

The Royal School for the Blind

SeeAbility - Exeter Support Service

Inspection report

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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 3 and 4 January 2019 and was announced.

SeeAbility Exeter provides supported living and personal support and care to people in their own homes. Most of the people SeeAbility supports live in self-contained flats that are part of the same complex. They support people with a variety of needs including visual impairment, autism and brain injury. SeeAbility also provides an outreach service to people who live in their own homes in Exeter. SeeAbility maintains office space and a communal area within the complex.

We checked the service was working in line with 'Registering the right support', which makes sure services for people with a learning disability and/or autism receive services are developed in line with national policy - including the national plan, Building the right support - and best practice. For example, how the service ensured care was personalised, discharge if needed, people's independence and links with their community.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At the time of this inspection there was no registered manager in post. A new manager had been appointed and they were due to begin in post a few days after our inspection. In the interim period between the previous manager leaving and the new manager starting, the regional head of operations and the deputy manager had jointly managed the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. People who used the service, staff and relatives praised the Regional Head of Operations and the deputy manager for the way they had managed the service during this period.

Why the service is rated Good

The staff were passionate about supporting people to lead an independent and fulfilling life. They were exceptionally skilled and resourceful in helping people overcome problems and barriers in their lives. The organisation employed specialist staff who worked closely with each person and their staff team to find solutions to problems, and to help people achieve their goals and dreams. A person told us "My life has changed in lots of ways since I moved here." Another person told us how their life had changed since they moved to SeeAbility saying, "Life is much more settled now. A vast improvement". They also told us, "I am in a good environment that enables me to live my life as I want to live it".

The staff team were highly sensitive, understanding and knowledgeable about each person's individual support needs. They knew each person very well and understood the things that mattered to them. They helped people achieve their goals, and gain greater independence and fulfilment. A relative told us how the service had supported a person in many ways to help them gain confidence, independence, better health and quality of life. They said, "I don't know what it would be like without them (staff)."

People were fully involved and consulted in drawing up and reviewing their support plans. Support plans and other relevant documents had been drawn up in a format each person could understand. People were encouraged to have control over all aspects of their daily lives and to have a say in their staff team and how the staff supported them. They led active lives, did the things they wanted to do, and went to the places they wanted to go.

People told us they felt safe. There were good safeguarding procedures in place. Staff and people who used the service were confident they could raise concerns and these would be listened to and addressed. Systems were in place to protect people from the risk of financial abuse.

Risks to people's health and safety had been carefully assessed and staff knew the procedures they must follow to support people safely. Staff had received training and equipment to ensure they followed safe infection control procedures. The safety and security of people in their own homes has been given high priority. This had included the use of technology such as an electronic door entry system, vibrating door bells and fire alarms, and specialist kitchen equipment such as talking microwaves, liquid level indicators, and one cup water boilers.

Safe recruitment procedures were followed before new staff are appointed. New staff had received induction training at the start of their employment to ensure they provided safe care to people. There were sufficient staff employed and people were confident they would receive the support they needed, and at times they had requested. People knew who would be supporting them each week. The provider had acted promptly to address issues relating to staff morale and a slightly higher than expected staff turnover in the last year through a range of measures such as improving the support to staff, and closer links with senior managers. Comments from staff included, "Senior leaders are very approachable. They have visited the service and staff know them and know how to contact them" and "We have a really strong team here now. Everyone communicates well. It's a lot more positive. Staff are much more open if there's a problem."

Medicines were administered safely by staff who had received training and were competent in this task. Records of medicines administered were regularly checked to minimise the risk of errors being missed.

People were supported by staff who were kind, caring and passionate about giving people the best possible care. Staff knew each person well, and understood and respected their preferences and the way they wanted to lead their lives. Staff received good training, and were supported and supervised to ensure they carried out their roles effectively. Staff were flexible and always willing to change the hours they work to suit the people they support.

People were supported to plan menus, purchase food, and cook their own meals. Staff encouraged and supported people to eat healthy meals and to maintain a healthy weight.

