

SeeAbility

SeeAbility - Devon Support Service

Inspection report

Windmill Court
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on the 3 and 5 November 2015 and was announced. We told the provider two days before that we would be coming. This was so we could arrange to visit some people in their own homes to hear about their experiences of the service and ensure the registered manager was available when we visited. We last inspected the service on 19 December 2013 and found the service was compliant with the standards inspected and there were no breaches of regulations.

SeeAbility - Devon Support Service provides personal care services for people with a visual impairment and a learning disability. It is a supported living service, where people live in their own flat at Windmill Court, Honiton and receive care and support in order to promote their independence. People have a tenancy agreement with a landlord and a separate agreement to receive their care and support from the service. As the housing and care arrangements are entirely separate, this means people can choose to change their care provider without losing their home.

Summary of findings

At Windmill Court people's flats were located around a central communal area, where they could meet and socialise with neighbours and staff. The communal area also housed staff offices and a sleep-in room. Each flat could be entered via the person's front door or from the communal area. The building was designed to meet the needs of people with a visual impairment and to be accessible to people with physical disabilities.

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 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 received care that was personalised and responsive. Staff knew people well, understood their needs and cared for them as individuals. People were relaxed and comfortable with staff that supported them and who knew what mattered to them. Staff knew about people's lives, their families and what they enjoyed doing. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with each person's wishes and preferences.

Staff supported people to improve their independence and lead busy and fulfilling lives. This included increasing their skills and confidence through supporting some people to undertake voluntary work.

The service had enough staff to support each person's individual needs and organised people's care around their wishes and preferences. People had their needs met by staff who had an in-depth knowledge of their care and health needs. The service had a comprehensive training programme to ensure staff had the right knowledge and skills.

People's care records were detailed, easy to read and understand how each person needed to be supported. Each person had a care and support plan which had been developed with the person, a relative or others who knew them well.

Staff used a variety of methods to support people to communicate and provide each person the information they needed to make choices. For example, photographs, information in 'easy read' formats with pictures, Makaton

(a form of sign language) for one person and objects of reference for others. Objects of reference are used with people with sensory impairment and with profound and multiple learning difficulties.

The Mental Capacity Act 2005 (MCA) provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Staff promoted choice and sought people's consent for all day to day support and decision making. Where people appeared to lack capacity, mental capacity assessments were completed. Care records included details about how staff could support people with decision making. Staff involved people who knew the person well such as family, other professionals, and staff in making decisions in the person's 'best interest'.

People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. Staff encouraged each person to remain active, and maintain their mobility. Each person had an individual mobility plan which included a regular exercise programme and details of any specialist equipment they needed. Staff worked closely with local healthcare professionals such as the GP, community nurse and members of the local learning disability team. A health professional said staff were proactive and sought advice appropriately about people's health needs and followed that advice.

Staff had completed safeguarding training and demonstrated a good awareness of the signs of abuse and knew how to report concerns. Staff said they would have no hesitation in reporting any concerns to a senior member of staff. Detailed risk assessments were in place for each person with clear actions identified to reduce risks as much as possible. People received their medicines safely and on time. Accidents and incidents were reported and included measures to reduce risks for people.

The provider had a written complaints policy and procedure. Written information about how to raise concerns or complaints was given to people in a suitable format. People and relatives said they wouldn't hesitate to speak to senior staff or the registered manager with any problems.

The culture at the service was open and honest and encouraged staff to see beyond each person's disability.

Summary of findings

The provider had a range of quality monitoring arrangements in place. These included audits of care records and medicines management and regular health and safety checks.

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.

Staff knew how to recognise signs of abuse and how to report suspected abuse.

Risks to people were managed to reduce them as much as possible, whilst promoting their independence.

People were supported by enough staff and the service was reliable.

People were supported to take their medicines on time and in a safe way.

Accidents and incidents were reported and actions were taken to reduce risks of recurrence.

Good



Is the service effective?

The service was effective.

Staff offered people choices and supported them with their preferences.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) 2005.

People were supported to lead a healthy lifestyle and have access to healthcare services.

Staff recognised changes in people's health, and sought professional advice appropriately.

Staff received regular training relevant to the needs of people they supported and had regular support through supervision and appraisals.

Good



Is the service caring?

