SeeAbility

SeeAbility - Fairways Residential Home

Inspection report

Fairways
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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?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Outstanding ☆

Overall summary

We inspected SeeAbility - Fairways Residential Home on 9 July 2015. This was an unannounced inspection.

The home provides accommodation and support for up to seven adults with sight loss and multiple disabilities. At the time of the inspection there were seven people living in the home with varying degrees of visual impairment, moderate to severe learning disabilities and hearing difficulties. Some people had very limited verbal communication skills and they required staff support with their personal care and to go into the community.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We were only able to have limited discussions with some people living in the home because of their language difficulties. We relied on our observations of care and our conversations with people's relatives and staff to understand their experiences.

There was a positive atmosphere within the home and staff put people at the heart of the service. People and their relatives were encouraged to be involved in the planning of care. Staff were highly motivated and flexible which ensured people's plans were realised so that they had meaningful and enjoyable lives.

Staff had a positive approach to keeping people safe. Staff showed commitment to managing the changing risks in the service and had quickly developed their skills and understanding to support people when they became distressed or anxious. There was enough staff to keep people safe and support people to do the things they liked. People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. Systems were in place to protect people from the risks associated from medicines.

The registered manager and provider regularly assessed and monitored the quality of care to ensure national and local standards were met and maintained. Continual improvements to care provision were made which showed the registered manager and provider were committed to delivering high quality care. We saw some outstanding examples of how the registered manager routinely implemented good practice guidance, local and national initiatives to improve the home.

All of the staff received regular training that provided them with the knowledge and skills to meet people's needs in an effective and individualised manner.

People's health and wellbeing needs were closely monitored and the staff worked well with other professionals to ensure these needs were met. The provider employed their own central team of rehabilitation officers for the visually impaired, speech and language therapy and assistive technology staff. The registered manager ensured this team reviewed all people in the home when needed and staff implemented professional's guidelines appropriately.

The work done by the home to respond to people's needs while finding creative ways to develop people's skills and independence was outstanding. We heard many examples of how people had been supported to develop their communication skills, self-care abilities and have increased enjoyment in the community. Staff spent significant time with people and their previous support providers before they moved into the home. This enabled staff to get to know people who found it difficult to communicate their needs and preferences so that their care and staffing needs could be determined before they moved. A relative told us this had made the transition easier for people.

A flexible approach to mealtimes was used to ensure people could access suitable amounts of food and drink that met their individual preferences. This helped people to maintain healthy weights.

Staff sought people's consent before they provided care and support. However, some people were unable to make certain decisions about their care. In these circumstances the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. Where people had restrictions placed upon them to keep them safe, the staff ensured people's rights to receive care that met their needs and preferences were protected. Where people were legally restricted to promote their safety, the staff continued to ensure people's care preferences were respected and met in the least restrictive way.

People and their relatives were involved in the assessment and review of their care. Staff supported and encouraged people to access the community and participate in activities that were important to them.

Feedback was sought and used to improve the care. People knew how to make a complaint and complaints were managed in accordance with the provider's complaints policy.

The culture of the home was positive, people were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy.

Summary of findings

The staff were highly committed and provided people with positive care experiences. They ensured people's care preferences were met and gave people opportunities to try new experiences.

Summary of findings

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.

People were protected from abuse and avoidable harm.

Risks were identified and managed in ways that enabled people to lead fulfilling lives and remain safe. Staff supported people when they became distressed or anxious with a positive and calm approach.

There were sufficient numbers of suitably trained staff to keep people safe and meet each person's individual needs.

Good

Is the service effective?
The service was effective.

People with multiple disabilities were supported to live their lives in ways that enabled them to stay healthy and lead an improved quality of life.

People received effective care from staff who were trained in providing service specific care to meet people's individual needs.

The provider acted in line with current legislation and guidance where people lacked the mental capacity to consent to aspects of their care or treatment.

Good

Is the service caring?
The service was caring.

People were treated with kindness, dignity and respect. People and a relative said staff were very caring and considerate.

People had complex communication needs associated with their disabilities. Staff used a range of communication methods appropriate to each person's needs to understand people's preferences.

People were supported to maintain family relationships and to avoid social isolation.

Good

Is the service responsive?
The service was responsive.