Staff understood people's right to make choices and decisions about their lives, even if the choices were unwise or risky. Staff worked closely with families, health and social care professionals to make sure people's rights were upheld. Where people were unable to make decisions about important issues, the staff followed procedures to make sure the person's best interests were upheld. Staff upheld people's human

rights and treated each person as a respected individual.

People knew how to make a complaint and were confident any complaint would be listened to, investigated and action taken where necessary to address the issues and prevent it happening again.

People who used the service, staff and relatives told us the service was well-led. People praised the management team for making improvements to the service and for their caring and positive leadership. The staff team were positive, enthusiastic, and clearly enjoyed their jobs. The provider had systems in place to check the quality of the service they provided, and to make improvements where needed. People who used the service, staff, families and other stakeholders had been consulted and involved in the service. A member of staff told us "The organisation is absolutely brilliant!"

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Outstanding ☆

The service has improved to Outstanding

People were supported by a staff team who were exceptionally skilled and resourceful in helping people overcome problems and barriers in their lives.

Staff had insight and understanding of people's needs and personalities and supported people to make positive changes and lead happier and more fulfilling lives.

Information was provided in a format suitable for each person's individual needs.

People knew how to make a complaint and were confident any complaint would be listened to, investigated and action taken where necessary.

Is the service well-led?

Good ●

The service remains Good

SeeAbility - Exeter Support Service

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 3 and 4 January 2019 and was announced. We gave the service one week's notice because the location provides a supported living service for younger adults who are often out during the day. We needed to be sure that they would be in. We also wanted to be sure a member of the management team would be present during the inspection.

The inspection was carried out by one adult social care inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). 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. We also looked at information we had received about the service since the last inspection, including any notifications. A notification is information about important events, which the service is required to send us by law.

During the inspection we spoke with the regional head of operations, the deputy manager, four support workers, five people who used the service, three relatives, the volunteer co-ordinator, one volunteer, and one health professional who was visiting a person who used the service. This helped us to gather information about the service.

We looked at records relating to the management of the service including two employment records, training records, three support plans, medicine administration records, staff rotas and quality assurance records.

Is the service safe?

Our findings

The service remained Good.

People told us they continued to feel safe. A relative said "Overall we are happy that [person] is happy here". A person told us "Living here is really good for me".

There were good safeguarding procedures in place. Staff and people who used the service were confident they could raise concerns and these would be listened to and addressed. Staff had received training on recognising and reporting abuse during their induction and through ongoing training. Staff had recognised signs of possible financial abuse and had supported people to receive help from the local safeguarding team and from health and social care professionals to find solutions. This had made a significant positive impact for one person who used the service.

The safety and security of people in their own homes had been given high priority. People were given advice and access to specialist equipment such as vibrating door bells, vibrating fire alarms, and an electronic door entry system using fobs to enable people to gain entry to their flats safely and easily. They were also given advice and support on suitable kitchen equipment designed to promote independence and safety in food preparation and cooking, for example, talking microwaves, liquid level indicators and one cup water boilers.

Safe recruitment procedures were followed before new staff were appointed. Checks were carried out to ensure applicants were entirely suitable for the job. People were involved and consulted in the recruitment process, and their views were fully considered before new staff were confirmed in post. One person told us, "Everyone living here has a say in new staff appointed".

There were sufficient staff employed to ensure people received the right amount of support each week. People received a timetable each week in a format they understood, letting them know the staff who would be visiting them, and at what times. There had been a few staff leave in the last year, but staff turnover had recently stabilised. This meant people were mainly supported by a small team of staff they knew and trusted. The use of agency staff to cover vacant shifts had decreased significantly in recent weeks.

People were supported to lead their lives to the full, even if some of the things they wanted to do may place them at risk of harm or injury. Detailed risk assessments had been completed when risks to people's health or safety had been noted. For example, when a person with visual and physical disabilities decided they wanted to go skydiving, they were fully supported to achieve this. A risk assessment was drawn up with the person to identify any additional measures that needed to be put in place. A relative told us, "Staff have helped [person] to understand 'stranger danger' as [person] will talk to anyone. She is now more aware of strangers". The relative also told us how the staff consulted and involved them in all areas of the person's support, including activities or tasks where there may be a possible risk to the person. They said, "They don't do anything without my consent".

