The Royal School for the Blind

SeeAbility - Devon Support Service

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	**Requires Improvement**
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

This comprehensive inspection took place on 4 and 5 April 2018 and was announced. We gave the service 48 hours' notice of the inspection visit. This was so we could arrange to visit some people in their own homes to hear about their experiences of the service. Also, to ensure the registered manager was available when we visited. We last inspected the service on 3 and 5 November 2015 and found the service was compliant with the standards and there were no breaches of regulations.

SeeAbility - Devon Support Service provides care and support to eight people living a 'supported living' setting at Windmill Court, Honiton, so that they can live in their own home as independently as possible. The service specialises in supporting people with sight loss with a learning disability, autistic spectrum disorder or acquired brain injury. The flats offer purpose-built accessible accommodation located around a central communal area, where people can meet up and socialise with neighbours and staff if they wish. All flats had two entrances, via a front door from the outside grounds, or via a door from within the communal area.

People's care and housing were provided under separate contractual agreements. CQC does not regulate the premises used for supported living; this inspection looked at people's personal care and support.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager who worked across two locations, in Honiton and Exeter. 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.

In 2017, Devon County Council undertook a review of people in supported living services across Devon. The review was to check individuals were actually getting the support they needed. Also, to clarify any shared support arrangements to make sure they were transparent and fair for everybody, represented a quality service and were value for money.

At Windmill Court, the review significantly reduced the one to one and staff support hours each person received and the shared staff hours. The registered manager said these changes were a very difficult and a worrying time for people and staff and meant people had to adjust to having less staff support hours than they had previously. In order to accommodate the funding changes, the service underwent major organisational change and introduced new ways of working. The registered manager confirmed since the

changes were introduced in April 2017, gradually all but two of the original 26 staff team who worked at Windmill Court have left. People, relatives and professionals all commented on how the high turnover of staff had impacted on people.

One person spoke movingly about their sense of loss, when staff they knew well who had worked with them for years left. They said, "They were not just colleagues, they were my extended family." Another person speaking about the changes said, "For me, it hasn't been easy." A relative of a person said, following the changes, it took them a while to settle at night, so they discussed and agreed for the person to have increased staff monitoring at night. When we visited people and staff were still working through those changes. A number of new staff had been recruited, although not all had stayed and there was a significant increase in the use of agency staff. Six staff were undergoing induction when we visited, with four more staff due to start. The registered manager anticipated they would have a full staff team by the end of April.

People felt safe and had their care needs met and there were no missed visits. However, the number of new staff and high agency use was adversely affecting some people's experiences of care, although others had positively benefitted from staff changes. To minimise risk and improve continuity of care for people, several agency staff worked regularly at Windmill Court. So they had got to know people and about their needs.

Rotas were only available one or two weeks in advance and didn't include named staff for all support visits planned, with people having less continuity of care staff. Speaking about progress in building a stable staff team, one person said, "The staff team are getting more settled, we are not there yet but we are getting there." A relative said, "We are hoping things will settle down now."

The risk of abuse was minimised because staff demonstrated a good understanding of what constituted abuse and knew how to report concerns within the service and to external agencies. Safe recruitment practices were followed before new staff were employed to work with people. People had a range of ways through which they could raise concerns. People's concerns were listened and responded to.

People's rights were protected because the service followed the appropriate legal processes. People received their medicines safely and on time.
People receive effective care from staff with the relevant qualifications, training and skills to meet their individual needs. New staff received a thorough induction and all staff had regular supervision and opportunities for further training and professional development. People were supported to see appropriate health and social care professionals regularly to meet their healthcare needs.

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

People ate a well-balanced diet and received staff supported them to plan, shop and cook meals of their choice, according to their ability. Where there were any concerns about nutrition or hydration, staff sought professional advice appropriately and followed that advice.
Staff were considerate and caring in their manner with people and knew people's needs well. People were partners in their care and were fully involved in decisions about their care and treatment. People and relatives said staff treated them with dignity and respect.

People received personalised care that responded to their changing needs. People's care records were detailed about their individual needs including their sensory needs related to their visual impairment. For example, to speak with the person as they approached, that a person was sensitive to bright lights. Information was provided for people in Braille, audio and easy read formats.

People were supported to live as independently as possible and were supported do their own cooking, shopping, laundry and housework, according to their ability. People had a wide range of hobbies and interest and were part of their local community.

