

The Royal School for the Blind

SeeAbility - Fiennes House Residential Home

Inspection report

Fiennes House
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Date of inspection visit:
27 February 2020

Date of publication:
23 March 2020

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fiennes House is a care home providing personal care and accommodation for up to 12 people. The service provides specialist support for people with learning disabilities, autism and sight loss. 11 people lived there when we visited.

People's experience of using this service and what we found

People and staff had built strong relationships, cared about each other and enjoyed spending time together. There was a happy atmosphere with lots of good humour. Staff were proud of people and celebrated their achievements.

People's care was organised around their individual needs. Staff promoted people to be as independent as possible and upheld their right to privacy. Relatives and professionals praised staff and described them as caring and compassionate.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The service is larger than current best practice recommendations. However, the size of the service having any negative impact on people was lessened by the layout of house into separate areas, with two kitchen/dining/lounge areas, en suite facilities and the choice of communal areas people could use. Also, by personalised nature of the service.

People were supported to express their views, in ways relevant to their communication needs. Staff were skilled at communicating and involving people in decision making.

People received effective care and consistent support from experienced staff with the right skills to meet their needs. Staff monitored people's health and wellbeing and worked with other professionals to make sure people received the treatment they required.

People were protected from abuse by staff who were aware of the different types of abuse, and ways to protect people. People received their medicines safely and on time.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received personalised care to meet their needs. They participated in a range of activities and were supported to pursue their hobbies and interests. People enjoyed a variety of social activities which included in house activities, trips out, social events, holidays and family visits.

The service was well-led by the registered manager and their deputy. The culture was open and promoted person centred values. People, relatives and staff views were sought and taken into account in how the service was run. The provider had systems in place to monitor the quality of care provided and made improvements in response to their findings.

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

Rating at last inspection: The last rating for this service was Good (Report published 23 August 2017.) At this inspection the rating has remained the same.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

SeeAbility - Fiennes House Residential Home

Detailed findings

Background to this inspection

Background

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

Fiennes House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

In preparation for the inspection, we reviewed all the information we held about the service and statutory notifications. A notification is information about important events which the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information

providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

During the inspection we met all 11 people who lived at the home. One person we met could converse with us. We observed interactions between other people and staff in communal areas. We also 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 looked at three people's care records and at two people's medicine administration records. After the inspection, we spoke by telephone to a relative.

We spoke with the registered manager, deputy manager and with four members of staff which including care staff and a cook. We looked at systems for recruitment, supervision, appraisal and at staff training records. We also looked at quality monitoring records relating to the management of the service. We sought feedback from commissioners, and health and social care professionals who worked with staff at the home. We received a response from one of them.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse;

- People appeared safe, relaxed and comfortable at the home. One person said, "I feel safe, I know if I have a problem I can go to staff." A relative said, "I'm very confident [name of person] is safe."
- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. They felt confident concerns reported would be listened and responded to.
- Where concerns about suspected abuse were identified, these were appropriately reported to the local authority safeguarding team and the Care Quality Commission. The service worked openly with other agencies and professionals to protect people.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People had risk assessments to promote their safety, independence and social inclusion. For example, around the home and going into the community.
- People lived in a home which was maintained to a safe level. Regular checks of the environment were undertaken. For example, checking the fire panel, fire exits, security and hot water temperatures to minimise risks to people.
- Accidents or incidents which occurred at the home were recorded and monitored by the registered manager. This enabled them to monitor trends put in extra measures to avoid recurrence. This included seeking advice and support from other professionals about how best to support people.
- We followed up how lessons had been learnt following an incident recently reported to us. Staff had undertaken further training on managing behaviours that challenged the service. Positive behaviour support care plans gave staff detailed guidance about ways to calm and distract people, and outlined next steps needed, if initial steps were not successful. These were used to help staff and professionals understand and monitor any incidents, so steps could be taken to minimise risk of recurrence. Lessons learnt had been discussed at individual staff supervision meetings.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People's individual staffing needs were assessed and staff hours were used flexibly according to people's needs. Rotas were monitored to make sure people received their funded support hours.
- People benefitted because staff supported people at a time convenient for them. They spent time interacting and socialising with people and made sure they could participate in activities and go out.
- Some staff had recently left and the registered manager had recruited new staff, some of whom had not yet started. Meanwhile, the service used regular agency staff who worked alongside existing staff who knew

people well. This maintained continuity of care for them.