Records also contained assessments for such risks as moving and handling, choking, food and fluid intake.

Records of food and fluid intake had been completed by staff for those people at risk of dehydration or weight loss, and these were monitored closely and actions taken if intake levels were insufficient. Where people had been identified as being at risk of choking they had sought input from the Speech and Language Therapy team (SALT) and clear guidance and training was given to staff on the foods the person could eat safely. The provider employed specialist rehabilitation staff to support people to overcome risks and gain independence, for example mobility training for people with visual impairment. Staff who supported people with epilepsy had received training in epilepsy awareness and administration of emergency rescue medication.

Medicines were administered safely by staff who had received training and were competent in this task. Detailed medication records were in place which provided staff with information about each medicine prescribed, and how it should be administered. People held their own medicines and medicine records in their homes. Records of medicines administered were regularly checked to minimise the risk of errors being missed.

People were protected from risks associated with infection or poor hygiene. New staff received one-to-one training during their induction on infection control. Staff were assessed annually to ensure their knowledge was good and they continued to follow safe practice. Protective equipment such as gloves and aprons were provided.

Is the service effective?

Our findings

The service remained effective.

People's needs and choices were assessed before they moved to the service. A support plan was drawn up with them setting out how they wanted to be supported. The plans contained detailed information about all aspects of each person's support needs. The staff we met knew each person well and understood their support needs.

People told us they continued to receive an effective service. One person told us about the daily report sheets that were drawn up through consultation with them each week. The report sheets set out the things the person wanted to do, the places they wanted to go, and the things they needed the staff to support them with each day. They were completed by staff each day setting out how the staff had supported the person to do the things they had planned, and the person's daily activities. The person told us "It's mainly for my benefit. I have the things I like to do each week, but it's very important to me that the staff know what they have to do and what I want to do. It is very important to me to have my daily worksheet".

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

Staff received training on the MCA and support plans contained evidence of assessments which identified any areas where people were unable to make important decisions. Staff understood people's right to make choices and decisions about their lives, even if the choices were unwise or posed a risk. Where people were unable to make decisions about important issues, staff followed procedures to make sure the person's best interests were upheld. The provider had a strong commitment to working with families. Their family support policy said they will provide families with information about the Mental Capacity Act and support them to help their relatives make their own decisions and be as independent as they can. Where people's liberty was restricted the service had applied for authorisation through the Local Authority to the Court of Protection in line with their legal requirements.

Staff worked closely with families, health and social care professionals to make sure people's human rights were upheld. Staff upheld people's human rights and treated each person as a respected individual. Staff understood and supported people to follow their religious beliefs. Nobody wanted to go to church regularly although one person likes to go to the cathedral to light a candle. Staff respected people's individual sexuality and supported people to attend events such as Gay Pride.

Staff received training on topics relevant to the needs of the people they supported. At the start of their employment new staff received comprehensive induction training lasting two weeks covering a wide range

of important topics. New staff were also required to complete the Care Certificate. This is a nationally recognised qualification for staff new to the care industry which sets out the minimum level of learning staff should receive at the start of their employment. Staff also received regular updates on topics such as safeguarding, autism, infection control, medication administration and epilepsy awareness. A member of staff told us, "The training is fantastic. We are always asked what further training we would like to help us in our own personal growth". Staff had received training on brain injury and a further workshop was planned for the near future on sensory processing, aimed at helping staff understand how brain injury can affect people's sensory abilities. A member of staff told us "This training has made such a big difference".

There were good systems in place to make sure staff rotas were planned effectively, and staff knew who they were supporting each week and the times of the visits. Staff were flexible and always willing to change the hours they work to suit the people they support. The deputy manager told us "We sit down with individuals to ask them how they want to use their allocated hours".