The service was well led by the registered manager and deputy manager, who led by example. Robust quality monitoring systems were used to monitor and continually improve. People, relatives and staff were regularly consulted and involved in developing the service. Staff used evidence of what works best to continually review and improve their practice.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service has deteriorated to requires improvement.

A review of people's support needs had significantly reduced their staff support hours. Following the changes most staff working had left the service, so a new staff team was being recruited.

People felt safe and had their care needs met. However, ongoing recruitment and induction of new staff and high agency use was affecting some people's experiences of care and they had less continuity of care.

Staff knew how to recognise signs of abuse and how to report suspected abuse. Any concerns reported were acted on.

Risks to people were managed to reduce them as much as possible.

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

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

People were protected from cross infection because staff followed infection control procedures.

Is the service effective?

Good

The service remained Good.

Is the service caring?

Good

The service remained Good.

Is the service responsive?

Good

The service remained Good.

Is the service well-led?

Good

The service remained 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 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.

The provider completed a Provider Information Return, (PIR) which we used to help prepare for the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, such as contact from the service, members of the public and through notifications. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

Prior to the inspection, some concerns were raised with the Care Quality Commission (CQC) with concerns about lack of experienced staff. The concerns included risks for people with swallowing difficulties and standards of personal care. Prior to the inspection, the service notified CQC of two safeguarding incidents recently which were reported to the local authority, one of which was being investigated by the police. So in planning the inspection, we focused on how the service was managing and minimising risks for people, and on staff skills and training.

In preparation for the inspection, we sent two questionnaires to people identified as able to able to respond to questionnaires and received one response. We sent 12 questionnaires to staff and received three responses. During the inspection we met with five people in their own homes and with three people in communal areas. We spoke with three relatives to ask them their views about the service. Some people were not able to comment directly on their care. We spent time in in two people's flats and in a communal area to observe interactions between people and staff. 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. We also spent time with people in a communal area to see how people interacted with each other and staff. These observations helped us make a judgment about the atmosphere and values of the service.

We looked in detail at two people's care records and at their medicine records. We met with the registered manager, deputy manager and the regional head of operations of SeeAbility, a housekeeper and with eight care staff. These included two agency staff and a member of bank staff. We looked at five staff files which included details of recruitment, training, supervision and appraisals. We also looked at staff meeting minutes, accident and incident reports, complaints and compliments. We looked at audits of medicines, care records and at checks carried out on staff providing care in people's homes.

We sought feedback from commissioners, Healthwatch England (the consumer champion for health and social care), as well as from health and social care professionals. We received a response from three of them.

Requires Improvement

Is the service safe?

Our findings

People received care and support from care staff they felt safe with. There were enough staff with the relevant skills and experience to safely meet people's needs. However, there were a lot of new staff including agency staff that people didn't know very well. Although there were no missed visits, people only had their rotas a week or two in advance over the past few months, whereas previously they had been four weekly. People's current rotas still had gaps about which staff would be visiting them. This was causing some people anxiety and limited their ability to plan ahead. After the inspection, a professional also fed back that some people had not attended their appointments, but we did not receive any details about when this occurred. People, relatives, professionals and staff all identified having a stable staff team as an area for further improvement.

People's support needs were determined by individual local authority reviews in 2017. Each person had a set number of one to one staff support hours each week, which they could use flexibly. This meant people could decide when they wanted their one to one staff support. For example, for doing household chores, shopping and going out. Outside of those hours, people had shared hours during the day from a 'core team' of two staff. Core team staff were available to help people at a time convenient for them. At night, three people shared the service of a 'waking night' member of staff and a second 'sleep in' member of staff was available for emergencies.

Six newly recruited staff were currently undergoing a two week induction and initial training. Four more staff had been appointed and were due to start in the next few weeks. Meanwhile, the service had four bank staff who did regular hours each week and existing staff were working extra hours. The service estimated that currently about 40% of people's support was provided by agency staff, while new staff were recruited and completed their induction. Several agency staff worked regularly at Windmill Court, so they had got to know people and knew about their needs. Two agency staff said they felt well supported working with people at Windmill Court. They said they received verbal handover and had detailed written information about each person's support needs and any risks and how to minimise them. They said 'core staff' and other staff provided them with support and advice whenever they needed it.

When we looked at rotas, several shifts for next two weeks had not yet been covered. This meant people didn't always know who would be supporting them. We followed up the rota concerns with the registered manager and deputy manager. They acknowledged currently, they were not able to provide rotas four weeks in advance. They hoped to do so by the end of April, if all newly recruited staff successfully completed their induction.