- The provider had a robust recruitment process, although the provider's application form needed to request more details about previous employment and reasons for leaving. Staff had background checks before they began work in the home and completed a probation period. This was to make sure they were suitable to work with people.
- People participated in choosing new staff. For example, by asking applicants questions during their interview or participating in an observed activity led by applicant.

Using medicines safely

- People received their medicines safely and on time from staff who had received relevant training. Staff were assessed regularly to check they had the knowledge and skills to safely administer medicines to people. Staff kept clear records of medicines administered or refused by people, which enabled them to monitor the effectiveness of their prescribed medicines.
- Some people had prescribed medicines, on an 'as required' basis, such as medication to manage their anxiety. There were clear protocols in place to give staff information about when these medicines should be given, which was closely monitored.
- The service used a 'Distress assessment tool' to identify when people, who couldn't verbally communicate were in pain, so staff could recognise this and respond appropriately.
- Where people needed emergency medication, for example for epilepsy, staff had been trained in its use. This minimised restrictions on people's freedom, as staff felt confident to use it in the community, if needed.

Preventing and controlling infection

- People lived in a clean and fresh environment and staff followed daily cleaning schedules. There were appropriate hand washing facilities and staff used personal protective equipment such as disposable gloves.
- People were protected against the spread of infection because staff received training in infection control practices. This helped ensure everyone knew how to minimise the risks of the spread of infection.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had their needs assessed and care plans were created to give staff guidance about how to meet people's individual needs. Assessments were comprehensive and involved people and families.
- People's care and support needs were regularly reviewed and updated with them, to make sure they reflected their wishes and preferences.
- People's care records showed the service took account of best practice guidance. For example, people's assessment tool was updated to include a mouth care plan with details of each person's oral healthcare needs following publication of the Care Quality Commissions (CQC) report 'Smiling Matters.'

Staff support: induction, training, skills and experience

- People were supported in accordance with up to date guidance and legislation because staff received regular training to make sure their knowledge was up to date. Staff training included first aid, fire safety, moving and handling, food hygiene, safeguarding vulnerable adults, and the Mental Capacity Act (MCA).
- Staff also received additional training relevant to people's individual care needs. For example, training in supporting people with sensory impairment, managing choking risks and the use of emergency medicine, for people with epilepsy.
- New members of staff completed an induction programme. They had opportunities to shadow more experienced staff to enable them to get to know people and learn about their preferences.
- The provider and registered manager promoted staff training and continuous learning. Staff had regular individual supervision sessions, where they could highlight any learning needs. The service also used observations in practice of staff working with people to help staff continuously improve. These methods helped to ensure people were always cared for by staff who understood their needs and effectively supported them.

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

- People were supported to improve their health through good nutrition. Staff encouraged people to eat a well-balanced diet and make healthy eating choices. Menu planning was based on people's preferences and any dietary needs. If people did not want what was on the menu, staff were always able to offer alternatives. People were encouraged to experiment and try new foods.
- People were encouraged to participate in meal preparation as appropriate to their ability. For example, at breakfast a person chose and helped to prepare their preferred breakfast. Another person who did not appear interested in one food option was offered two alternatives to try.
- Where people needed special diets or had the consistency of their food modified because of swallowing difficulties, staff had received appropriate training and written guidance to manage these safely. For