People were supported to eat a healthy range of meals to suit their individual tastes and dietary needs. Support plans contained information on each person's dietary needs. People were supported to plan their own menus, purchase their own food, and cook their own meals. Staff encouraged and supported people to maintain a healthy weight.

Staff worked closely with health and social care professionals from other organisations to deliver effective care, support and treatment. The provider also employed their own specialist staff such as Rehabilitation Officer for the Visually Impaired; Speech and Language Therapist (SaLT) and Positive Behaviour Support Lead who worked directly with individuals to help people overcome problems and learn new skills. A person with a visual impairment told us they had previously been very worried about possible risks to their health. Staff had helped the person visit their GP, and helped them learn how to carry out self-checks for signs of illness. The person told us, "I awarded my key worker an award – an Excellence Award - because he did what was right. He is a lovely man." The person told us they now encouraged other people to go to have check-ups, and to check their own health. The support worker had also helped the person to learn how to check food expiry dates.

Is the service caring?

Our findings

The service remained caring.

People continued to be supported by staff who were kind and caring. Staff understood and respected people's preferences and the way they wanted to lead their lives. Staff spoke with passion about their jobs. A member of staff said, "I absolutely love doing what I do". A health professional told us, "Staff are caring – they have got a lovely rapport with [person]. She has a good team around her who have been with her a long time. When I visit I see the same familiar faces".

People were supported by staff who knew them well. Staff told us how they wanted to help people make a positive difference to their lives. A member of staff explained how they had built up a trust with one person who had been afraid to leave their flat. They understood the person's fears and told us the person, "Just needed some guidance and encouragement to help him reach out". The person had frequently asked the member of staff "What's it like here?" and "Whats it like there?" The member of staff told us "I knew he might like it if he tried it". With gentle support and reassurance they had, over time, helped the person gain confidence, visit new places and try new experiences. They had gone to events where there were crowds, such as switching on the Christmas lights, which the person had really enjoyed. They had joined a gym, lost weight and gained fitness. The person was planning to go abroad for a holiday in the coming year. They told us, "He was so much in a shell two years ago – such a difference to where he is now".

Staff worked closely together, and recognised their individual strengths and skills. People were able to choose their support team, and chose the staff whose interests and personalities best matched their own. A member of staff told us, "We've got a great team here. We get on well. We all have different qualities".

Staff understood how important it was for people to maintain their privacy and dignity. People were supported with personal care tasks in the privacy of their own homes, behind closed doors. When people were out in the community they could be confident staff would continue to ensure they were assisted in a private and dignified manner with any personal care tasks. A member of staff gave an example of an instance when a person had been out in the community and there was a risk their dignity may be compromised. They had helped the person make a decision about the action they wanted to take, and had given the person constant reassurance until they returned home. They told us, "I kept whispering in his ear to reassure him". The emotional support from the member of staff had helped the person cope with a potentially embarrassing situation calmly and in a dignified way.

People were supported to keep in touch with families and friends. A member of staff told us "We are in these guys lives a lot of the time, and their families rely on us". They told us about a person who previously had very little contact with their family. They had helped the person trace their family and get in contact again. They had supported the person to keep in touch with relatives regularly by e mail, phone calls, and by taking the person to visit family, for example, at Christmas. The person now often spoke fondly about their relatives. The member of staff told us, "We have built some good bridges there".

Another relative told us how caring, support and understanding staff were to relatives as well as people who used the service. They said, "It's not just [person] they have helped – they have helped me too". The relative suffered a back injury a few months previously. When a member of staff arrived for the person's support session they saw the relative was unwell and took them to the doctors surgery. They told us "I see them as friends, not just [person's] carers". The provider told us in their PIR, "We have developed more regular social gatherings with family and friends enabling the service to build relationships".

Is the service responsive?

Our findings

The service has improved to outstanding.

People who used the service, relatives and staff praised the service for exceptional care and support people received. The staff team were highly sensitive, understanding and knowledgeable about each person's individual support needs. They knew each person very well and understood the things that mattered to them. They strove to find ways of supporting people to overcome problems, achieve their goals, and gain greater independence and fulfilment. A person told us "My life has changed in lots of ways since I moved here." A relative told us, "I don't know what it would be like without them."