The service was caring.

Staff were caring and compassionate and treated people with dignity and respect.

People were supported by a staff they knew well and had developed close relationships with.

Staff protected people's privacy and supported them sensitively with their personal care needs.

People were consulted and involved in decisions appropriate to their individual communication skills and abilities.

Good



Is the service responsive?

The service was responsive.

People received individualised care and support that met their needs.

People's needs were assessed support plans were regularly reviewed and updated as their needs changed.

People knew how to raise concerns and complaints, and were provided with information about how to do so. Any concerns raised were investigated, actions taken and improvements made in response.

Good



Summary of findings

Is the service well-led?

The culture was open and honest and focused on each person as an individual.

The service worked proactively with others for the benefit of the people they supported.

The provider had robust quality monitoring arrangements through which they monitored the quality of people's care and made changes and improvements.

The provider had clear values which they promoted to staff who worked well as a team.

Good



SeeAbility - Devon 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 checked 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 5 November 2015. This was so we could arrange to visit some people in their own homes to hear about their experiences of the service and ensure the registered manager was available when we visited.

Prior to the inspection, we looked at all the information we had about the service. This included the Provider Information Return (PIR), feedback from questionnaires, records of our contact with the service and any notifications received. A notification is information about important events, which the provider is required to tell us about by law.

The inspection team included an inspector and specialist adviser. We met with five of the six people the service supported and spoke with a relative. We looked at the care records of four people. Not everyone was able to verbally share with us their experiences of the service. This was because of people's complex needs. We therefore used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight staff which included the registered manager, regional service manager, care and office staff and a volunteer. We looked at six staff records which included staff training, supervision and appraisal records. We looked at the provider's quality monitoring systems which included audits of medicines, health and safety audits, provider visit reports and any actions taken in response. We sought feedback from health and social care professionals such as GP's, community nurses, other therapists and commissioners and received a response from two of them.

Is the service safe?

Our findings

A relative expressed confidence in the service to keep the person safe. They said, “I feel he is safe and well looked after.” Staff were very aware of their responsibility to ensure each person’s safety and welfare. Speaking about one person a staff member said, “Everything is for (the person’s) safety. (The person) can’t speak for themselves and we speak for them.”

Staff had completed safeguarding training and demonstrated a good awareness of the signs of abuse and knew how to report concerns. Staff said they would have no hesitation in reporting any concerns to a senior member of staff in the first instance, and if needed, to an external agency. One staff member said, “I’d go to a senior and explain what it is I thought was a problem and why, and I’d make sure I’ve recorded it and I’d follow up in writing as well.” Another said, “I’d go straight to my line manager or a senior or phone on call and I’d notify the individual’s family.” Contact details about how to contact the local authority safeguarding team were on display in the office. No safeguarding concerns had been identified since we last visited the service. Staff supported people with their monies. Safe recording systems were in place to account for any expenditure which reduced the risk of financial abuse. The provider had a whistleblowing policy in place so staff could raise any concerns in confidence.

Detailed risk assessments were in place for each person with clear actions identified to reduce risks as much as possible. For example, supporting one person to keep safe in the kitchen by helping them with tasks that involved using knives or other sharp objects. Personalised risk assessments balanced the risk for individuals with the freedom to have new experiences. In the provider information return, (PIR) the service outlined how they had supported one person to have a holiday in Rome. This included all aspects of their trip including flying and assessing the suitability of their holiday accommodation.

Each person had a personal emergency evacuation plan (PEEP) in place. This took into account the individual’s mobility and the support they would need from the emergency services to be evacuated from their flat in the event of a fire.

People received their medicines safely and on time. Staff were trained and assessed to make sure they had the

required skills and knowledge to support people with their medicines. Each person kept their medicines in a locked cupboard in their kitchen. Staff completed a medication administration record (MAR) to document all medicines taken. We checked two people’s medicine and found that all doses were given as prescribed and remaining doses were correct. MAR charts were audited daily so any discrepancies or gaps in documentation were immediately followed up. Any medicine errors were reported and action taken to improve medicines management and therefore people’s safety. At the October staff meeting, minutes showed feedback was given to staff about a recent medicines audit. The findings were very positive about staff practice. Staff were reminded to document the reason why any, as required, medicine was given.

