

Sense

SENSE - Community Services (South East)

Inspection report

Touchbase South East
12 Hyde Close
High Barnet
Hertfordshire
EN5 5TJ

Tel: 02084490964
Website: www.sense.org.uk

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: SENSE Community services (South East) is a service which includes providing personal care support to people in their own homes. The intervenor service provides one to one support to children and adults born with sight and hearing impairments, known as congenital deafblindness. Most people using this service also had a learning disability. The role of the intervenor is to help the deafblind person to interact and communicate with the family and the outside world. The provider is Sense, a national charity organisation for people who are deafblind. The term 'deafblind' covers a wide range of people, some of whom may or may not be totally deaf and blind. At the time of the inspection, 18 people were being supported by Sense - Community Services (South East) intervenor service, of whom five received support with personal care.

People's experience of using this service:

People had a very good experience using this service. They were matched with an intervenor who spent individual time with them, supported them to enrich their life, trying new activities, learning new skills and choosing how they wanted to be supported.

Staff had developed good meaningful relationships with people they supported. They showed an exceptional level of understanding of people's needs and of working in a person-centred way. People using the service and their relatives gave very positive feedback about the intervenor service.

People were involved in planning their support and those people important to them, families and other professionals involved in their care, were consulted and updated regularly.

The service addressed risks to people's safety in a considered way balancing safety with positive risk taking. Risks for each person were considered taking account of their needs and wishes and clear guidance was provided to staff on how to ensure people could do what they wanted to and keep safe. The service encouraged positive risk taking so that people could try new things.

Staff were trained in safeguarding adults and children and had a good understanding of how to recognise abuse and how to respond to it. The service took a proactive approach to ensuring staff kept their knowledge up to date.

People's medicines were managed safely and the service had reduced the use of medicines to calm behaviour by working with a person in a person-centred way which in turn reduced their anxiety.

Staff were well trained and supported including specialised training for the role. The service regularly assessed staff competence. Staff showed exceptional skills and knowledge about supporting deafblind people.

There were detailed assessments and information to enable staff to provide an effective service based on

the person's needs and preferences. The person was at the heart of the service and staff treated each person with respect.

Consent forms were on occasions signed by people not authorised to consent on a person's behalf. The registered manager agreed to immediately address this.

People were exceptionally involved in planning their support and those people important to them, families and other professionals involved in their care, were consulted and updated regularly.

Professional feedback was that the service is excellent and that some people have achieved skills beyond the expectations of other professionals involved with them.

There were two registered managers, one was registered whilst covering the registered manager who was on maternity leave. There was good leadership by both registered managers and effective quality monitoring systems in place to ensure continuous improvement.

Staff enjoyed their jobs and gave very positive feedback about the support and direction provided to them by both registered managers. The managers felt well supported by the provider.

The service met the characteristics of a good service in all areas. More information is in the full report.

Rating at last inspection: The rating at the last inspection was Good (report published in November 2016).

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

Good ●

SENSE - Community Services (South East)

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience had expertise in deafblindness. The Expert by Experience made telephone calls to relatives of people who used the service.

Service and service type:

The Intervenor service was provided in people's homes and their local community. People receiving this service lived in a variety of settings, including with families and a residential care home. The service was provided for children and adults who are deafblind.

The service had two managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. One registered manager was on maternity leave and the other was registered in order to manage the service in her absence.

Notice of inspection:

We gave the service four days' notice of the inspection site visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We visited

the office location on 27 March 2019 to see the manager and staff; and to review care records and policies and procedures.

What we did:

Before the inspection we reviewed all the information we held about this service. This included notifications received by the Commission. A notification is information about important events which the service is required to tell us about by law. We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met the registered manager and two intervenor staff. We met three people who used the intervenor service at the daycentre they attended. We spoke with two of them. We observed the interaction between the intervenor staff and people who used the service.