example, a mealtime care plan showed staff needed to cut a person's food into small pieces and supervise them during mealtimes because of choking risks. We saw staff followed these instructions.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- People were supported to access healthcare services and staff ensured they received medical treatment promptly when they required it. Care staff monitored people's on-going health conditions and made sure they attended health appointments. Professional feedback showed staff recognised changes in people's health, sought professional advice appropriately and followed that advice.
- People's health care records showed people were being seen by dentists, doctors and other health professionals. The provider also employed a number of specialists such as speech and language therapists and with expertise in people's visual and sensory needs. Staff had detailed guidelines so people received consistent support with any health needs.
- Each person had a 'Vision passport' about their care needs related to their visual impairment. For example, that one person could follow movement and staff could attract their attention using colourful objects and by using verbal prompts.
- A physiotherapist visited the service regularly work with people and trained staff to followed recommended exercise programmes and to make sure people's equipment and aids were used properly. They said, "I don't have any concerns. I think staff are fantastic."
- Staff were creative in encouraging people to exercise and keep fit to help improve their mobility. For example, a staff member described how their encouraged a person to make a virtual world tour using their exercise bicycle. We saw staff encouraging and praising a person to exercise using their wheeled walker. Several people enjoyed regular visits to a local hydrotherapy pool.
- A 'hospital passport' provided hospital staff with key information about each person, their medical history, preferences and communication needs.

Adapting service, design, decoration to meet people's needs

- Fiennes House is purpose built so combined a homely environment with disabled access. For example, ramps were fitted so wheelchair users could move around independently. Ceiling hoists were fitted so people could access their en-suite bathroom from their bedroom. A stairlift was fitted, handrails, seating in showers and adapted baths were also provided.
- Kitchen equipment was designed to promote people's independence and safety in food preparation and cooking, for example liquid level indicators, one cup water kettles. The service was increasingly embracing technology, for example, using remote control devices to open windows, seizure, movement and door sensors to enable people have time alone.

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

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions

on DoLs authorisations to deprive people of their liberty were being met and found they were. Where people were subject to close supervision within and outside the home for their safety and protection, records showed staff had identified the least restrictive options.

- People were able to make day to day decisions about their care and support. For example, one person chose what they wanted to wear by staff handing them various items of clothing to feel them and select their preferred choice. Another person's care plan advised staff, 'If I don't like the taste I will clamp mouth shut and refuse to eat.'
- Where more complex decisions, such as medical treatment, needed to be made, staff had worked with healthcare staff, family members and independent advocates to make sure decisions were made in people's person's best interest. For example, about a decision to administer a person's medication crushed in food for a person who was unable to swallow tablets. A relative said, " Staff involve me in all decision making."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- The service had a strong, visible, person centred culture. People were supported by staff who provided person centred, kind and compassionate care. Relatives and professionals praised staff and described them as caring and compassionate. A relative said, " [Person's name] is happy and well cared for." A professional said, "Staff are lovely, everyone is very happy."
- There was a happy family atmosphere, people and staff enjoyed spending time together. Staff were proud of people and celebrated their achievements. For example, a staff member praised a person's artwork and invited other staff to come and look. A little later they joked and laughed with the person who was clearly enjoying their company. Staff said, "Staff make it family oriented," "It's home from home."
- The service promoted people's human rights and inclusivity through equality and diversity training on the Equality Act 2010 and its protected characteristics. Staff were encouraged to use positive risk taking with people to explore barriers to inclusion. For example, working with two people and planning ahead so they could enjoy going to a night club.
- Staff supported people to develop their understanding of pursuing relationships and meeting their sexual health needs. The service followed CQC's best practice guidance on 'Promoting sexual safety through empowerment'.
- Staff supported people to keep in touch with family and friends. Relatives visited any time and were involved in person's life at the home. For example, helping to decorate a person's bedroom and taking them out weekly for lunch and shopping. Staff helped others stay in touch through cards, letters, calls, e-mails and texts.