Accidents and incidents were reported and included measures to reduce risks for people. For example, any redness, bruises or marks on skin were documented using a ‘body map’. This meant staff were aware and could monitor healing. Any concerns were referred to the community nurse for advice.

The service had enough staff to support each person’s individual needs and organised people’s care around their wishes and preferences. Each person’s support needs were assessed and care provided in line with the hours agreed with the person’s funding authority. Staff support varied depending on individual assessments but each person had a high level of individual support from staff during the day. For example, one person needed continuous support with all aspects of daily living whereas another person had a thirty minute “gap” in support every day. At night people’s support was shared through the provision of a member of staff undertaking a ‘sleep in’ at Windmill Court. Staff said they had enough time to support people’s care needs and so each person could have a good quality of life. One staff member said, “It’s one to one here, you’re not rushed and it creates a much calmer environment, and because I’m not rushed (the person) is not rushed.”

Each person the service supported had a stable, skilled team that knew the person well and provided continuity of care for them. This included some flexibility to cover sickness and staff leave. There was evidence that, where a person’s care and support needs had changed, staffing levels were reviewed in consultation with their funding authority. For example, when a person’s health and mobility deteriorated and they needed more one to one

Is the service safe?

staff support, this was arranged. The registered manager explained that continuity of care for each person was really important. In relation to one person they said, “His needs are quite complex, he needs to be cared for by staff who ‘get him’.”

All appropriate recruitment checks were completed to ensure fit and proper staff were employed at the agency including checks for volunteers. All staff had police and disclosure and barring checks (DBS), and checks of

qualifications and identity and references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services.

Staff washed their hands before and after providing care. Personal protective equipment such as aprons and gloves were used when providing personal care, which reduced the risks of cross infection.

Is the service effective?

Our findings

People had their needs met by staff who had an in-depth knowledge of their care and health needs. When staff first came to work at the service, they undertook a period of induction. This included working alongside more experienced staff to get to know the person and how to support them. Competency assessments were undertaken to check staff had the required skills needed to work independently with people. All new staff had a probationary period to assess they had the right skills attitudes to ensure good standards of practice.

In the provider information return (PIR), the service outlined they were using the national skills for care certificate for new staff induction. The care certificate is a nationally recognised set of standards that health and social care workers adhere to in their daily working life.

The provider had a comprehensive training programme to ensure staff had the right knowledge and skills and supported them to gain qualifications in care. Staff undertook regular update training such as safeguarding adults, health and safety, medicines management and moving handling. They also undertook training specific to the needs of the people they supported. For example, sensory training for people's individual communication needs and how to care safely for a person who experienced seizures.

Staff were supported in their practice through regular one to one supervision. Staff said they valued the opportunity to talk through any issues. Staff had an annual appraisal where they received feedback on their performance and discussed their future training and development needs.

Each person had an assessment of their care needs and detailed support plans informed staff how to care for each person. People had access to a range of advice from specialist health professionals employed by the provider, such as physiotherapists, occupational therapists and speech and language therapists (SALT). For example, one person had been assessed by a SALT because of difficulties chewing and swallowing their food. Their advice about how the person's food needed to be prepared was included in the person's support plan, and staff followed it.

Staff had undertaken relevant training to manage any behaviours that challenged the service. They described how one person's situation and behaviour was challenging

when they first moved in. They said, "It's nice to see them improve and get a better life." People's care records included clear strategies for managing people's moods and any behaviours. We observed some of these being used. For example, where a person was talking about food, and it was preventing them from concentrating and participating in a music therapy session. The staff member distracted them by offering them a hot drink. This strategy was in accordance with the instructions in their care records. Support plans were phrased in positive ways about how staff could support the person.

People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. People were involved in planning, shopping and cooking. One person's support plan about food preparation said, 'I decide the ingredients and staff help me to prepare it.' At lunchtime, there were wonderful smells of food as each person was busy cooking their own lunch. One person was particularly interested in food and talked enthusiastically about an upcoming party. Another person who was passionate about the music and liked to try the food of different countries, such as French, Spanish and Japanese cuisine.

Where there were any concerns about a person's nutrition or hydration, detailed records were kept of what the person ate and drank and their weight was monitored regularly so that staff were alerted to any changes and could take action in response.