As part of the inspection we spoke with five people's relatives by telephone and two staff from care homes where two people using the service lived. We spoke with three intervenor staff on the telephone and we also had feedback from a local authority who commission the intervenor service for people. We reviewed four people's care records which included needs assessments, care plans, risk assessments and medicines records.

We looked at staff training and supervision records. We also looked at other records, policies and procedures involved in the running of the service. These were; accidents and incidents, complaints, safeguarding and quality assurance records.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff were trained in safeguarding adults and those working with children also had the relevant training relating to children. The registered manager assessed staff competence in safeguarding during supervision sessions where they discussed different types of abuse each session. Staff shared any concerns with the registered manager who took the appropriate action. Safeguarding was also discussed in team meetings to ensure staff kept their knowledge up to date.

Assessing risk, safety monitoring and management

- Relatives of people using the service told us that they felt confident that staff kept people safe. One relative said, "I am very confident with my loved one's safety with the intervenor staff as I also did training with them" and another told us, "They do full risk assessments and we have had no issues over the years ever."
- One of the core statements of the provider's quality governance framework was, "I will take informed risk" as they were committed to assessing and managing risks to encourage positive risk taking. People had support to take part in activities with an element of risk in order to lead a fulfilled life despite their multiple disabilities. People's representatives told us that this had improved people's self confidence and enjoyment of going out.
- Risk assessments were detailed and personalised. The generic risk assessment for each person included what training staff needed before working with the person. The guidelines for managing each risk were detailed giving staff all the information they needed to support the person safely. For one person who liked to feel trees as they walked, the risk assessment detailed how to support them with this and included checking their hands for any injury or splinter afterwards.
- The service undertook lone worker risk assessments for staff and included any other risks to staff safety from their own health needs.

Staffing and recruitment

- The service had a longstanding consistent staff team. Each person had between two and four staff in their team. One person had two staff to support them. Relatives told us that the staffing was consistent and some had been providing the service for years. Most staff had worked at a SENSE day centre prior to training as an intervenor and staff who were recruited externally worked in the day centre to gain experience in working with deafblind people. The provider ensured suitable checks including a criminal record check and references were received before a staff member started work.

Using medicines safely

- The registered manager carried out regular spot checks of medicines management to see that staff medicines training and competence were up to date.
- Medicines profiles had a photograph of the person with detailed information about their sensory impairment and communication methods.
- Medicines and route of administration and reason for administration was clearly documented in the person's medicines profile. Medicines administration records were completed accurately.
- There were separate guidelines for medicines that were to be given as and when necessary for example for extreme anxiety or agitation. The guidelines referred to the person's positive behaviour support plan. The service had been successful in reducing the frequency of this medicine due to good understanding of the person's needs and being able to support them safely.

Preventing and controlling infection

- Staff supported people to wash their hands and were aware of hygiene requirements when supporting people with personal care.

Learning lessons when things go wrong

- The registered managers had good oversight of any incidents or accidents and shared any learning with the staff team. There had been no accidents since the last inspection but there was an appropriate procedure to follow which staff were aware of.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service carried out comprehensive assessments of each person's needs before starting providing a service to them. The assessments were very detailed and included information on the person's sensory impairments explaining exactly what vision or hearing they may have and how to support them effectively. The service also carried out dysphagia screening for everybody to see if they had any swallowing difficulties.
- The service was working in line with good practice for deafblind people and used communication methods that empowered the person such as "hand under hand." There was good use of suitable assistive technology including tactile signs. Staff used other recognised communication methods such as total communication (use of a variety of communication methods) and intensive interaction (a communication method for pre-verbal children and adults).
- Professionals and family feedback was that the staff provided a service of a high standard which effectively met people's needs. One professional said, "Yes they are fully understanding of [...] s needs. They make sure when they take them out that they have sensory glasses and cane and hearing aids and are very aware of the complexity of their needs. I have full confidence they have the right skills even knowing their preferred side to walk alongside them."
- We saw a film of a staff member working with a person who had no speech or signs and using the hand under hand method the staff member could work with the person on a baking activity. The person had increased their independence and tried new activities with support from this service.