Creative, tailor made techniques were used to support people with communication difficulties to express their views, concerns and take part in planning their care. People consistently lead their lives the way they wanted to. Time was taken to get to know people, where appropriate, before they moved into the home.

Each person had a key worker with particular responsibility for ensuring the person's needs and preferences were understood and acted on. People had a choice about their daily routines and activities were flexibly supported so that people had control over the way they chose to spend their time.

Outstanding

Summary of findings

People, relatives and staff were encouraged to express their views and the service responded appropriately to feedback.

Is the service well-led?

Outstanding 

The service was very well led.

People were supported by a highly motivated staff team. There was a nurturing atmosphere and people were at the heart of the service. High quality care and support was consistently provided. This was because effective systems were in place that regularly assessed, monitored and improved the quality of care.

The registered manager and provider demonstrated that they continuously developed their practice and improved the quality of care for people by following national guidance when supporting people with sight loss and communication difficulties.

SeeAbility - Fairways Residential Home

Detailed findings

Background to this inspection

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

This inspection took place on 9 July 2015 and was unannounced. This is a small service therefore the inspection was undertaken by a single adult social care inspector, with learning disabilities experience, so that the inspection would not disrupt people's routines.

Before the inspection we reviewed the information we held about the home. This included previous inspection reports, statutory notifications (information about important events which providers are legally required to notify us by law) other enquiries from and about the provider and other key information we hold about the home such as previous inspection reports.

We did not request a Provider Information Return (PIR) at the time of our visit. The PIR is a form that asks the provider to give some key information about the home, what the home does well and what improvements they plan to make. We obtained this information during the inspection. At the last inspection on 1 March 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

We met six of the people living in the home and were able to speak with three of them. We were only able to have limited talks with some people due to their communication and language difficulties associated with their physical and learning disabilities. For these people we relied mostly on our observations of care and our discussions with people's relatives and the care staff to form our judgements. We spoke with one person's relative and interviewed the registered manager and the regional service manager. We also spoke with five other members of the care staff team, one volunteer and the volunteer co-ordinator. After our inspection we spoke with a social worker of one of the new people in the home as well as the provider's rehabilitation officer and speech and language therapist for the region. We observed how staff supported people, reviewed three care plans, four recruitment files and other records relevant to the management of the service such as health and safety checks and quality audits.

Good

Is the service safe?

Our findings

People told us they felt safe living at SeeAbility - Fairways Residential Home. People's relatives did not have any concerns about abuse or bullying from staff or other people living with their relatives. People and their relatives were encouraged to share any safety concerns with the registered manager and told us they would be confident speaking to a member of staff or the manager of the service if they identified any. One person said, ''I will speak with my key worker if I felt unsafe or scared when out or at home''. We observed that people looked comfortable and relaxed with the staff and with each other.

The provider took action to minimise the risks of avoidable harm to people from abuse. Staff had completed training in recognising and reporting abuse and were able to demonstrate their knowledge. This training was repeated every year so that staff would remain up to date with relevant safeguarding arrangements. Staff understood the importance of keeping people safe from abuse and harassment and said they would report any poor practice or abuse they suspected or witnessed, directly to the registered manager. Staff were familiar with their duty of care and gave examples of how they had raised concerns in the past in relation to people refusing care. The registered manager was aware of her responsibility to report allegations or suspicions of abuse to the local authority. Staff we spoke with were able to describe the changes that had taken place following an incident and how that person was now being kept safe.

Staff said they had never witnessed anything of concern in the home. One member of staff said, "we know people really well and would recognise any changes in their behaviours that were out of character. If I had any suspicions I would speak with the manager and if necessary call the local authority safeguarding number". Safeguarding and whistle blowing policies were also available and staff were aware of the information these contained. Whistle blowing is a way in which staff can report misconduct or concerns they have within their workplace.

Where people found it difficult to manage their money independently, the registered manager had systems in place to support people appropriately and to protect them from financial abuse. This included systems for documenting money which was held, and spent, by people living in the home. Staff were familiar with the home's money management systems and these were checked during each shift to ensure all monies were correct. The regional service manager had checked how people's money was being managed as part of her last quarterly monitoring visit on 7 May 2015 and had found no concerns.