Staff worked closely with local healthcare professionals such as the GP, community nurse and members of the local learning disability team. A health professional said staff were proactive and sought advice appropriately about people's health needs and followed that advice. Where there were concerns about one person's deteriorating health and mobility, staff contacted the person's GP who referred them to a specialist for further tests. Health professionals commented that staff always ensured that people attended their appointments and worked closely with them to support a number of people with complex needs. One said, "Staff are always good and they would contact me if they felt it was necessary or required advice."

Each person had a 'hospital passport' where key information was provided about their medical history, medicines and communication needs. This was in case the person needed care in hospital.

Is the service effective?

Staff encouraged each person to remain active and maintain their mobility whilst minimising their risks of slips, trips and falls. Each person had an individual mobility plan which included a regular exercise programme and details of any specialist equipment they needed. One person was using their specialist walking frame to exercise, supported by a staff member.

Staff promoted choice and sought people's consent for all day to day support and decision making. One person said, "Staff ask me what I want to do, I am given choices." People were supported by staff to make day to day decisions. For example, about how they would like to spend their day and about choosing what they wanted to eat and drink.

Staff described how they would recognise if a person (who was unable to verbally communicate) did not give their consent by their vocal sounds and gestures. For example, how one person would push a member of staff away if they were not happy to be supported by them.

Staff had undertaken appropriate training of the Mental Capacity Act 2005 (MCA) and demonstrated a good understanding of how this applied to their practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. Where people appeared to lack capacity, mental capacity assessments were completed. Care records included

details about how staff could support people with decision making. Staff involved people who knew the person well such as family, other professionals, and staff in making decisions in the person's 'best interest'.

People's liberty was restricted as little as possible for their safety and well-being. However, some people had bed rails and used lap-belts when travelling in their vehicle for their safety and protection, which could be deemed to be a restraint on their liberty. The registered manager had reviewed the Deprivation of Liberty Safeguards (DoLS) in relation to people they supported. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty. Although these safeguards would not normally apply in supported living settings, a supreme court judgement in March 2014 which widened and clarified the definition of deprivation of liberty. It confirmed that if a person lacking capacity to consent to arrangements is subject to continuous supervision and control and not free to leave, they are deprived of their liberty.

The registered manager identified four people staff supported who may fall within the definition of 'under continuous supervision' by staff because of their complex needs. They liaised with the local authority DoLS team to request they assess whether any applications to the Court of Protection were needed for authorisation. They were awaiting further clarification about this.

Is the service caring?

Our findings

People gave us consistently positive feedback about the service and the staff who supported them. One said, "I like living here." Another said, "It is good; I manage to do the things I want to do." A relative said, "You can't fault the care and commitment by everybody." Staff displayed exceptional care, empathy and affection for the people that they were working with. This was demonstrated in the way they spoke about each person they supported. One staff said, "It's very caring here, like a big family. Everybody helps each other and these guys are the most important thing...we'd all go the extra mile for them." Another staff member said, "It's not what we do for (the person), it is what they give back to us."

People were relaxed and comfortable with staff that supported them and some people particularly enjoyed the opportunity to socialise and interact with other people and staff in the communal living space. We observed people chatting and laughing with others and with staff.

People were supported by staff who knew what mattered to them. Staff knew about people's lives, their families, what they enjoyed doing and things that upset them. One person recently enjoyed their 21st birthday celebrations. Staff supported a person through bereavement following the death of two close family members.

Staff treated people with dignity and respect and respected their privacy. Staff were discreet when supporting people with personal care, respected people's choices and acted in accordance with the person's wishes and preferences. Staff never entered the person's flat without their agreement; they knocked and waited to be invited in. Some people kept their doors to the communal area open while others liked them closed. For example, when we arrived, one person's front door was open so they could listen and enjoy what was going on outside. However, later in the morning, when a music therapy session was underway, the person's door was closed as they didn't choose to participate in this. When we visited we were asked not to interrupt one person who was otherwise engaged and to meet them later which we did.

Each person had a care and support plan which had been developed with the person, a relative or others who knew them well. Each support plan identified a circle of support significant for their emotional and physical well-being.

Circles of support can be a mix of family, friends and professionals. People and others who were involved in developing their support plan were encouraged to sign to confirm they agreed with it.