Staff support: induction, training, skills and experience

- All relatives and professionals told us they thought staff had the right training and skills for the work. Comments about the staff included; "Everybody really thinks he is doing a good job, he is a good communicator" and, "They are wonderful with how they enhance my loved one's quality of life with their expertise."
- Staff training included administering medicines, first aid, safeguarding, first aid for children and adults, Positive Behaviour Support and specialist training for the needs of the people using this service. Specialist training included; epilepsy, exploring, listening, talking hands (hand under hand communication), personalisation and use of percutaneous endoscopic gastrostomy (PEG) feeding regime where a person is fed directly into their stomach.

- The staff induction to working for SENSE included "living life" behaviour as communication, complex needs, practical training in experience of being deafblind using ear defenders and blindfolds, sight guiding, types of visual impairments, hearing loss and caring for hearing aids. Staff told us they felt well equipped for the work and described the training as "really good" and "great."

- The registered manager showed us a mobile phone app where staff could experience seeing as if they had different types of visual impairment, so they had a good understanding of individual people's vision and could support them accordingly. One example of this was staff knowing that a person always liked to be approached from the side where they had some vision.

- There was a shadowing period for all intervenors where they worked alongside a more experienced intervenor until they were assessed as competent to work alone with people. There was regular individual supervision and annual appraisals and in between staff told us they could approach the registered managers any time to discuss anything.

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

- The provider had guidelines for staff on food textures with photographs showing what a pureed and pre-mashed consistency looked like to ensure staff knew the correct type of food for people. There were detailed guidelines on how to support each person with their eating and drinking.

- One person went out to eat with their two intervenors every week and told us they would be choosing a burger that evening. Staff told us how they supported the person to make their own choices of meal.

- One staff member worked with a deafblind person to help them learn to make a cup of tea independently which they had achieved.

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

- Staff from two care homes where people using the service lived were very happy with the way that this service worked with them. They said that the intervenor listened to staff views and one said, "He [intervenor] values staff and they value him." Another said they wished everybody living in their care home could use this service as it was so beneficial to people.

- Another professional said that this service always provided "extremely comprehensive" feedback about the work they had been doing with a person and the achievements the person had made.

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

- The service completed a health assessment for each person. This looked at detailed information about their vision and hearing as well as any other health conditions and the way in which they may communicate if they were feeling unwell.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the

Deprivation of Liberty Safeguards (DoLS). Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- We found that where a person had a DoLS in place, the service had a copy as well as information about any legal representative such as lasting power of attorney or court of Protection. This meant the registered managers were aware of any conditions of the DoLS.
- The service used photographs and films for people's own use and for staff training and the provider's website. The consent form explained clearly what the photographs and films could be used for and people could consent or decline for different purposes, for example consent to photographs for training purposes but decline having their photograph on SENSE website. For children using the service the parents signed consent on their behalf. We saw one file where consent to being photographed was signed by a staff member at the care home where the person lived. This did not meet legal requirements as nobody can consent on an adult's behalf unless they have authority to do so. The registered manager said they would ensure that going forward, where people were unable to consent, documents would only have signed by those with lasting power of attorney, a court appointed representative or recorded as a best interests decision.
- We asked staff what they would do if a person refused to go out with them or take part in a planned activity. They said they would always respect the person's choice. One staff member said, "Their choice. Work at their pace, they're at the forefront of everything we do. We fit the service around the individual not the individual into the service." All staff told us that the person using the service always led the sessions and chose what they wanted to do.

Is the service caring?

Our findings

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

People were truly respected and valued as an individual; and empowered as a partner in their care by an exceptional service.

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

- Each person had a communication profile detailing their communication methods and advising on how to interpret their behaviours as communication, for example a person would push staff away if they did not want to interact. People's initial assessment recorded whether the person used speech, signs, visual communication methods, gestures, touch and smell. How people could make decisions was recorded in their assessment and support plan. This enabled staff to support them to make decisions.