People were supported by a staff team who were exceptionally skilled and resourceful in helping people overcome problems and barriers in their lives. A relative told us how the service had supported a person in many ways to help them gain confidence, independence, better health and quality of life. They said, "She would never get on the train due to her poor eyesight. It was possibly the gap (between the train and the platform). She will now get on the train. This is due to SeeAbility. This makes a big difference". They told us about many places the person had visited in the last year, some by train, such as the Plymouth aquarium.

This relative also described how staff had helped the person overcome their dislike of having their teeth cleaned by making the task fun. Staff had helped the person to lose weight by encouraging the person to eat a healthy diet, and to do more exercise such as playing football. The person previously refused to stand on weighing scales but now they were weighed weekly through positive support from the staff and this had helped the person recognise the benefits their new diet and exercise had brought about. Staff had also helped the person overcome their fear of birds. They had visited places where they had been able to feed doves, and to hold an eagle. This had resulted in the person being much happier around animals and birds. Staff had also helped the person overcome their fear of hoovering by making it a game. The relative told us how amazed they had been in the many positive changes the service had made to the person's life.

A member of staff told us about a person who hardly spoke before they started using the service. They told us, "Staff repeat things to help them learn – phrases, colours, animals etc". The person's speech had improved so much the staff member went on to say, "Now they hardly stop talking! They have learnt learnt so much." The person had previously only eaten finger foods, and staff had helped them to learn how to use a knife and fork which had resulted in the person eating a wider range of foods and enjoying new tastes and textures. Staff helped the person join new groups so they could meet new people and find new friends. They told us "They love it!".

The service responded promptly to people's changing needs. For example, when a person with a visual impairment usual bus route was affected by a new road layout the provider's rehabilitation specialist worked alongside the person to help them adapt quickly to these changes. They used the internet to search new routes and specialist staff went out with the person and their support team to develop the person's confidence. These resulted in the person being able to use the buses safely and independently once again.

People were supported to learn new skills and gain independence. Staff explained how they helped people to overcome barriers due to their disabilities. For example, one person who was unable to move without the use of a wheelchair was supported to learn how to cook their own meals. The person had a standing frame with a large tray. Staff put non-slip mats on the tray and gave them the tools they needed, such as a mixing bowl, power whisk, ingredients, and scales. The person now only needed minimal support. Staff did only the small elements of the process such as weighing ingredients, putting the meal in the oven and taking it out. The person sat and watched the food cooking until it was ready to be eaten. A member of staff told us the person had gained "a big sense of achievement. They love their cooking".

Support plans were highly detailed and personalised. Before people moved to the service they were involved and consulted in drawing up a detailed plan of their support needs. The plans were regularly reviewed with them. Where people required detailed support from staff, for example when using equipment to help the person move safely, information and instructions contained photographs and step-by-step guidance that were easy to read and to understand. Support plans included detailed information to help staff understand each person's unique communication needs. People with visual impairment or physical disabilities were involved in drawing up and updating a document called a communication passport. One person had made changes to their own communication passport on their computer.

Staff knew how to support people to cope with situations that might make the person feel anxious or angry. Where people had previously displayed behaviours that others may have found upsetting or difficult to understand the service had taken a range of measures to bring about positive changes. The provider's specialist staff worked together closely with the person and their staff team to develop strategies to support the person. Staff had received training on topics including positive behaviour support to help them understand the reasons why people may become angry. Support plans contained solution finder sheets to help staff consider ways of supporting the person to de-escalate anxieties or anger.

One person told us how their life had been transformed, and how they had become much happier and more fulfilled through the support they had received from the service. They had previously become frustrated and angry very easily, due to their disabilities. They faced a number of losses and significant changes in their life, including decreasing mobility and independence. The provider's specialist staff team (rehabilitation, speech and language therapists, and positive behaviour support) put together training sessions for staff to help them understand the person's unique situation and problems. The person was helped to make a video as a training tool for staff in which they explained their thoughts and feelings, and how they wanted to be supported. The training team also used a video of the person before they moved to the service which helped the staff understand the changes in the person's situation. Staff told us how this had been a very moving and powerful training tool.