Each person had a detailed communication plan. This included their sensory needs, their verbal and non-verbal communication skills and what they meant. For example, how one person made a distinctive sniffing sound when they wanted to interact with their support worker and another person had a tendency to start rocking when they were bored. A variety of sensory objects were used to help people communicate, and navigate their way safely and independently around their flat and garden.

Staff used a variety of methods to support people to communicate and provide each person the information they needed to make choices. For example, photographs, information in 'easy read' formats with pictures, Makaton (a form of sign language) for another person and objects of reference for others. Objects of reference are used with people with sensory impairment and with profound and multiple learning difficulties. They provide information through touch which can be easier for a person to interpret with visual or perceptual problems. Staff could judge a person's mood by their body language and vocal sounds. They responded appropriately to calm, distract or reassure the person as needed. Surveys for people included 'easy read' picture symbols to make it easier for people to give their views.

People had choice about who supported them. For example, one person wasn't happy about one member of staff and, as a result, that member of staff no longer supported them. In the provider information return (PIR), the registered manager outlined how they were working on increasing people's involvement in the recruitment of new staff to support them. For example, by devising some of the questions that potential staff were asked at interview and providing opportunities for the person to meet the candidates and give their feedback. One person had a keen interest in sports and wanted a staff member to accompany them to football matches, which had been considered when recruiting staff to work with them.

The registered manager said, when they first came to work at the service, staff were concerned about whether some people were receiving all the financial support they were entitled to. In response, they liaised with their social workers and involved independent advocates. For one

Is the service caring?

person this had resulted in an application to the Court of Protection to manage the person's finances. They received more financial support which enabled them to improve their quality of life by funding extra leisure activities and holidays for them. Further work was underway with other people's funding authorities to ensure their financial arrangements were being managed in their 'best interest.' This showed staff ensured people's rights were upheld.

In the PIR, the registered manager said staff were working with each person (and family members) to support them to complete a person centred plan entitled 'When I die'. This was in order to enable the person to consider how they

would wish to be supported in the event of ill health, and seek their views about their wishes and preferences following their death. This work was being undertaken gradually and sensitively and was due to be completed by May 2016.

One person occupied a larger flat meant for shared tenancy. Recently, another person expressed an interest in living there but the person wasn't keen on sharing with that person. Their wishes were respected and efforts were underway to find another person they would feel happier to share with.

Is the service responsive?

Our findings

People received care that was personalised and responsive. Staff knew people well, understood their needs and cared for them as individuals. People who lived at the service told us that they liked living at Windmill Court. One person said, "I really like it here, all the staff and the help and support they give me." Another person told us how important it was that staff could drive so they could use their vehicle to go out. They said, "I need two drivers, most of the staff drive." Another person said they liked how staff supported them to do what they enjoyed.

On the first day we visited, a volunteer did a music therapy session which three people attended with their support staff and really enjoyed. One person was smiling and laughing and shaking their maracas in time with the music. Another person chose a set of bells. To begin with they were reluctant to engage and kept these quietly under the table. However, as the session progressed, they grew more confident and began to join in, singing and choosing other instruments to try. Staff praised and encouraged people, saying "Well done." It was a happy and enthusiastic session with lots of joking and laughter.

People's care records were focused on the individual needs of each person. All support plans showed detailed assessments and care plans were undertaken. Support plans were regularly reviewed, with amendments made as needed. People's care records were detailed, easy to read and understand how each person needed to be supported. Staff involved people and relatives in reviewing each person's support plan regularly to ensure their care was still suitable for their needs.

People's support plans were entitled, 'All about me'. Each person also had a one page summary which outlined a 'pen picture' of the person. This would help a member of staff who didn't know the person well to easily have the information needed to safely support them. For example, how one person relaxed by watching a sensory light display of the planets on their bedroom ceiling. Another person's support plan showed it was important for them to know who was working with them each day and for them to be kept stimulated and busy. One person's support plan had their favourite local football club's logo in the background and another person had a verbal and a braille version of their support plan.

People's care records gave a real sense of each person and what made a good day for them. For example, how one person struggled with changes and didn't like to wait for things. Also how they used the timings of meals and favourite TV programmes to recognise the time of the day.