- One person with complex communication needs was supported by the same staff member over several years. Because of the relationship built between the person and the staff member and the support provided, the person started to use their feet and hands to express themselves as they had been reluctant to do so previously. Eventually this resulted in reduced instances of self-harming behaviour as the person had alternative means to express themselves, which they previously did not have.

- One person told us that they were happy with the service and liked their two intervenors. They said their intervenor "helps me, helps me a lot" and that they go out together to play snooker, bowling and to the pub. They also said they were supported to do "office work" which involved shredding. We asked the person who chose where to go when they went out and they told us, "I choose what I do! I get to choose."

- There was exceptional practice in involving people in making decisions about their care. One person told us about their recent review meeting and said, "My meeting went very well". The person had been at the centre of the meeting where they were asked what for them made a good and bad day and fully involved in all discussion and decision making. They told us there was break in the meeting where those present, "had a cup of tea and a bit of cake" which they had made for everyone.

- We were unable to communicate with one person as we did not have the communication skills to do so but we spoke with a professional who knew them well and they told us the person's intervenor was very caring and said, "He looks forward to it and knows he is coming and obviously enjoys it." They told us the service, "makes somebody we support that much happier."

- The service supported people's social needs and promoted people forming and maintaining friendships which reduced the risk of social isolation. We heard of instances where people formed friendships through the service and were supported to develop these relationships. For example, two people with similar interests were supported by staff to attend the London Marathon this year to support and meet the runners fundraising for SENSE to gain an understanding of the marathon process.

- We saw a record of a session where intervenors supported two people who were friends at the day centre to spend an evening together at one person's house which was very successful. Staff supported these people to plan a 'Come Dine With Me' evening which involved helping with creating a menu with, creating name cards and facilitating the evening. Both people enjoyed the evening and further strengthened their friendship.

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

- Professionals and families of people using the service told us staff treated people well and were caring. Their comments included; "They are patient and considerate in everything they do for us", "They are very caring the intervenors, nothing is too much trouble to them, my family member is over the moon to see them" and, "They are fabulous in their caring attitude."

- The service had a core longstanding staff team who had got to know people using the service very well. Some had worked with the same person for several years. They had built up trusting relationships and knew the needs of the people they worked with very well. New staff were introduced by longstanding staff and "shadowed" that staff member until they had built a relationship with the person using the service.

- One person's representative told us that they had observed the intervenor communicated well with the person who had complex needs. They said, "He knows he is coming and looks forward to it" and that the intervenor was "a very good communicator."

- The service helped people with religious and spiritual needs where needed. They supported one person to go to church. The registered manager told us about work the provider is doing on identity, sexuality and relationships and spirituality including support with bereavement and loss of staff. One person was receiving support from staff on bereavement issues and the staff member demonstrated an empathic approach.

- Relatives told us that people did not have any specific cultural needs that the service needed to support. The registered manager told us for one person who was Indian; staff used sari colours in sensory items used with the person as they were familiar with the bright colours.

- Two people we met showed signs of happiness when talking about their intervenors. Their families also said they were really happy with the service and their individual needs and preferences were met.

- Staff had supported one person through a family bereavement. They supported the person to attend the funeral and be involved in the process by choosing hymns. Staff also supported the person to request photographs, to which the person has an audio-controlled photo log to describes each picture. This has enabled the person to celebrate their family and engage other people and staff in conversations about their family.

- Another person was supported by staff to manage a significant life change which helped them process and understand the changes. They were supported by staff to visit their former family home with family members to say goodbye. Due to their sensory impairment, staff supported them by assisting the person to touch items such as curtains which became a therapeutic process. Staff also supported the person to create a memory box with items from the family home to enable them to reminisce and share their happy memories.

- We observed two staff interacting with people who used the service. They used a variety of

communication methods and were respectful and person-centred. The service supported people to express their feelings either verbally or through music and art. One person's representative said the intervenor service "makes somebody we support that much happier."