Concerns were raised with the care Quality Commission (CQC) about the lack of experience and skills of some staff. Two of eight people expressed lower levels of confidence in having newer and agency staff supporting them. One said, "I prefer, where possible, not to have agency staff, as mistakes can be made if they are not familiar with my routine." The service were trying to overcome the person's anxiety by limiting the number of agency staff that worked with them and checking which agency staff they felt most confident with . Other concerns included some staff not being able to drive, or staff who currently didn't feel confident

to drive people's personal vehicles. This sometimes restricted people's their ability to go out when they wanted to. Wherever possible, staff tried hard to work flexibly to minimise these difficulties, so more experienced staff were available for planned trips out wherever possible.

Staff also told us about positive benefits for some people of changes in the staff team. For example, one person previously was reluctant for new staff to go in their home, but was now much more accepting of meeting new staff. Another person had become much more sociable and now enjoyed spending time in the communal area with other people and staff.

One person we met was concerned that another person living at Windmill Court needed a lot of support at night, and were worried this could reduce staff availability to meet their needs. We followed this up with the registered manager. They said when the person first came to live at the service, they had been unsettled and up a lot at night and needed extra support. However, since then, the person had established a more active day time routine, and was now more settled at night. This was confirmed by recent entries in their care records.

Two people were involved in recruiting new staff, which meant they had more say in choosing their support staff. At a tenants meeting in January, people discussed what qualities they wanted in a care worker. Several people stressed the importance of staff supporting them being able to drive. One person said they chose one applicant because of their previous experience. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role. This included undertaking a Disclosure and Barring Service (DBS) criminal record check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The risk of abuse and avoidable harm was reduced because staff received safeguarding adults training, and knew how to recognise signs of abuse. There were systems in place for people and staff to report concerns about abuse to staff at Windmill Court. People and staff were aware of how to raise concerns and had no hesitation in doing so. The provider had safeguarding and whistleblowing policies in place. These included contact details of for external agencies and more senior manager within SeeAbility.

Prior to the inspection, two safeguarding concerns had been reported which were still being investigated. The service was working in partnership with external agencies. An investigation report by regional manager into one of the concerns raised was detailed and thorough. Where areas of poor practice were identified, further actions were identified to address them. For example, providing additional staff training and involving the person in decisions about their staff team. This showed the persons concerns were being listened to, lessons were being learnt and plans made to protect them.

Personalised risk assessments included a detailed assessment of each person's needs and the steps staff needed to reduce risks as much as possible. For example, we followed up concerns raised about staff skills in supporting people with swallowing difficulties and choking risks. We looked in detail at the care of a person with choking risks. We found the person had been assessed by a speech and language therapist, who identified ways staff could minimise risks for the person. The person had a detailed care plan for staff about preparing their food to a smooth consistency and importance of positioning when eating. All care staff, including agency staff, had undertaken training in managing these risks. The service used a 'mealtime mat' visual reminder for staff about how to safely support the person at mealtimes. At lunchtime, an agency staff member demonstrated they had a good knowledge of how to care for the person. They supported the person to eat their lunch in accordance with their risk assessment and care plan.

People received their medicines safely and on time. Detailed assessments made clear what level of staff support people needed with their medicines. For example, all staff were trained in medicines management and had competency assessments to check their skills and knowledge before they could administer medicines.

Most people's medicines were in monitored dosage systems (MDS) to reduce the risk of incorrect medicines being taken. Medicine administration records (MAR) were fully completed and confirmed when medicines had been given. MAR sheets were audited daily. Where any errors, such as gaps in signatures were identified, these were addressed with individual staff.

People and staff also described how, on a few occasions recently, there was only one member of staff on duty who was trained and competent to administer medicines. This meant a person couldn't go out, as the staff member needed to be available at Windmill Court to give other people their medicines. This was being addressed through training all new staff in medicines management.

Accidents and incidents were reported and monitored to look for trends and identify any further changes to prevent recurrent risks. Where mistakes occurred, staff were open and honest with people and relatives and the steps being taken to improve and ensure lessons were learnt. For example, following a medicines error, further areas for learning and improvement identified by introducing two staff checking and signing people received their medicines.

People were protected from cross infection. Staff had completed infection control training. Protective clothing gloves and aprons were provided for staff use when providing personal care.