People were supported to maintain interests and hobbies and to learn new skills. Staff supported people to improve their independence and lead busy and fulfilling lives. One staff member said, "It's nice to be able to encourage people to have a fulfilling life." Staff told us about one person who enjoyed swimming at the hydrotherapy pool in Axminster and how their swimming skills had improved. Another person enjoyed helping a volunteer who worked in the garden when the weather was fine. A third person was very musical and played a number of instruments. At one point, we overheard them singing loudly and joyfully in their flat.

Staff provided care focused on the needs and wishes of each person to live their lives how they wished. We saw how people had made progress with their personal goals and ambitions. The registered manager described how staff had supported another person to fulfil their ambition to visit Wembley stadium to see a football match. Staff told us how another person had increased their skills and confidence through undertaking voluntary work. This was by helping out at Exeter Football Club selling programmes. Staff supported another person to help with broadcasting a radio programme at a local college.

People were encouraged and supported to access their local community and keep in contact with friends and family. Several people attended a local social club in Honiton to meet new friends, and go dancing. Staff were supporting one person to learn to use the train once a week to travel to Exeter. Several people had their own vehicles, so staff could transport them wherever they wanted to go.

The registered manager commented on how one young person had really developed and become a more mature and independent adult since moving from their family home to live at Windmill Court. The person described how they had been involved in choosing where they wanted to live and encouraged to arrange their flat to their liking. This meant they became used to how things worked so made a smooth and comfortable transition when they moved in.

Is the service responsive?

They said, “Because I have come from home, it’s been a real big thing for me. When I first came here I thought we’d just be left to get on with it me, but it’s not been like that, we’re here to support each other.”

People’s feedback was sought through individual and group meetings with people who lived at Windmill Court. Tenant meetings were held every two months with staff that supported each person attending to ensure each person’s views were heard. At a recent tenant meeting, one person spoke about their experience of going to see the ‘James Bond’ car. Staff also discussed the need for people to arrange appointments for their annual flu jabs. A meeting about one person’s support showed that staff discussed to support the person in a consistent way, to choose their preference of music.

Staff supported people with keeping their home clean and tidy and to report any faults or repairs needed. For example, the registered manager said they were currently in negotiation with the landlord to provide a more secure access gate at Windmill Court. This would enable people to have better security arrangements at night.

The provider had a written complaints policy and procedure. Written information about how to raise concerns or complaints was given to people in a suitable format when they commenced the service. People and relatives said they wouldn’t hesitate to speak to senior staff or the registered manager with any problems.

The registered manager described how they had worked with individuals where there were minor disagreements between people. For example, in relation to a person

playing their music loudly or being noisy. The registered manager took complaints taken seriously, interviewed staff concerned and obtained written statements. In their conversations with staff they encouraged staff to reflect on their behaviours and actions and the impact for the person. Any lessons learned were discussed with the wider team. For example, about the importance of staff not using their mobile phones when supporting a person. This showed the service were proactive in dealing with grumbles, acted on people’s behalf and took positive action to try and prevent situations escalating into more serious complaints.

One person who previously lived at Windmill Court contacted the Care Quality Commission as they were unhappy that the service did not fully meet their needs. They have since decided to move and live elsewhere. We followed this up during the inspection and found that staff had tried a variety of ways to accommodate the person’s wishes and to balance meeting their needs and wishes with those of others. The service referred the complaint to the local authority care team who independently reviewed the person’s concerns. A copy of their letter to the person confirmed the local authority were satisfied all appropriate actions had been taken to address their concerns.

The service had received a number of compliments and thanks from people and relatives. One card said, “Thanks for the support and friendship you have given me. You are all the best.” Another from a relative said, “Thanks for a brilliant first six months. You are a great team and have really made a difference to our lives.” Another said, “SeeAbility provide (the person) with wonderful support, he is very happy at Windmill Court.”

Is the service well-led?

Our findings

The culture at the service was open and honest. Staff were encouraged to see beyond each person's disability. People, relatives and staff said the registered manager was approachable. A relative said they felt able to talk openly and honestly to them about their family member's care. They said staff were upfront about any problems and what they were doing to address them.

Professionals who visited the service said staff were proactive and worked in partnership with them to support people's needs. The registered manager provided day to day support and supervision for staff and were open to challenge. Staff described the registered manager's leadership and management style as "open and honest." The registered manager said they liked things done properly and wanted staff to feel supported in their roles.