Respecting and promoting people's privacy, dignity and independence

- Each of the provider's services had dignity champions which was a new initiative. Two staff from this service attended the dignity forum to bring back learning to share with the staff team. We saw staff treating people in a respectful way that upheld their dignity when using the toilet, supporting them to talk to us and when moving around a building.
- Staff respected people's right to privacy when supporting them with personal care. We saw staff respecting a person's independence by sight guiding them around their environment while providing help when necessary to pass obstacles. Staff showed an exceptionally person-centred attitude when talking about people they supported and how they encouraged them to become more independent and confident. They talked about people with respect and empathy.
- The service had helped people to become more independent which had a significant impact on their quality of life. One person, when they first joined the service told staff that they wanted to get into employment as they had just finished college although they lacked self-confidence. Staff supported the person to slowly build their confidence by starting with office tasks they were comfortable with. The person then told staff they wanted to try working in another organisation. They were supported by staff to submit applications for other roles and were successful.
- Another person did not leave their house when this service first worked with them. Over time staff worked in a planned way to help the person build up their confidence. This person was now going out regularly with the support of two staff and choosing where they wanted to go. Another person had felt isolated before using this service and had increased their confidence and independence by taking part in a variety of new activities with the skilled support of the intervenor they were matched with.
- Records showed that staff planned their sessions with each person and evaluated them so there was a clear record of progress people had made with their communication and independence.
- Questionnaires completed by people and carers in 2018 indicated people were always treated with respect and dignity by their intervenor.

Is the service responsive?

Our findings

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

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

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

- Professionals and families of people using the service told us the service was very personalised. One said, "The service they provide is tailor made to suit the needs of each of each individual, and they have often helped the people achieve outcomes over and above what was expected. "Another professional said the service had, "progressed our resident to a level that we notice the difference. We work together to the best potential of our resident."

- Records showed that each person had a personalised programme which ranged from helping them learn their way around their local community, a range of leisure activities of their choice, emotional support and working on pre-verbal communication skills such as anticipating and turn taking and sensory activities. Each person's support plan was very different reflecting their different abilities and wishes. People and their representatives told us they were very happy with their personalised service.

- People were supported by staff to access a variety of activities, events and learning to improve their lives and reduce social isolation. Staff supported people to take part in a project by the British Library to create a life-sized marble run. People and their families were invited to a Harry Potter exhibition which provided an opportunity for people, their families and staff to come together to be part of a project with provided opportunities to meet other families and carers facing similar experiences and challenges.

- Sessions were planned but staff told us the person always chose what they wanted to do so staff were flexible and ready to follow the person's lead. Staff showed an exceptional level of knowledge and expertise in understanding people's complex needs and how to work with them to empower them and thereby encourage their independence and confidence.

- People were asked what their dreams and aspirations were. For one person, that was to visit Wimbledon as they were a huge fan of tennis. Staff supported the person to research for the trip by gaining the skills to navigate the internet, book their own tickets and make suitable travel arrangements. After the trip, the person told staff that they wanted to write to Andy Murray to tell him that they visited Wimbledon. Staff supported the person to do this and the person subsequently received a letter and a signed photograph from Andy Murray. We were told that this made the person's year and had a very positive impact on their well-being.

- There was a one-page profile with information about what was important to the person now and in the future, what best support looked like for them and what people consider to be the person's gifts and talents. This gave new staff the most important information about the person before reading their full support plan.

- Each person had an accessible information profile. This detailed how they needed information to be given to them to enable them to express choices. The range of accessible information provided by the service was; Easy read documents, communication books, Braille, tactile tiles for one person telling them information, talking tiles, coloured paper for someone who needed yellow paper to read and recordings which people could watch on a computer or Ipad or a CD to listen to. This demonstrated a commitment by the service to involve people in planning their service by ensuring they had the information they needed to make decisions.

- When advertising for staff, the service's advertisements focussed on activities people enjoyed and asked applicants if they would enjoy them. This helped to match staff with people well as they shared some interests. The service used a person-centred thinking tool which outlined what was important for the person and to the person.

