, for example one person told us they had recently done some work at the ROC head office, and now wanted to work in a café or pub. One person told us they dealt with sending out the staff rotas each week as a part of their role. We saw evidence of the success of the programme including presentations people had prepared of what they had learned and how this had helped them secure work. We saw one person had learned new social and work skills before progressing into working three days a week in their local community. In a presentation they had prepared about the changes this had made to their life the person had said "My life began when I started at ROC".

Plans contained pictures where people wanted this. If the person had complex needs for example with positioning, pictures could be available of how this support was needed. DVD formats were also available and we saw people were encouraged to share their plan and goals with all of the people in their 'circle of support' such as friends and family. This helped to ensure that the person's goals were understood and support given by everyone involved in their life.

Each person's strengths were identified along with areas where the person could develop further. Plans were being reviewed regularly and also when there was any change with people's needs or wishes. Each person had a copy of their plan in their home and a copy was kept on computer file in the main office at Aspects. Staff completed daily records sheets, often with the person themselves, so it was possible to see that the person's wishes had been carried out. People told us staff understood their working documents, and followed them. One person shared with us a recent review they had been involved with. This had included them challenging the service about what they felt could be improved about their care package, including one staff member's positioning technique. They told us this had been resolved. This showed us that people were being supported and empowered to challenge things they were not happy with. This person had guidance from speech and language services in place to reduce the risk of choking due to swallowing difficulties. We saw staff supporting them to drink, which was done in accordance with their plan.

Staff were knowledgeable about the support people needed to manage their day to day needs. This included information about people's personal care needs, their mobility as well as preferred routines, and any specific instructions. Some people had specialist needs to manage risks associated with their healthcare. Information for staff was available in people's plans along with number to call in case of additional support being needed. In some instances people being supported were living with their parents. Plans detailed their involvement and wishes where these were a part of the person's plan.

Staff told us they read the care plans and they contained sufficient detail to help them support the person and understand their wishes. In one supported living service we spoke with the three people living there. Each person told us about what they had done that day and what they were going to do the following day. Two people showed us their working documents which contained timetables of activity. We saw these had been followed. One person asked staff if they could get ready for bed, and they were supported by the staff member to do this. Other people chose to spend the evening watching television and listening to football on the internet.

All of the people we spoke with said they would tell someone if they wanted to complain and had information on how to do so. We saw records that showed us people had been supported to make complaints, for example one about building work taking place before people had been fully consulted. We saw the organisation listened to concerns or complaints and took action to reply and make things right where they could. There was a complaints procedure that was available to people in an easy read format if they needed this.

Is the service well-led?

Our findings

The management team, nominated individual and manager had ensured that Robert Owen Communities – Domiciliary Care South Devon had a clear set of values, positive culture and ethos which were shared across the organisation. The vision and values were person-centred and made sure people were at the heart of the service. Posters about the organisational values were in evidence at the office at Aspects. These had been developed following discussions at meetings with people being supported who had said what was important to them. These values were person centred and aimed at making sure people were at the heart of everything the organisation did. were aimed at ensuring the organisation was Supportive, Respectful, Passionate, High Quality and Continuously improving. They had been discussed in detail at a 'customer's conference' so that people receiving services could see what they could expect to experience. We saw that these were regularly discussed at team meetings, and that staff understood the values and discussed how they were 'living them in practice'. Staff we met were enthusiastic about the organisation and their role within it. A staff member told us "Promoting independence is a big value of ROC. We do this every day" and other staff were keen to show us the work they had been doing to support people develop new skills and have new experiences. The statement of purpose and aims and objectives were available in visual formats and pictorial presentations to help aid people's understanding of what the service wanted to provide.

People using the service spoke well of the people who managed the organisation. Although the registered manager had left just prior to the inspection a new manager was already in post. They were making application to be registered. Immediately following the inspection we heard they had started this process.

The management team at Robert Owen Communities – Domiciliary Care South Devon promoted an open culture, which was person centred, inclusive, open and transparent. People being supported by Robert Owen Communities – Domiciliary Care South Devon had a direct impact on the way the organisation was run. An annual meeting, open to people being supported and others called "The Big One" was held where the organisation made important operational decisions. The theme in 2016 had been looking at supporting understanding of the changes being made with the organisational merger. It also looked at what change meant to people, what the new organisation would look like, and what positive changes might happen as a result. People being supported, staff and relatives were encouraged to share their views and any concerns and these were fed into the organisational plan. An employee council had been set up to manage any concerns staff may have about the future merger of the organisation and there were regular meetings at all levels within the organisation to ensure information was shared and any issues addressed. As a result of "The Big One" in 2016 people had highlighted they would appreciate visits from senior people within the new organisation to supported living services. The divisional director from the new organisation visited two supported living services in Newton Abbot to meet the people living there. People living in one service told the divisional director that the premises needed redecoration. This led to a re-development plan being drawn up in consultation with the people living there to create a more homely environment with en-suite facilities for one person who found it difficult to quickly access bathroom facilities.