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

- Staff were skilled at communicating and involving people in decision making. They knew people well and were in tune with their needs.
- Each person had a communication care plan which provided staff with personalised details about how each person expressed themselves. One person's care plan who did not speak said, 'I communicate a lot through my behaviour, expression body language and vocalisations. I can use some Makaton signs such as for toilet, please, thank you. Use Makaton clearly and allow me time to process.' (Makaton is a language programme that uses symbols, signs and speech to enable people to communicate). For example, through Makaton, meaning of gestures and facial expressions and using by using touch and objects of reference. An object of reference is any object which is used systematically to represent an item, activity, place, or person.
- One person had begun using a specialist communication aid to express themselves. This helped them

indicate more effectively to staff their wishes and needs, which in turn gave them more choice and control.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Staff knocked before entering people's room, so they were aware of their arrival. At lunchtime, a person was offered a clothes protector to catch any spills and a flannel to wash their hands and face after their meal. People could enjoy company of others or spend quiet time in their room or in the garden.
- Staff were proactive in promoting people's independence. Staff had been trained to identify opportunities for people to have greater independence in their daily living. For example, staff worked with the SeeAbility specialist services team to teach several people to make their own drinks using a 'one touch' kettle.
- Staff were currently supporting two people to work towards moving to supported living and had helped another person to achieve this. (Supported living services combine independent living in suitable accommodation with some care staff support.) One person we met had their own car was off to Taunton to do their supermarket shopping. This was part of their plan towards moving out to their own home. A professional wrote, 'I'm impressed with what you/ [person's name] have achieved in such a short space of time, you are doing a brilliant job.'
- Staff helped a person get a job and earn an income. They accompanied the person to a job fair where they gathered information about job opportunities. The person has since become a self-employed sales representative and manages sales orders and accounts with staff support. This has increased the person's confidence, esteem and self-worth and provided them with extra money for personal spending.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care, because staff knew people really well and how to meet their individual needs. Staff paid attention to detail, for example, making sure a person always had their preferred pillow.
- Person centred care plans showed in detail how each person liked to be supported. For example, importance of following a set routine for one person, details of another person's favourite sensory items. Daily records captured people's care, how they spent their day and about their wellbeing.
- Each person was encouraged to set their own goals and learn new things. For example, a stepped approach to help one person use a garden swing, for others to attend a football match and go to beach. Photographs and records captured the steps each person took towards achieving their goal and their pride when they achieved it and moved onto a new goal.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had opportunities to socialise, make new friends and participate in a range of activities. were supported to pursue their hobbies and interests.
- The service had a sensory room, which helped some people develop their senses through special lighting, listening to various sounds and sensory music. They also had an activity room people used for arts and crafts and other individual and group activities.
- Each person had a 'My leisure and work paid and unpaid' section in their care plan. These showed people participated in local community events such as regular streets fairs and enjoyed cooking, trampolining, needlework and knitting, stories, massages and swimming.
- Staff promoted the 'Stay up late campaign,' a charity that promotes full and active social lives for people with learning disabilities. It challenges traditional models of support, so people's life does not stop early in the evening. People did not have a specific bedtime, instead staff paid attention to judge when individuals were tired. Shift patterns were altered so people could go out in evening.
- The service used volunteers in a range of roles to connect people with their local community. For example, one volunteer took a person to their local church service each week, others read to people and helped with gardening.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information for people was provided in formats which supported people to understand their care and wider issues. For example, easy read, using Makaton, photographs, pictures and symbols.
- Each person had a communication passport which gave staff details about their communication needs. For example, how to get the persons attention by catching their eye and using the Makaton sign for 'Hello.' Also, by using simple instructions with hand over hand touch or objects of reference (to represent an item, activity, place, or person). One person had picture symbols on drawers in their room to remind them where to find and put away clothing items.

Improving care quality in response to complaints or concerns

- Staff were approachable, listened to feedback and acted on any concerns or suggestions. A relative said, "I sometimes point something out, we discuss things and it gets sorted."
- Staff recognised from people's demeanour, body language and vocal sounds, if they had any concerns and acted immediately to address them. For example, reassuring and calming a person who was getting anxious.
- The provider had a complaint policy and procedure and a complaint log was kept. Where any concerns or suggestions were raised, they were responded to, with positive actions taken in response. For example, about laundry issues and communication.