- People were involved in their support plans where they were able and other important people in their lives were consulted and involved.

- Positive behaviour support plans were used to help staff understand the person's behaviour and provide the right support. We read that one person's behaviour had improved as a result of receiving a person-centred service which helped to reduce their anxiety.

- Well trained staff had the skills to understand how people's behaviour was a way of communicating and worked closely with the person and their family to find new strategies as an alternative to using PRN medicine to reduce anxiety. The service assisted with additional support hours during a period of family ill-health and due to the positive impact staff working with the person had on their wellbeing, the additional hours became permanent.

- Staff and the management team were proactive in responding and adapting their service to people's changing care needs. For one person, their behaviour had changed which indicated there had been a change to their eyesight. The service instigated medical investigation and as a result a condition was diagnosed. The person's care plan was revised, and staff worked alongside health professionals and carers to ensure they could make the required adaptations the person needed to ensure their care needs were met.

End of life care and support

- Many people the service supported had life limiting conditions. The registered manager told us an example of where a person's health needs changed towards the end of their life and they needed a two to one staffing level. The service had been proactive in training staff in PEG feeding and suctioning. This showed the service adapted to meet people's changing needs which meant people and their families had continuity of care.

- Staff and the management team had supported families through times of bereavement and had been an on-going source of support such as maintaining relationships with bereaved family members. We heard this had positive impact on the wellbeing of the family members and staff involved.

- We heard of examples of where staff visited people in hospital when they were approaching the end of their lives. For one person, this included supporting other people to visit the person which meant that their family were able to have brief respite during this time. Staff provided support to the person's family as they were able to reminisce with staff about happier times and the person's achievements. The service supported

staff to attend the person's funeral. The service then held a memorial service in the daycentre for people to be able to understand and express their feelings and the person's family were invited.

- For another young person, as a mark of recognition of the importance the staff team played in the person's life, were asked to say goodbye to the person before they passed away in a hospice. The person's family then asked staff to participate in the funeral ceremony as they had such an important role in the person's life. These examples demonstrated the how the service impacted on the lives of people using the service.

- The registered manager showed good understanding of how bereavement affected people who had difficulty in expressing their feelings and this was considered as part of people's support plans. We met a person who told us their family members had died and saw staff were supportive and understanding of the person's wish to talk about this.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place which also included a one-page procedure and guidance on how to interpret dissatisfaction from people for whom staff needed to interpret their behaviour and who to make the complaints policy available to where the person supported did not have capacity to understand the information.

- One relative said they had raised a concern and it had been resolved. Others said they had no complaints or concerns but would feel confident to use the complaints procedure or just call the registered manager. One relative said, "I feel the manager is very approachable and if I had an issue I am confident that I could approach them."

Is the service well-led?

Our findings

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

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

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

- The service developed person-centred support plans and staff maintained detailed records of care and support provided. These showed that a high-quality service was delivered in accordance with the wishes of the person and their family. People and their relatives confirmed this to be the case.
- Relatives' and professionals' comments about the quality of this service were; "wonderful", "marvellous" and "excellent." Staff thought the service was person-centred and had a high level of satisfaction working for the service as they could work with an individual over a long period of time to enhance their quality of life, which they found rewarding. One staff member said, "I thoroughly, thoroughly enjoy it".
- Staff said the team was "exceptional" and "unbelievable" and that the service provided them with training which was "very very detailed", "really great" and "comprehensive.",
- The provider had a quality framework with the person at the centre (person centred outcomes) to help services target areas for improvement and plan action. The Quality governance framework was based on eight values including "No decision about me, without me." This promoted ways to involve people meaningfully in decision making. We saw from records and talking to people that the values were followed in practice.

- The service had not needed to use duty of candour but demonstrated an open and transparent approach encouraging people to raise any concerns and keeping clear records of any dissatisfaction.