People were encouraged to voice their views and achieve their full potential at all levels within the organisation. People receiving personal care were involved in local service forums and focus groups which

gave feedback to the overall organisation. This had led to a more integrated approach to service development across the organisation, covering areas such as where people were supported to live, and opportunities for work and leisure. Supported living services were encouraged to elect a person to represent them at the local forums and meetings within ROC. Tenant meetings and 'circle of support' meetings were held regularly where people could make any suggestions about changes or improvements they would like made in a wider or more immediately local way. People told us they felt listened to. One person said "I tell them what I want to do, they don't tell me." We heard about how the tenant meetings supported people to make positive changes in their environment. For example, one person in a supported living service was having difficulties in understanding the different rubbish bins for recycling and refuse disposal. This had been raised at a tenants meeting, as it was causing difficulties. People living at the service decided at a tenants meeting they needed more information from the local council. The council sent an officer to speak with the people at the service and provided them with posters, stickers and leaflets. A new handrail was fitted and the landlord fitted a security light to help ensure the bin area was well lit and easier to access. People were supported to make the changes needed themselves.

There were robust governance systems in place. The nominated individual reported to a governing board. They told us this board had good oversight of the operations of the service and presented 'stimulating and effective challenge' to them over operational as well as day to day issues. We saw that board members attended some operational meetings, and met with people being supported to hear their views. This helped ensure they were in touch with issues that affected people directly. Records we saw told us Robert Owen Communities – Domiciliary Care South Devon expected that "personalisation and leadership is the responsibility of everyone, no matter what their role within the organisation is. The pivotal task of ROCs leadership team is to convey and model the culture and behaviours we want to see flourishing throughout the organisation". The Board's monitoring ensured this took place. We also saw evidence from minutes of team leader meetings that they were working much of the time supporting staff with direct care and modelling good practice. Team leaders and managers were required to actively contribute to decision making processes, such as giving feedback on draft Board papers. This helped to ensure 'ownership' and understanding of ideas throughout the organisation.

There was a strong emphasis within the organisation of constantly learning, trying to improve services for people, and developing new services to meet each person's changing needs. The organisation took advantage of learning opportunities, including using other services such as the local authority as "critical friends" to review their practice or discuss potential new developments. We saw that where there had been incidents the organisation used them to support people to develop new skills as well as the organisation reflecting and learning. For example one person living in a supported living service had burned their arm on steam from a kettle when no staff were present. Later, people living at the service said that they wanted to learn some basic first aid skills in case of any further incidents. With staff support they went to the local hospital and were given leaflets, advice and out of date bandages. People spent an evening practicing using bandages and developing some basic first aid skills. They learned how to deal with burns and how to get help in an emergency, increasing their independence and confidence.

The organisation had been nominated for a number of community and educational awards, including a local social enterprise community impact award. The service recently won an award from Skills for Care for the most effective approach for integration and new models of care. Any learning activity was fed back into the organisation and the wider learning disability community to support positive developments for people. For example the nominated individual was undertaking a Master's degree on "What factors contribute to successfully empowering all people with learning disabilities?" with support from people in Robert Owen Communities – Domiciliary Care South Devon. The findings of the study were due to be shared with people within the service who had participated as well as others within the learning disability community through

the local authority learning disability board. This sharing of good practice and 'lessons learned' from research helped to ensure good practice and knowledge identified by the organisation was shared with other services. It helped to ensure the service had a visible community presence and built links with other organisations.

The service was open and responsive to requests from families. For example, families had requested they receive more information about the service and how it worked. Robert Owen Communities – Domiciliary Care South Devon had responded by setting up seminars to look at issues such as housing and MCA, to help relatives be better informed. People, staff and others were also involved in completing formal questionnaires to give feedback about the services and action was taken where new needs were identified. As a result of this consultation for example, the service had developed and implemented the Work2Work programme, supporting people to gain workplace experience, leading to employment opportunities. This had led to increased links with local shops, services and organisations and a higher community profile.

Systems to manage quality and safety for people were effective, and where concerns were identified they were addressed in a timely way, through action plans. The organisation were aware of the Key questions that CQC uses to assess services against the regulations, and had challenged staff through staff meetings to think about how their role and day to day activity linked into these questions. The nominated individual carried out assessments of the service to review the quality and safety of the services provided. Management of the organisation had carried out audits of the service performance to ensure that the service was safe and of a high quality.

People benefitted because quality management issues were seen as everyone's responsibility within Robert Owen Communities – Domiciliary Care South Devon. For example, some people receiving support from the organisation also had roles as 'quality checkers' within other services. This meant they visited other services operated by ROC and looked to see if any improvements were needed, including what could be changed to make people living there have a greater say in how the services operated. This helped to ensure that people's voice was represented in all services.

People benefitted from the proactive use of innovative technology solutions and developments, such as through the use of social media, and multimedia solutions to meet each person's individual needs. Where the service had identified there were gaps in support available to people they worked to develop new services to help meet people's needs. For example, a project was being developed for people with a learning disability living in their own homes that were developing dementia, looking at how technology could be used to support the person in sustaining their important memories. One person living in a service we visited was developing a dementia. Staff told us they were very keen to help understand the person's experience and help them remain as well as possible for as long as they could.

Records both at the service office and in people's homes were well maintained, clear and comprehensive. Some records were being computerised and these were maintained in accordance with the Data protection Act. There were facilities at Aspects for the safe destruction of records, which were no longer needed. Records, policies and procedures were updated regularly and were available in formats to meet people's needs, for example easy read versions or on DVD. People's private information was kept confidential.