Good

Is the service effective?

Our findings

People received effective care and treatment from staff who had the relevant qualifications training and competencies needed to meet their needs. For example, with personal care, moving and handling and in relation to their visual impairment. A positive response was received to the survey questions about the skills of staff and about choices.

When we visited, six new staff were undergoing a two week induction period before they started working on their own with people. They worked alongside experienced staff to learn about how to provide care to meet each person's individual needs. The service had an induction pack for agency staff which provided them with key details about each person and the service. New care workers were supported to complete the 'Care Certificate.' The Care Certificate is a set of standards that social care and health workers are expected to adhere to in their daily working life.

Staff training included first aid, fire safety, moving and handling, food hygiene, safeguarding vulnerable adults, and the Mental Capacity Act (MCA). The training included assessment booklets to test staff knowledge and understanding. Staff also received additional training relevant to people's individual care needs. For example, , training in supporting people with sensory impairment, positive behaviour support, managing choking risks and use of emergency medicine, if needed, for a person with epilepsy.

A professional raised a concern about some staff not correctly followed a person's guidelines on the use of their mobility equipment. They said the issue was dealt with as soon as it was raised. Following this, the professional provided additional support and training, so newer staff understood how best to support the persons' mobility needs and use their specialist equipment correctly. Similarly, when concerns were raised about skills and training of agency staff to support people with choking risks, the registered manager worked with the relevant agencies to ensure those staff received the appropriate training.

We followed up concerns raised by two staff about delays in training staff in moving and handling and medicines management. The registered manager said staff at another SeeAbility location in the area had provided additional assistance because one of their moving and handling trainers was not currently available to work. They explained some new staff had to wait a few weeks for the next available medicines theory training course. New staff were completing this course the week of the inspection. The registered manager said, as soon as the trainer sent confirmation those staff had successfully completed their theory assessments, local staff would begin their practical training and competency assessments. They anticipated all new staff would be able to administer medicines within a few weeks. In the meantime, the service ensured there were always staff on site who had the relevant skills and were available to assist newer staff.

Senior staff did observation supervision visits whereby they worked alongside staff supporting people in their own home. This meant they could monitor staff had the relevant experience, skills and attitudes to support people living at the service. Records of regular supervision meetings showed staff received feedback, had the opportunity to discuss any concerns and identify additional training needs.

People were supported to see appropriate health and social care professionals regularly to meet their healthcare needs. However, a professional also said recently, some people had not attended their therapeutic appointments. Each person had a health action plan about their medical and health needs, so staff have the information needed to help them remain healthy and active. For example, an individual mobility plan, which included a personalised person regular exercise programme and details of any specialist equipment and moving and handling needs.

A 'hospital passport' provided key information about each person, their communication and health needs, in the event they needed a stay in hospital. Communication passports outlined how people may express their feelings, including pain. These enabled staff to identify and respond appropriately to each person's well-being.

Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. , For example, what time they wanted to get up, what to wear, what they wanted to eat and how they wished to spend their day. People's individual wishes were acted upon.
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. A relative said, "They keep us informed and ask for our suggestions."

Care records included next of kin and power of attorney details so staff knew who person wanted them to keep in contact with. Where people lacked capacity, relatives and other representatives were consulted and involved in making decisions about the person's care, along with other health and social care professionals as appropriate. For example, a relative explained how staff involved them in a best interest meeting about the decision use of a monitor to keep an eye on the person overnight, in their best interest. This was so they were aware if the person experienced a seizure. During the day, when the person had staff support, the monitor was turned off to maintain their privacy. Their relative said, "Staff are very mindful of his liberties."

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 and care plans included details of food likes and dislikes. At lunchtime, there were wonderful smells of food cooking. A health professional praised the efforts of staff to support people to make home cooked meals.

A staff member showed us how they prepared a pork casserole for the person, and blended it to a pureed consistency suitable for them. Another person's care plan showed they had a limited ability to recognise when they were hungry or thirsty. This meant staff needed to offer the person regular meals and drinks to keep them healthy. Where any nutrition or weight loss concerns were identified, staff sought professional advice on how to manage them.

Good

Is the service caring?

Our findings

People were supported by staff who provided person centred, kind and compassionate care. They said the best thing about the service was the support they received from staff to live independently. One person speaking about a new member of staff who was supporting them said, "We are getting on well together." A relative said staff seemed to understand the person's needs and moods. Another relative said, "Staff give 110%, it's a really happy place, staff have been like a second family to him." A professional described the warm and friendly atmosphere at the service where "everyone is included and encouraged to have a voice about the service."