Risks and harm to people were minimised through individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks or harm. Risk assessments covered support for people when they went into the community, participated in social activities and leisure interests and moved about in the home. For example, people at risk of falling due to their visual impairment were only supported by staff who had completed the relevant training to know how to support and guide people appropriately. People's care plans described in detail how staff were to support them to walk and move safely. We observed staff supporting people to find their way around the home in line with their mobility care plans.

Risk assessments included plans for assisting some people who needed support when they became distressed or anxious. Plans described the circumstances that may trigger the distress or anxiety, ways to avoid these triggers and action to take when people became distressed. For example, staff were aware that some people may sometimes hit out at staff or other people when they became anxious. Staff could describe how they would keep people safe and allow them their own personal space to express their emotion while checking on them until they were calm and relaxed. Staff told us they did not use any physical restraint and were trained to use distraction and calming techniques if people became distressed. We observed staff responding quickly and appropriately when it had been identified that a person was becoming distressed so their behaviour did not escalate to become a risk to themselves or others.

Staff were continually developing their understanding and skills in supporting people whose behaviour might challenge in order to keep them safe. Staff worked together as a team and were clear about their responsibilities to support all the people in the home so that challenging behaviour incidents did not impact on them. The registered manager told us the staff had an open culture that encouraged creative thinking in relation to people's safety. The registered manager had worked some shifts with staff

Good

Is the service safe?

at their request, to better understand the challenges they faced and develop workable solutions. Staff shared their experiences of approaches and techniques that they found effective, for example how close to stand to a person when they became agitated. This information was then used this to drive improvement when supporting people to manage their behaviour to enable them to lead a full and meaningful life safely. Where people were prescribed medicines to support them to manage their behaviour the staff had worked to develop effective behaviour strategies so that people's medicines could be reduced or stopped.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with the GP for responding to people who had seizures. Staff received training in providing people's medication and when and who to notify if people experienced prolonged seizures. Staff told us they would call the emergency ambulance service or speak with the person's GP, as appropriate, if they had concerns about a person's health. Each person had a personal evacuation plan in case they needed to vacate the home in an emergency.

Regular health and safety checks were carried out to ensure the physical environment in the home was safe for people to live in. The registered manager carried out a set programme of weekly and monthly health and safety checks and completed health and safety and fire assessments which were subject to six monthly reviews. The provider's central team supported this process and also carried out a health and safety audit at the home on a 12-18 month basis, or more frequently as required. A range of health and safety policies and procedures were in place to help keep people and the staff safe. Suitably qualified contractors were used to inspect and maintain the home's gas, electricity and fire safety systems.

There were enough staff to meet the needs of people and to keep them safe. We observed that staff were available to support people whenever they needed assistance or wanted attention. The registered manager kept the staffing under review and staffing was adjusted to meet people's needs. For example, additional staff were deployed to meet the needs of people who were new to the home to give staff the time to get to know them. People and staff told us they felt the number of care staff was sufficient to look after people's routine needs and support people individually to access community activities. Short notice absences were covered by their own bank staff so that people were always supported by staff that knew them. Bank staff means there are a number of staff who are already employed by the service and are prepared to provide extra cover when the home was short staffed.

There were effective recruitment and selection processes to reduce the potential risks to people living in the home from unsuitable staff. Recruitment was organised through the provider's central human resources department. Appropriate checks were undertaken to identify if applicants had any criminal convictions or had been barred from working with vulnerable adults. Staff were not allowed to start work until satisfactory checks and references from previous employers were obtained.

People were supported by staff to take their prescribed medicines safely. Staff received medicine training which was confirmed by staff and training records. Staff had their competency assessed by seniors and had to be authorised by the registered manager before they were allowed to support people with their medicines. People's medicines were kept in a secure cupboard within each person's room and their medicine administration records were accurate and up to date. Staff said they always checked to ensure the correct prescription and dose were given to the right person. At the end of every medicines round a second member of staff checked the administration records to ensure people's medicines had been administered correctly. We observed a member of staff supporting people to take their medication appropriately. Processes were in place and adhered to ensure people received their medicines safely.

Good

Is the service effective?

Our findings

During the inspection we observed people receive care and support in line with their care plans. Staff understood people's needs and we saw they were competent and confident when supporting people throughout our visit. People and relatives told us staff knew how to support people appropriately.