We also heard how this person had been supported by the provider's specialist team, who had put together a range of measures to support the person with problems such as memory loss. They had introduced visual aids such as timetables and a diary using computer technology. The person had a team of staff of a similar age and interest, who encouraged the person to try new experiences, including going with the person to the gym. The person was supported through exercise to build up body strength, lose weight, and become fitter. They had gained mobility, confidence to visit new places and meet new people, and to become more independent. This had helped them sleep better. They had become much calmer, happier, and in control of their life once more. The person told us, "Life is much more settled now. A vast improvement". They also told us, "I am in a good environment that enables me to live my life as I want to live it".

People were supported to lead active lives, to do the things they wanted to do, and to go to the places they wanted to go. People went out to clubs, and places of work, education and leisure. People told us about

holidays they had been on, supported by staff, and places they planned to go to in the coming year. One person loved going to shows. They had sat down with a member of staff to plan the shows they wanted to see in the coming year, and to make sure staff would be available to support them. Staff told us they were always willing to adapt their working week to enable people to go to the places they wanted to go. One person wanted to ride in a horse drawn carriage. The person's weekly budget of support hours was insufficient to enable the person to make the trip on their own with a member of staff. The staff team considered the problem and helped them find another person who also wanted to do the same activity. Staff told us how the two people had thoroughly enjoyed their day out.

One person had previously enjoyed creative writing but had been quite shy to share this with the staff, and had not written for some time. With help from the volunteer they were once again enjoying writing. Volunteers had run courses such as creative arts. A volunteer met a person regularly to go shopping together. The volunteer co-ordinator told us, "Volunteers have made a big difference to people's lives... People who use the service have gained new friends, and feel less isolated". We also heard how people were also involved in the local community in a variety of ways, for example by working in a local charity shop.

One person's support plan showed how staff had supported the person to make positive changes to their life. The person was supported to join a project called Turning Tides. They played drums in a band, and had been involved in events management, such as designing tickets, advertising, managing the events budget, and organising rehearsals schedules. SeeAbility had helped the person find a volunteer with similar interests who visited regularly and they played music together. The person was keen to pursue a coaching qualification in archery and then to gain a role as a volunteer, and the support plan set out how the service was supporting the person to achieve this goal.

People knew how to make a complaint and were confident any complaint would be listened to, investigated and action taken where necessary to address the issues and prevent it happening again. The complaints procedure had been drawn up in an easy to read format. The number of complaints had been very low. Complaints were treated as a positive way of improving the service. Where complaints had been received the provider had investigated the matter thoroughly, and looked for ways of addressing the problem. For example, where there had been disputes between people who used the service they had involved their specialist team to help them find a resolution. Strategies had been agreed and outcomes monitored. Satisfactory outcomes were achieved.

Information was provided in a format suitable for each person's individual needs. Notices, brochures, policies, policies and guidance were produced using large print, pictures and symbols. They used coloured print and coloured paper to help people with visual impairment read more easily. Documents could also be provided in formats such as braille and audio. Staff also read documents to people. One person told us sometimes they needed help to read letters. We spoke with the manager who immediately contacted their rehabilitation specialist who arranged to visit the person a few days later to help the person find a way of reading their own letters using technology.

Is the service well-led?

Our findings

The service remained well-led.

People who used the service, staff and relatives told us the service was well-led. People praised the management team for making improvements to the service and for their caring and positive leadership. The staff team were positive, enthusiastic, and clearly enjoyed their jobs.

At the time of this inspection there was no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. A new manager had been appointed and they were due to begin work a few days after our inspection. In the interim period between the previous manager leaving and the new manager starting, the regional head of operations and the deputy manager had jointly managed the service. People who used the service, staff and relatives praised them for the way they had managed the service during this period. One person told us "{Regional Head of Operations] has been fantastic, and {deputy manager} is as well. {Deputy manager} has done three jobs in one. She has done fantastically well."