Staff spoke with compassion and respect about the people their supported. They spoke confidently and compassionately about people's specific needs and how they liked to be supported. Staff were respectful in the way they spoke with people and listened to people's views and requests.

People socialised with one another and staff and there was lots of fun and laughter. Throughout our two day visit we saw staff involving people in their care. They allowing people time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word.

People said staff treated them with dignity and respect. They provided examples about how staff tactfully offered support with personal care, to maintain their dignity and put them at ease. Staff maintained people's privacy and independence during personal care. For example, by prompting a person to do as much as they could for themselves and only assisted them with areas they had difficulty with. One person showed us how they used an electronic system so they could let staff and visitors into their home.

Staff sought out opportunities to praise people. They told us how a person loved learning about different languages and cultures and were currently learning Japanese. They told us how another person had been awarded Exeter City Football Club supporter of the year, for going the extra mile in support of their club.

Each person had a care and support plan which had been developed with the person, a relative or others who knew them well. These were reviewed and updated regularly with the person during review meetings and when their needs changed. A relative described how staff had involved family members and sought information about the person's life, hobbies and interests. Staff were maintaining a diary for another person, so their relative could read about how they were getting on and what they were doing each day.

The provider information return showed staff undertook dignity training and senior staff gave staff feedback on dignity issues. We spent time with a person in their flat at lunch time. A staff member carefully described to the person what was for lunch and where their food and drink was located on the table in front of them. This prompted the person to reach out and eat their food independently. Previously staff said they regularly had to feed the person when they first came to live at the service. After lunch, they took the person's arm and guided them with verbal prompts to navigate their way to the sink with their cutlery and crockery. They praised the person's efforts, who responded positively and said "thank you."

As part of the local authority review of each person's needs, the service had arranged for an independent advocate to represent four people who lived at the service. The advocate accompanied the person and speaking up for them at review meetings to ensure their wishes were taken into account and their rights upheld. Family members supported other people through the process.

People's rights to a family life were respected. Staff supported people to keep in contact with their family and friends and helped people make visitors to their home welcome. A relative said they liked to help with the person's care and popped in regularly and were always made welcome.

People's equality and diversity was recognised and respected. For example, each person had a detailed communication plan which included their sensory needs, and verbal and non-verbal communication skills. For example, vocal sounds or gestures and what they meant. A relative said new staff were learning to recognise the person's vocal sounds, what they meant and were reacting appropriately. One person's communication plan said, "[person] can communicate verbally, and will respond if you speak softly and clearly." Where a person had hearing loss in their left hear, staff were instructed to speak to the person in their right ear.

Good

Is the service responsive?

Our findings

People received a person centred service that was responsive to their needs. One person said, "Staff go out of their way to support me in what I want to do." Another person said, "I love living here, I love the support." A relative said they were "very impressed" when they visited recently. They said staff knew about the person's care needs and were looking after them appropriately. The relative of another person who had recently moved to Windmill Court said, "Staff have done really well." They described how staff were working with the person, to help them become more independent. A professional spoke about strong focus on offering each person choice and enabling them to live as independently as possible.

A relative said the person struggled with the reduced support hours initially. The person disliked spending time in the flat on their own and didn't like staff saying goodbye. To overcome this, they agreed with staff the person was transferred to their electric wheelchair, before they left and their flat door was left open during the day. This meant the person could access the communal area independently whenever they wanted company.

Before people received a service an assessment of their needs was carried out and a care plan was drawn up and agreed with them. People's care plans and risk assessments were detailed and personalised about their individual needs. For example, how the person expressed their feelings and what was important to them. One person's care plan said, I like to look good and smell good, and I don't like to be bored. I have an infectious laugh."

We looked at how the provider complied with the Accessible Information Standard (AIS). This is a framework put in place from August 2016 which made it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

SeeAbility had an Eye Care and Vision Charter which assessed each person's individual needs in relation to eye care and vision. Detailed instructions were provided to staff about how best to support the person. For example, to speak with the person as they approached, as person could recognise and respond to familiar voices. Also, that the person was sensitive to bright lights and needed to wear anti-glare glasses in brightly lit areas. For a person who was registered blind, information was provided in Braille. Information was also provided for people in audio and easy read formats and was available in other languages.