Staff told us they received tailored training to ensure they knew how to effectively support and care for each person's physical and learning disability needs. Most of the training was delivered by the provider's central training team but outside specialists were brought in where appropriate. This training was interactive to give staff a greater understanding of the challenges people faced in their daily life. One member of staff said, "The training here is really good and it is always adjusted when we get new people who might have needs we have not supported before". A new staff member said "I've had training from the first day to understand people's needs. For example, as part of our visual impairment training we had to carry out tasks blind folded to gain an appreciation of how life is for the sight impaired people we support".

Staff told us the provider supported them to take further qualifications such as the Diploma in Health and Social Care. The registered manager said all new staff received an intensive induction programme and were assigned a senior member of staff as a mentor. New staff told us they worked alongside their mentor until they achieved the required levels of competency. This ensured people received effective care from staff who had the necessary level of knowledge and skill.

Staff said everyone worked well together as a good supportive team and this helped them provide effective care and support. Care practices were discussed at monthly one to one supervision sessions and team meetings with the manager. Staff told us this also gave them the opportunity to identify and discuss solutions to problems, improve care practices and to increase understanding of work based issues. Records showed annual performance and development appraisal meetings took place to identify and address staff's training and development needs.

The provider trained staff in the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service followed the MCA code of practice to protect people's human rights. The MCA provides the legal framework to assess people's capacity to make certain decisions at a certain time. People who lacked capacity to make certain decisions had detailed decision-making care plans in place. These care plans informed staff how to support people to make everyday decisions and who to involve, on their behalf, when best interests about their care had to be made. Staff understood their responsibility to follow the MCA code of practice to protect people's human rights.

Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions about where they live and there is no other way to look after the person safely. Two people had suitably approved DoLS authorisations in place and the manager was awaiting the outcome of two more DoLS applications to the local authority. Where possible the registered manager made DoLS applications before people moved to the home to ensure restrictions were only placed on people with the appropriate legal authorisation.

People were supported to have sufficient to eat and drink and they told us they enjoyed the food. Staff supported people to make healthy food choices and to maintain a varied, balanced diet. One staff told us, ''Some people do not like eating a piece of fruit but we have been trying to offer people fruit in different ways. Lately we have been making smoothies and found people really like them so now we make sure people have their smoothies every day.'' Each person got to choose the menu for a day of the week and staff said alternatives were provided if people decided they did not want to have the daily menu choice.

The provider's speech and language therapist (SALT) visited the home as needed to check people had the support they required to eat and drink enough. Where people were at risk of choking, we saw staff supported them appropriately in line with their SALT guidelines. Staff ensured mealtimes were calm and kept noise down to support people with visions impairments to focus on their meal. No one was rushed during their meal and staff checked if people wanted any more to eat or drink before clearing the table. The SALT told us staff appropriately implemented her guidelines.

People were supported to maintain good health through access to ongoing health support, including dental and

Good

Is the service effective?

vision checks as required. The provider employed their own central team of physiotherapy, rehabilitation and speech and language therapist. The registered manager said the local GPs, district nurses and mental health professionals were also very supportive and visited whenever requested. Due to the increased needs of new people in the home staff were still developing their way of working with professionals including involving appropriate professionals in a timely manner, implementing and reviewing the effectiveness of their guidelines. Care plans contained records of hospital and other health care appointments. There were health action plans and communication passports providing important information to help external professionals understand people's needs. This included a 'vision passport' for when people visited the opticians and a 'hospital passport' for when people went into hospital.

Good

Is the service caring?

Our findings

We received positive feedback about the way staff treated people. One person's relative said, "All the staff are very good. They are welcoming, kind and caring". People told us staff were "friendly", "funny", "helpful" and "always there to help". The registered manager said "It is all about making sure people are happy. I see staff with people every day and they are respectful and have built good relationships with people". There was a family atmosphere amongst people living in the home and staff told us they encouraged people to get to know each other.

We observed interactions between staff and people and they were patient, supportive, kind and friendly. For example, staff involved and adapted activities in the home so each person was able to participate. There was a lot of friendly chat and people appeared to be having fun and enjoying themselves. Staff responded promptly to people requesting assistance and they did so in a patient and attentive way.