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

- There were two registered managers at the time of this inspection as one was on maternity leave and the other was registered for the duration of the leave. This demonstrated a commitment to ensuring a high quality continuity of service for people using the service and staff. The registered manager we spoke with had a good understanding of regulatory requirements.
- All staff told us that the registered manager had clear expectations and were both approachable. They said an open door policy was operated and they could talk to a manager at any time. Staff told us that they could call, email, text or drop in and always had a quick effective response from the registered manager. Supervision sessions were used to assess staff competencies and they said they benefited from this.

- The provider's quality governance framework was based on CQC domains and Key Lines Of Enquiry so the provider and managers were familiar with CQC standards. The registered manager understood the requirement to notify CQC of specific events in the service.
- The registered manager had a staff training and risk assessments monitoring document which alerted them when training or a person's risk assessment was due to be reviewed. This helped them ensure these were completed in a timely way. Staff agreed that they were always reminded about completing training in good time.
- The registered manager had supervision from an operations manager and access to a range of useful training. The registered manager we met told us they loved their job. Staff told us that the registered managers were both very good at their jobs. One staff member told us, "The leadership is really excellent."
- The registered manager completed self-assessments of the service on a quarterly basis. A self-assessment on safety issues was completed a month prior to the inspection. Operations managers carried out regular audits so the provider had a good ongoing overview of the service.

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

- The service involved parents and carers including care homes where some people lived. We saw that these people had recorded a choice of whether they wanted to receive information by email or on paper. The service gave all families an intervenor service pack which they signed for. This included a service user guide, the organisation's values, a guide for people who are deafblind and their families, safeguarding and complaints information, code of conduct and consent forms. This was evidence of an open and transparent service which was clear about what they would offer people.
- People were involved in the providers recruitment process which involved meeting and greeting candidates prior to their job interview.
- Intervenors shared their work with staff in care homes where people they supported lived in care homes, for example new signs they were learning. Staff said that the intervenors communicated well with them.
- The service promoted deafblind awareness week, where they handed out leaflets about SENSE and the work they do on a walk in the local community. They also supported people using the service to go to the London Marathon to meet the people running for SENSE.
- The service sent yearly questionnaires to people they supported and their carers/families. We looked at a sample of 2018 questionnaires which showed a very good level of satisfaction with the service.
- Staff felt well supported and had access to an on call service for advice and support when they worked in the evenings and at weekends.
- People and staff were valued as individuals and placed at the heart of the service. The management team recognised people's and staff achievements. For example, two people were nominated by the service for the 'SENSE Young Person of The Year award.' One person, who was runner up, attended the awards ceremony with their family and was very proud to receive a certificate and liked to discuss their achievement with others. A staff member was nominated for an award for professional excellence, which they won.

Continuous learning and improving care

- The registered manager had a service action plan of future improvements to the service. A future plan was to focus on technology to help communicate with people including a braille version of people's files. One person was learning Braille and they hoped that person would be involved. There was also a plan for an overnight stay in Thorpe Park for children using the service and their intervenors. This demonstrated the provider's commitment to ensuring people were involved and consulted in care planning.
- The management team has worked with the provider's learning and development team to develop a bespoke five day training course for intervenors which will be rolled out across the organisation. This involved the registered manager working with the providers specialised children's service and training department to draft a training course. The training is based on real life case studies involving people who use the service.
- Since the last inspection, whistleblowing had been discussed in supervision as some staff had not been confident about the policy, so they now understood it well. Spirituality training was introduced in the last year.
- The provider had started a "When I'm gone" campaign for parents of people with a learning disability working on plans for when people could no longer live with their parents.
- A SENSE After Dark service had been set up to enable people to go out in the evenings to music events with support.
- The service was runner up in the 2018 SENSE quality service awards of all their national services which showed the provider was impressed with this service .

Working in partnership with others

- The service worked with families, deafblind workers and residential and day services. The registered manager visited the schools that the children attended to find out about their communication methods in school and ensure a cohesive service. For one child, the service was now using the same type of communication board with a child at home as they used in school.
- Families and professionals told us that the service worked with them, always sharing information and involving them. A staff member at a care home where one person lived described the service as "brilliant."