People contributed to day to day household tasks. For example, cooking, cleaning and doing their laundry and grocery shopping. A member of staff sought advice about how to manage an issue with a person that made them uncomfortable. The deputy manager advised them to use positive communication techniques to remind and re-enforce acceptable boundaries and behaviours with the person.

People were part of their local community and used local shops, cafes and pubs. One person went swimming regularly and attended a 'five till nine' club locally. Another person was learning to use public transport with staff support. In the provider information return, the registered manager outlined how staff had supported a person who wanted to play Bingo to access their local club. Staff worked with the service to

ensure staff could support the person with their personal care needs during their visit.

Staff had worked with Motability (a voluntary sector transport organisation) to arrange a vehicle for a person who was a wheelchair user. This had increased their independence and make it easier for them to access their local community. The person was about to start using a local hydrotherapy pool. Hydrotherapy is a therapeutic treatment that involves moving and exercising in water.

Staff supported people with their hobbies, and was trying to match them with staff who shared their interests. For example, one person shared a passion for football with their support staff. The staff member was supporting them to book a trip to Wembley to watch a premiership game. They were discussing with them booking a wheelchair accessible seat and choosing suitable overnight accommodation. Another person was passionate about music, and did a talk about music for others and staff once a week. They showed us their phonograph, (a device that came before the introduction of a gramophone). The person was a member of the South West phonograph society and enjoyed attending regular meetings with staff support.

The service had a written complaints policy and procedure and information was given to people about how to raise a complaint. This included contact details of the registered managers and more senior managers within SeeAbility. Also details of other organisations people could contact if they were dissatisfied with how their complaint was being dealt with by the service. People confirmed they had been given complaint information and two people demonstrated they knew how to raise concerns or complaints. People were asked if they had any concerns at individual review and were reminded of the complaints process at a tenants meeting in January.

Where concerns or complaints were raised, there was evidence they were investigated in detail with actions taken to address areas for improvement. For example, in relation to moving and handling and standards of personal care. One person said, previously, they had raised a concern about a staff member. They confirmed the concern had been dealt with this and the staff member no longer supported them. Another person voiced concerns about the impact of staff changes and high turnover of staff on their wellbeing and the quality of their care. The registered manager and staff had worked with them to address their concerns, but currently they felt the concerns had only partly been dealt with. So, they had raised their unresolved concerns with a more senior manager within SeeAbility. So far, they said they were satisfied with the actions being taken and were awaiting a further response. This showed people knew how to use the complaints process and felt confident to do so.

A 'when I die' care plan captured people' views about resuscitation, the withdrawal of treatment and preferred funeral arrangements. This gave people the opportunity to let other family members, friends and professionals know what was important for them in the future, when they may no longer be able to express their views. A person had recently suffered a bereavement of a close family member. Staff discussed with the family whether in was in the person's best interest to attend their relatives' funeral. They sensitively supported the person to do so and their relative praised the way staff had supported them.

Good

Is the service well-led?

Our findings

The service was well led and had robust systems in place to monitor the quality of care and continually improve. One person speaking about the organisational changes said, "The staff team are getting more settled, we are not there yet but we are getting there." At the January tenants meeting, a person commented they were feeling happier and said staff morale had improved. A relative said, "Communication is very good, they tell me what is going on and let me know about any problems." Another relative said, "[name of registered manager] is on the ball, she gets any issues dealt with."

A staff member responding to our survey wrote, "Devon support services works hard to ensure that the lives of the people we support are supported in a personalised way, that lets them take control. It as a warm and friendly atmosphere, everyone is included and encouraged to have a voice about the service."

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.

Since 2017, the registered manager had been managing two locations, Windmill Court in Honiton and another service in Exeter. They worked two days a week at each service and the fifth day flexibly according to need. They were supported by a full time deputy manager at Windmill Court who worked half of their time in care and rest working in care, including working alternate weekends. The registered manager was in daily contact with Windmill Court by telephone and e mail. Senior staff provided out of hours on call telephone support. This meant there was always management support available to staff.

A professional who was involved in the local authority review praised the positive approach of the registered manager and senior staff. They said they worked in partnership with people, families and the local authority. They said they were open to trying new ideas and ways of working. However, they said previously, in April 2017, a number of the previous staff team had been resistant to change, they said changing ways of working was "a big struggle."