Staff showed they had good relationships with people, speaking about them warmly showing that they held them in high regard. They also demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were. Staff showed respect for people by addressing them using their chosen name, maintaining eye-contact and ensuring they spoke to people at their level, seated and not rushed. One relative said "Staff are working hard to get to know my relative and spend a lot of time doing activities she enjoys".

Staff also assisted us to communicate with people who could not express themselves verbally. People appeared to understand when staff spoke with them and often responded with smiles or noises which indicated they were happy. Staff showed compassion and kindness towards people. For example, when one person became upset staff comforted them promptly and tenderly by speaking with them in a soft voice and sitting with them till they felt better. Each person had a designated key worker with particular responsibility for ensuring the person's needs and preferences were known and respected by all staff. The key worker engaged with the person in whatever way was most appropriate to them. This helped ensure consistency of care and that people's daily routines and activities matched their individual needs and preferences.

Staff treated people with dignity and respect and supported them to maintain their privacy and independence. We observed staff speak to people in a respectful and caring manner and were sensitive to people's moods and feelings. When people needed support staff assisted them in a discrete and respectful manner, for example when people needed to use the bathroom. When personal care was provided this was done in the privacy of people's own rooms. Each person had their own individual bedroom where they could spend time in private when they wished. We observed one person spent most of the day in their room. Staff knew that he did not feel well and preferred peace and quiet and liked to be alone which was respected .

Staff respected people's confidentiality. Staff treated personal information in confidence and did not discuss people's personal matters in front of others. Confidential information about people was kept securely in the office. People were supported to maintain relationships with their relatives and friends. Relatives were encouraged to visit as often as they were able to and staff supported people to visit their families and friends on a mutually agreed basis. One person said, "The staff took me to visit my friend who moved away". This meant that people were encouraged to maintain personal relationships and protected from the risk of social isolation.

Outstanding ☆

Is the service responsive?

Our findings

The registered manager developed local links to promote people's involvement in the community, raise funds and attract volunteers to the home. Local volunteers provided additional social contact and support for people. The volunteers had a variety of different roles, such as; engaging people in activities and keeping the garden and outside grounds clear and tidy for people with sight and mobility needs. On the day of our inspection a regular volunteer was baking a cake with one person. The person told us how much they enjoyed doing cooking activities with the volunteer. People were supported to attend the local Open Sight social club. Open Sight is a charitable organisation with a network of clubs and groups across Hampshire which offers an opportunity for people to meet and socialise with other visually impaired people in the area. One person told us "I really like going to Open Sight. I have made some friends there that share my love for music and also play instruments like me".

People were supported to participate in a range of social and leisure activities in line with their personal interests. These included holidays, trips out, visits to relatives, attendance at disability resource centres and water therapy sessions. Other activities took place within the home including individual sessions in the sensory room. Staff supported people to go into town most days of the week. An external musician visited once a week. One person told us "I like playing the piano and the music session is my favourite".

Some staff had completed the provider's social inclusion programme which taught staff how to support people with visual impairment in the community. The rehabilitation officer told us staff were confident supporting people outside the home and this gave people more choice over the activities they wanted to do. She told us " When I assess people as part of their care planning it is really listening to what people want and to make it happen for them. Because staff are skilled people can really do what they want and I will guide staff how to do this safely and in a way that enables the person to take part and get the most out of the activity". This has enabled people to go to places like football matches, the movies and the zoo where they might become confused by all the sensory information. The flexibility of the staffing allocation and home routine meant adjusted were easily made when people changed their planned activities or wanted to do something at the spur of the moment.

Care plans included clear guidance for staff on how to support people's needs. As well as detailing people's support needs, care plans identified each person's personal likes and dislikes, daily routines and activity preferences. For example, one person liked to go out to the pub. This was included in his care plan with images of the signs he used to place his drinks order so that staff know how to support him to do this. This also supported the person to understand their own care plan. People's information and communication support tools were kept in their support box so that staff could have easy access to it and people could add to their boxes as their needs changed. For example, people's communication books were updated as they developed the use of more words or images. One staff member told us "One person could only say three words when they moved in. Staff have been working hard to teach them new short words that can help them make choices and they can now say when they want something to drink".