The regional head of operations told us the provider had done a lot of work on retaining staff and reducing staff turnover. They had introduced a number of measures to improve job satisfaction. They had introduced a secure online forum for staff which provided lots of information and discussion forums. There were staff newsletters, and staff were encouraged to write directly to the Chief Executive with their views and ideas. There was also a staff forum meeting four times a year. The provider had increased wages which had improved staff recruitment as well as retainment. The provider celebrated staff achievements through an awards system. The regional head of operations had responsibility to help each service to feel linked to head office and senior managers. Senior managers had visited the service. A member of staff told us "Senior leaders are very approachable. They have visited the service and staff know them and know how to contact them. It's nice because they know the individuals who live here." The deputy manager told us they felt they were now in a settled period with the staff team, saying "We have a really strong team here now. Everyone communicates well. It's a lot more positive. Staff are much more open if there's a problem."

The regional head of operations told us the provider had a set of values which included "We are brave, we are passionate, and we do the right thing". During our inspection we found evidence to show how staff had embraced this and embedded this in their work. A member of staff told us "The organisation is absolutely brilliant! The way things are organised and the efficiency is second to none. Also, the camaraderie among staff is second to none. We go above and beyond to extend the provision of service to enable them to be more independent". We found evidence to support this during our inspection (see Responsive). Another member of staff said, "{the Regional Head of Operations and the deputy manager} have worked 'above and beyond' to make sure things are running smoothly. There has been stronger recruitment to attract better staff, more suited to the job – that is down to head office who have addressed the problem". Further comments included "It's a good organisation. Staff members and managers listen, take on board new

strategies. The staff team work well together".

The provider had systems in place to check the quality of the service they provided, and to make improvements where needed. There were regular checks and audits carried out by the deputy manager and Regional Head of Operations on all areas of the service, including medicine administration, staff rotas, and support plans. The provider had quality monitoring systems in place to help them review the service, taking into consideration complaints, incidents and accidents, staff turnover, and the views of people using the service, staff and relatives to help them identify areas where improvements were needed. They used performance indicators to help them identify how each branch was performing and how they compared with other branches. Where services were not achieving expected targets, they had action plans in place to identify how this would be achieved.

The provider had a 'Driving Up Quality' code which outlined good fundamental practices and behaviours. The code set out a commitment to seeking the views of people who used the service, staff and relatives to help them identify areas where the service could be improved. They sent out questionnaires, collated the responses and took action to address any issues raised. The responses showed a high level of satisfaction in the service. Where improvements were suggested, these were acted upon. For example, staff had suggested they should have training on autism and sign language. This had been addressed. Relatives had suggested they would like to have social events for families and friends, and they had organised a pizza evening for the first event.

The provider actively encouraged people who used the service to be involved and have a say in all areas of the service. They had set up a group called 'Taking Control' which comprised a group of representatives from every service. A person who used the service told us they were the representative for the Exeter branch. They were currently working on policies and procedures on supporting people with intimate relationships. They had also worked on policies to ensure people were not over-medicated. This followed a national campaign called STOMP (This is a national project aimed at stopping over medication of people with a learning disability, autism or both with psychotropic medicines). They told us they felt the forum was making a real difference.

The service promoted integration with the community. They used volunteers from the local community to befriend people, and to provide a range of assistance. For example, volunteers had helped people to transform the back garden of the block of flats to create a bright, colourful sitting area with brightly painted tables, benches and pots of flowers.

The management team were given opportunities to keep up to date with learning and good practice through in a range of ways. For example, information was shared in team meetings, regional management meetings, leadership conferences and manager's workshops designed to facilitate awareness and professional development in key areas. SeeAbility are involved in accreditation schemes, initiatives and networks: such as Contractor Health & Safety Scheme, Learning Disability England; the Department of Work and Pensions Disability Confident Employer. Updates were circulated to managers.

Where incidents or accidents occurred, these were recorded and investigated. The service ensured lessons were learnt and preventative measures put in place to reduce the risk of recurrence. As far as we are aware the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.