Staff from human resources, learning and development and the regional head of operations of SeeAbility had provided and were continuing to provide additional support to staff and the registered manager during the changes. For example, with recruitment, training, coaching on managing change and staff performance. The regional head of operations expressed confidence in the leadership of the registered manager. They said, "She has managed the service through some really difficult times."

SeeAbility set clear expectations of roles and responsibilities of staff and the standards expected in a staff code of conduct. 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.

Staff described a "positive atmosphere" and said there was lots of enthusiasm within the new staff team.

Areas for improvement they identified included making sure new staff were trained as quickly as possible. Also, making sure new staff were supported and resolving any issues quickly so new staff stayed.

Once they had a full staff team, the registered manager planned that each person would have two or three regular care workers for continuity. They said, learning from previous experiences, they wanted to avoid people having a dedicated team. Instead, all staff would have the opportunity to work with each person and get to know them. This would increase flexibility of staff to respond to people's need and minimise impact of staff sickness or a member of staff leaving on individuals.

People's and relatives views were sought as part of the quality assurance process to make improvements to the service in a variety of ways. These included annual surveys, tenants meetings, care reviews and through the complaints process. The most recent survey showed people's overall satisfaction levels had improved but could improve further. Average scores were 3.7 out of 5, up from 3.19 out of 5 in 2017.

People and relatives praised the support they received from staff to live as independently as possible. Key areas for improvement included people identified included having a staff team they knew and the need to feel more in control of their own care arrangements. Another area they identified for improvement was more communication between management and people. Two people were working with the registered manager to develop an action plan in response.

SeeAbility had used the Department of Health 'Working Together for Change' to support the changes in a person centred way. This approach uses practical guides for planning change with people. For example, by focusing on working with people to identify improvements that really matter to them. Also, using practical tools to support people to become more independent, record and celebrate their achievements. They also used the 'Think Local Act Personal' (TLAP), Making it Real good practice scheme. This is a set of statements from people who use care and support services about what they would expect, see and experience if personalisation is real and working well in a service.

For example, at the last tenants meeting in January, people discussed a new care plan format people had been involved in developing, which described the standards they expected from staff. These included that everyone should be involved in recruiting their own staff and know who was supporting them each day.

SeeAbility had a forum for people to influence service development and raise issues. A person living at Windmill Court attended to represent people's views. For example, at the next meeting people were meeting suppliers as part of making decisions about introducing digital care and support plans.

Each morning and evening, staff had a handover meeting where relevant information about each person's needs were communicated. Communication books and daily diaries were also used to pass on information between staff. For example, in relation to people's health appointments.

Staff could influence decisions being made about the day to day running of the service. For example, the minutes of a staff meeting in January, showed there were ongoing discussions about trying out different staffing rotas. This was to ensure core hours were used as flexibly as possible and ensure people received their one to one support hours at time convenient for them.

The service used a range of quality monitoring systems such as audits of care records, medicines management, accidents/incidents and complaints. Action plans showed the service made continuous improvements in response to their findings.

For example, following a care record audit, staff were asked to write more information in people's care records about their emotional wellbeing. Other improvements planned included the introduction of monthly workbooks to help people and staff identify short term goals and objectives they were working towards for the forthcoming month.

The registered manager monitored that people received their support hours. Where there were any shortfalls in one to one support because of staffing difficulties, for example, due to staff sickness, the person received support from the 'core team.' The one to one support hours were then carried forward to the following week and paid back to the person. The registered manager also monitored staff hours worked, to ensure staff were not working excessive hours over long periods.

The regional head of operations visited the service several times a month to provide support and advice and talked to people, staff and registered manager and deputy manager. They also carried out quarterly audits and checked on progress of any improvement actions identified at the previous audit. For example, in relation to improvements in medicines management. The service had introduced the use of an evidence based tool to monitor, promote and support people to participate in community activities.

In the provider information return, the registered manager outlined ways in which they kept up to date with development in practice. For example, through researching good practice ideas via the Social Care Institute for Excellence. They also participated in the Devon Provider Engagement Network (PEN) and through this received information, invites to training events and network meetings. Within SeeAbility staff and management had opportunities to keep up to date with developments and share good practice through team meetings; regional management m and conferences. A SeeAbility newsletter shared good practice stories and celebrated people's achievements.

The registered manager had notified the Care Quality Commission (CQC) about significant events. We used this information to monitor the service and ensure they responded appropriately to keep people safe. The provider had displayed their previous inspection report in the home, and on their website in accordance with the regulations.