The home used assistive technology to find creative ways to enable people to live as full a life as possible and to increase each person's control over their environment and involvement in their care planning. Assistive technology refers to a range of devices that help someone to do something they usually have difficulty with. For someone with visual impairment it may be computer software and hardware, magnifiers, CCTV and daily living aids. For example, one person wanted to stay in touch with family and the provider's assistive technology specialist worked with them to identify the computer and software that would best meet their needs. This person was supported by staff to use their voice controlled computer. They were becoming more skilled in relation to sending emails and voice messages. This has enabled them to stay in regular contact with their family.

Staff worked hard to maximise people's potential for independence and responsibility. Becoming skilled in using a computer had also enabled this person to express their concerns about living in the home to the manager. We heard of several examples where action that had been taken to find solutions for this person's concerns. For example, they wanted a cat but due to other people in the home's needs this was not possible. As a compromise staff

Is the service responsive?

were supporting this person to find a volunteer role working with cats. They had also been supported to get two rabbits and a hutch has been built in the back yard. This person told us how much they enjoyed having their rabbits and staff told us how this responsibility has supported the person to develop new skills, build their confidence and bring enjoyment. We also heard examples of how staff worked with people to establish a personal care routine that made people feel comfortable and developed their personal hygiene skills. Staff took pride in finding creative ways to develop one person's skills over nine years till they had achieved independence with managing their personal hygiene. One staff member told us ''It is incredibly rewarding when you realise you have taught someone a skill for life''.

Before a person moved into the home the provider pro-actively worked with that person's current provider in order to get to know the person well. This included the identification of their social, physical and emotional needs. This helped them plan the persons care before they moved into the home ensuring their care was delivered in a highly personalised way. We heard examples of staff visiting people in their previous homes, working alongside their previous staff and staying over to ensure they understood people's night time needs. A relative told us this had made the transition of moving into the home much easier for people. During the first six weeks of people's stay their needs were assessed by a range of professionals including SALT, the GP and community mental health professionals to ensure that people's care plans were detailed, thorough and completely person centred. A relative we spoke with told us they had been involved in the planning of their family member's care. They told us, ''I was asked what she likes and have been able to give my opinion about the changes they want to make to her medication''.

A social worker we spoke with was complementary about the work the staff did to support a person to make the transition from their previous home to SeeAbility - Fairways Residential Home. They told us ''Staff spent a lot of time with the person and they visited the home to make sure they could meet their needs. Nothing was too much trouble for them, when a problem arose like transport, they just got on and solved it so that the person would have a seamless transition''.

Relatives had been involved in the support plans, were kept regularly updated and were involved in six monthly reviews. Reviews included professionals involved in the people's care, which meant that support plans included all feedback and advice in a timely way. The staff had worked with people through observation, preferred methods of communication, such as using pictures or objects of reference, and regular evaluation to ensure support plans were tailored to people's individual preferences. Regular meetings were held between people and their key support worker to review the previous month and plan activities and special events for the following month. People told us they were supported by their key workers to understand their care plans. People were also supported to take part in their reviews in a meaningful and appropriate way with the use of pictures and objects of reference.

Staff stayed in regular contact with people's social workers to inform them of any changes to people's needs or if people needed additional support to make important decisions about the accommodation or health treatment. Staff knew how to source independent advocates for people to support with decision making if needed and had done so in the past. An advocate is independent of a person's local council and can help them express their needs and wishes, and weigh up and take decisions about the options available to them.

Care records were up to date and accurate. Comprehensive care plan records were kept in the office but daily care and support records including a concise personal profile of each individual were kept in people's own rooms. The personal profiles provided an overview of each person's care needs and preferences and served as an accessible reference guide for new or temporary staff who were not so familiar with people's routines.

The registered manager said staff were allocated support roles by the senior staff member on each shift. Where people showed a preference for a particular care worker they tried to accommodate the person's preferences. Staff members of the same gender were available to assist people with personal care if this was their preference.

Adjustments had been made to the home environment and facilities to support people to remain independent and stay safe. These adjustments had been made discreetly and tastefully so that it still felt like people's home. For those people who preferred to stay at home a sensory room and paddling pool had been set up in the back garden.

Outstanding ☆

Is the service responsive?