End of life care and support

- When we visited, no one was receiving end of life care. The registered manager said staff would work closely with community health professionals to support people to receive end of life care at the home, if needed. A person had recently died in hospital. The registered manager showed us photographs of an event held at the home to remember the person and celebrate their life. Their relative wrote, 'You went above and beyond to help us at a stressful time.'
- Where people had expressed any advanced decisions about resuscitation, end of life care wishes or preferred funeral arrangements these were recorded in their care plan.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives, staff and visit professionals expressed confidence in the leadership at the home and said it was well run. A relative said, "SeeAbility is a good company, I'm confident in the manager, she is the best we've had, always willing to listen," Another wrote, 'You are all doing a great job, what a great team. Thanks for making [name of person] life a happier one.' A professional said, "I think they are fantastic, a very friendly team."
- There was a positive 'can do' culture at the home. This was based on SeeAbility's vision to 'promote inclusive communities where people with sight loss, autism, and learning disabilities participate as equal citizens.' Staff championed people to be ambitious and reach their goals. SeeAbility set clear expectations of roles and responsibilities and the standards expected in a staff code of conduct.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were encouraged to challenge any practice concerns in confidence through a whistleblowing policy. Where any concerns about staff skills, performance attitudes or performance were identified, these were dealt with in accordance with the provider's policies and procedures.
- Where mistakes were made, the registered manager was open and honest with people and families and made improvements.
- The registered manager notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- The registered manager and their deputy set high expectations about standards of care. They worked alongside staff and led by example. They were approachable, organised and used a coaching style of leadership.
- Staff understood their roles and responsibilities and were accountable for their practice. They all said they enjoyed working at the home and felt well supported. Staff comments included; "Staff and management are a strong supportive team. They are there for individuals and each other" and "Manager is second to come supportive, listening, encouraging."
- The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were completed. Audits of care records, medicines management, and regular

surveys were undertaken with continuous improvements made in response to findings.

- Senior managers and directors regularly visited the service to meet people and staff. The registered sent monthly reports to provider, so they could monitor quality and be aware of risks. For example, information about accidents/incidents, errors, complaints, staff training and supervision.

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

- People were consulted and involved in day to day decisions about the running of the home. For example, about what they wanted to eat, how they spent their day, where to go on holiday and how they wanted their room decorated.
- People and families met with staff twice yearly to review their care. A recent survey of people and relatives showed they were happy with the care. Improvements planned in response included more personalised activities and the introduction of themed 'food taster days.'
- Regular staff meetings were held where staff had opportunities for feedback, were encouraged to make suggestions and discussed people's care.
- A recent staff survey showed staff gave positive feedback about working at Fiennes House. Staff comments included; 'Great place to work,' 'Values/principles upheld' and 'SeeAbility is committed to what they do.'

Continuous learning and improving care; Working in partnership with others

- People lived in a home where staff worked in partnership with health, social care professionals, family members and advocates to make sure people received the care and support they needed.
- People were members of their local community. For example, several people participated in Wellington Carnival and attended weekly planning meetings.
- Staff were continuously learning and improving through working with SeeAbility specialists about people's positive behaviour support, speech and language therapy, physiotherapy, visual and sensory needs. They also worked with Compass Disability Services, which helps enable disabled people to access services, premises and facilities in the South West.
- Staff worked closely with the local learning disability and mental health professionals to review people's medicines as part of a national good practice project for stopping over medication of people with a learning disability, autism or both.
- The registered manager received updates about regulatory changes through monthly newsletters from Care Quality Commission. They kept up to date with best practice guidance through regular monthly with other SeeAbility managers, to receive regular updates, support one another and share good practice ideas.
- An improvement plan highlighted planned improvements in response to people's feedback and quality monitoring. For example, plans to replace windows and fundraising to install a garden building in garden here people could spend time away from home to spend with loved ones.