Survey results for 2015 confirmed people were happy with the service provided and the way staff supported them. One person said they felt very well supported and their one to one care was of a very high standard. Another person said, "SeeAbility helps me to get as much out of my life as possible. If I have a problem with anything, I feel I can talk to people about it, and they help me find a solution."

Staff were praised and encouraged for their work. Staff said they enjoyed working at the service. One said, "I enjoy working here, it is a nice place to work and the team is very friendly." Another member of staff said "The manager is OK, I feel comfortable and confident working with them."

The registered manager described SeeAbility as a good organisation to work who valued staff. They felt well supported by their regional service manager who visited the service on average, once weekly. The service had just recruited a deputy manager who was due to start soon. Staff had clear roles and responsibilities.

Earlier this year, two people had left the service and moved elsewhere, which resulted in adjustments in staffing which left some staff feeling undervalued. This was because staff were employed to work with individual people. A new person was coming to live at the service the following week and their staff team was being recruited to support them. Their team included some experienced staff who had previously worked in the service. This meant their skills and experience would be retained by the service.

Minutes of staff meeting showed staff were consulted and involved in decisions about the service and their views were sought and acted on. One staff member said, "Staff can contribute suggestions and ideas and they get done." The service had a 'Code of conduct' which staff discussed at a recent team meeting. This included a discussion about the use of social media, being careful about posting comments or pictures related to their work.

The provider had systems for monitoring staff performance and for communicating with and involving staff. A training matrix was used to monitor and ensure staff attended training. A bimonthly team brief was sent to staff to keep them updated about developments. The October/November team brief showed the staff survey by an independent company was underway. Other topics included sharing the results of the individuals and families survey, which was positive. It also included health and safety updates and information about Care Quality Commission (CQC) inspections.

The provider used good practice initiatives to recognise and reward staff. For example, through a staff excellence award. Local managers were asked to nominate staff and volunteers that demonstrated the qualities described in their mission statement. Shortlisted candidates were invited to a celebratory meal and award ceremony.

Each time a person's support staff changed, there was a verbal handover. In each flat, there was a communication book for staff to pass messages to one another. These messages ranged from simple reminders to carry out household tasks to information about important matters such as specialist health appointments. This meant essential information about the person was communicated between the staff team.

The provider had a range of quality monitoring arrangements in place. Regular audits of care records, medicines management and health and safety checks were carried out. Accidents and incidents were monitored and reported on so any themes or trends could be identified. Monthly monitoring visits were carried out with each person's agreement. This included reviewing support plans and daily records, checks on people finances and making sure their flat was being kept clean and hygienic. Where any issues were identified, these were communicated to staff to address and rechecked on the next visit.

Is the service well-led?

The regional service manager undertook quarterly monitoring visits on behalf of the provider. They used a structured audit tool to check on all aspects of people's care and support based on CQC standards. Where any issues were identified these were highlighted for action using a red/amber/green system and the registered manager developed an action plan in response. The October 2015 quarterly report showed generally positive feedback and highlighted a few issues for action. For example, in relation to organising staff files more clearly, implementing a system to monitor people's banking records and documenting clearly the reason why (as required) medications were used. These arrangements ensured actions and improvements were followed up to continually improve people's experiences of care.

The provider had a Quality Action Group to engage and involve people who use the service so they could influence changes and improvements within SeeAbility. This forum was used to consult with individuals about their experience of the service. Themes included supporting people with staying healthy, developing skills, making choices and

being a valued member of their community. Managers were encouraged to share good practice through regional management meetings, a best practice day and action learning sets. The provider also had a staff forum to engage and consult with staff representatives, which promoted staff and management working together to make continuous improvements.

In the provider information return (PIR), the registered manager outlined a number of initiatives the provider used to promote best practice. These included a 'SeeAbility eye care and vision charter' to ensure each person had regular checks of their eyes. This meant people were supported to maintain any vision they had for as long as possible through regular screening. The service had signed up to 'The Social Care Commitment', an adult social care initiative to provide people with high quality services. The registered manager participated in the local Devon provider engagement network (PEN) and through this accessed training and networking events to share good practice ideas. This showed the service was committed to continual improvement.