The registered manager said they operated an ‘‘open door policy’’. People and their relatives were actively encouraged to feedback any issues or concerns to them directly or to any member of staff. The home was researching ways of identifying when someone with a communication difficulty had a complaint and how they could be best supported to express their views. People were encouraged to raise issues or concerns through their key worker or their relatives or social workers. Records showed that there was a discussion at the last residents meeting on 4 May 2015 where people were reminded how to raise a complaint with staff or the registered manager. One person told us. “I can email or speak with the manager at any time and I usually get a quick response”. The service had an appropriate complaints policy and procedure. The home had received one formal complaint in the past year. This complaint was recorded and responded to appropriately and within agreed timescales. One relative said “I haven’t had any complaints so far but know how to raise a compliant. If I raise a small issue they always listen and deal with it quickly”.

Outstanding ☆

Is the service well-led?

Our findings

The home had a clear vision and strong values and the registered manager supported staff to put these into practice. The provider's stated purpose was, "To enrich the lives of people with sight loss and multiple disabilities across the UK". All the staff we spoke with believed that everyone had ability and they taught and empowered people to develop and maintain their skills to lead meaningful and fulfilling lives. To ensure staff were good role models in promoting the provider's philosophy, they received training tailored and personalised to the needs of the people living in the home. The service provided a comprehensive induction programme for new staff and there was continuing training and development for established staff. Staff told us this philosophy was reinforced through monthly staff meetings and one to one staff supervision sessions with the registered manager. We heard many examples of how staff demonstrated their understanding of the home's purpose and values in the care they delivered and how people's lives had been enriched as a result. For example, staff had given of their own time to support people to access activities during the weekend. Staff creatively introduced new foods to people that might not have otherwise made healthy food choices. They told us how much people, who did not always enjoy whole fruits, had enjoyed having the new fruit smoothies.

Staff told us that management operated an "open door" culture and were approachable and supportive. The registered manager had been managing the service since 2006. One staff member said, "The manager knows people well and wants the best for people here. She's always giving us the opportunity to come up with new ideas and be part of finding solutions". The home had gone through a period of change with two people leaving and new younger people moving in. Staff told us that they and people had found this change unsettling and staff needed to develop a new way of working. Staff told us they found the registered manager had been supportive and was taking action to develop their confidence to manage the new challenges they faced following this change. For example, at the request of staff the registered manager had worked some shifts with them to get a better understanding of the guidance staff required to effectively support people when they became distressed. One care worker told us ''After the manager worked with us the guidance we got was more helpful and practical. She is just like that, always open to requests from us for support''.

Staff told us they were clear about their roles and responsibilities. Daily handover meetings and monthly staff meetings were used to assign tasks and staff had lead roles in the home including being a staff representative and a medicine lead for example. One staff member told us, ''Having a lead role means you can develop your skill in a specific area and you really become the specialist in the team that supports others to develop their understanding. The manager is very good at creating opportunities for us to get involved in running the service, we are very much part of making improvements and our views are respected''.

The registered manager was continually striving to develop practice and improve the home. Staff told us the registered manager was open to new ideas. The registered manager had identified areas of good practice from a range of available sources. For example, the home had signed up to the 'Making it Real' initiative as part of the Think Local Act Personal (TLAP) Partnership. This is a voluntary movement by councils and provider organisations to drive the personalisation in care delivered by adult social care services. We saw staff had supported people during their key worker sessions to develop ''I statements'' of the things they would like to do as part of their 'Making it Real' initiative. People had ''I statement'' posters to detail the actions needed to achieve their goals. For example, one person had a ''I statement'' identifying a particular place she would like to visit. The person told us how they were working on the different steps, including saving money to cover the costs, organising transport and staff support. Staff told us they were using this opportunity to support the person to develop their planning skills. One care worker told us ''We look together on the computer at places so that people can stay excited and motivated to complete all the tasks to get there''.

The provider held regional group meetings for people, known as Quality Action Group, three times a year to obtain the views of people living in their homes. Agendas covered new service developments and topics people wished to discuss with the provider. The registered manager ensured one person from the home was a representative on the regional group. Feedback from this group identified people

Is the service well-led?

would like more opportunities to access activities. The registered manager had taken action to make changes following this feedback. Activities were discussed at the monthly resident meetings and volunteers were used effectively to match their interests to people's activities. More staff were made available for people to go out individually and we found when people decided they did not want to go to the planned activity staff used the time to support them with an alternative preferred activity.

The provider circulated annual satisfaction surveys to people's relatives and to people in the home. People received the support they needed to complete the survey. The results of the last survey in October 2014 were mostly positive and the registered manager had completed the action plan following the survey. This included supporting some people to go out more as well as ensuring people were kept informed and consulted on the new house move. The provider was building a new purpose built home in Aldershot and people from SeeAbility - Fairways Residential Home will be moving there. The registered manager had taken action to ensure people, their relatives and staff were involved and supported in the planning of this move.

The provider had a quality assurance system to check their stated purpose was being implemented and their policies and procedures were effective. The registered manager carried out a programme of weekly and monthly audits and safety checks. The provider carried out quarterly quality monitoring visits and annual health and safety checks. During quarterly visits the provider also checked how the registered manager was responding to accident and incidents, safeguarding concerns, medicine management and health and safety checks. Following the quarterly reviews, action plans were developed and promptly completed by the registered manager to address any identified issues and drive service improvement. For example, following the last quarterly visit in May 2015 it was found new resident's care plans were in progress and needed to be completed as well as the Major Incident Disaster Recovery plan for the home. We saw the registered manager had completed these actions in a timely manner. Records also showed that the home had scored a Green overall during the last quarterly quality monitoring visit which meant that no concerns or significant areas of improvement were identified. Care plans were checked by the registered manager and senior care workers to ensure they accurately reflected people's current needs. A sample of care plans were also audited as part of the regional service manager's quarterly monitoring visit on 7 May 2015 and no concerns were found.

The registered manager implemented an effective accident and incident monitoring system. Details of action taken to keep people safe and prevent future occurrences were recorded and promptly reviewed by the registered manager. The regional service manager said the provider aimed to be transparent in all of its dealings with the statutory authorities. All incidents or concerns were recorded and reviewed by management and were reported to the appropriate bodies, such as the Care Quality Commission and the local authority safeguarding team. The registered manager wanted staff to be equally transparent and open about any mistakes, concerns or other incidents. Incident records were reviewed as part of the quarterly monitoring visits and any trends or learning from these incidents was identified. The registered manager spoke about the trends they had identified and the action that was being taken with the input of mental health professionals to address the re-occurrence of these incidents. Where further action was needed this was noted on a visit action plan and progress was checked again at the next quarterly visit. The registered manager had no outstanding actions relating to incident monitoring.

The provider had a strong identity as a large nationwide organisation specialising in care for people with visual impairment and other disabilities. They were involved with national initiatives for people with vision impairment, such as eye tests for children in special schools. The registered manager told us this had enabled her to participate in a range of forums for exchanging information and ideas and fostering best practice in this area. For example, to help providers of specialist residential services, the Royal College of Speech and Language Therapists (RCSLT) recommended five good practice standards around speech, language and communication. The registered manager ensured these standards were implemented in the home. We saw staff were working on Standard 1 which recommended each person had a detailed description of how best to communicate with them. People's communication and decision-making care plans had been reviewed and changes were being made to people's communication passports where needed. The service was also working with the assistive technology team to find ways for a new person to enhance their communication.

Outstanding ☆

Is the service well-led?

The provider was a member of the Voluntary Organisations Disability Group (VODG) and the registered manager attended service related conferences and seminars and local authority provider meetings. Internal 'best practice days' were organised for staff across the country to meet and share ideas. The registered manager also accessed a range of online resources and training materials from service related organisations including the Care Quality Commission's website. For example, the recommendations from the provider's Action Learning Group relating to staff retention and recruitments had been used by the registered manager to improve recruitment and retention practices in the home. A recruitment banner had been placed outside the home and was successful in attracting more local applicants that had an understanding of the local resources and activities available to people. Staff told us their shift work were flexible to support them to balance their family life with work. The registered manager told us this has led to a stable staff team in the home and people benefitting from staff who knew them well. She had recruited staff with experience of working with people who can at times become distressed to support the needs of new people accessing the service. One senior care worker told us ''People and the staff have really benefitted from the new staff's experience. They have helped us to be more confident and this is giving people the opportunity to live a less restricted life as we are becoming confident to allow people to take risks''. People also took part in the interview process to support with the selection of new staff which ensured they were actively involved in decisions affecting the running of the home.