

The Royal School for the Blind

# SeeAbility Redhill Support Service

## Inspection report

Tudor House  
Harvey Road  
Redhill  
RH1 4EA

Tel: 01372671729  
Website: [www.seeability.org](http://www.seeability.org)

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25 April 2023

28 April 2023

02 May 2023

03 May 2023

09 May 2023

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23 June 2023

## 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

SeeAbility Redhill Support Services provides support for autistic people, people with learning disabilities, physical disabilities or mental health needs. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

At the time of this inspection, the service was providing support within the regulated activity of personal care to 20 people across six 'supported living' settings. The settings included accommodation in small, shared houses and small blocks of flats.

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

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.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** people were encouraged to learn new skills and do things that were meaningful and excited them. There were always enough staff on duty. Staff worked flexibly to ensure people were supported by suitable staff and able to lead the lives they wanted.

People experienced choice and control over their lives and their individual communication methods were understood and respected. People were supported to maintain and improve their physical and mental health.

**Right Care:** people were supported by a team of committed, kind and caring staff. Staff supported people with skill; always upholding privacy and dignity. Staff recognised the subtle signs that people were anxious and distressed and worked collaboratively to care for them. Staff had a good understanding about how to safeguard people and were committed to upholding their human rights. Risks to the health, safety and well-being were identified and mitigated.

**Right Culture:** The atmosphere across the service was relaxed and friendly with lots of fun and laughter being shared. Positive relationships between people and staff had been developed that were based on trust and respect. People and relatives were confident to raise concerns or suggest changes for the service as well as to the way they received support. Staff enjoyed their work because they felt valued and supported by the

management team. Leaders role modelled the values of inclusivity and promoted personal growth and professional development which was reflected with the way staff provided support to people. Quality assurance processes facilitated continuous improvement. Learning was shared from within and outside the organisation and community contacts were well established.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

**Rating at last inspection** This service was registered with us on 18 January 2022, and this is the first inspection.

The last rating for the service under the previous provider was Good published on 13 February 2019.

#### Why we inspected

This was a planned inspection to provide a rating for the service following its re-registration.

We undertook this inspection to assess that the service is applying the principles of right support, right care, right culture.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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 Redhill Support Service

## **Detailed findings**

### Background to this inspection

#### 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 Health and Social Care Act 2008.

#### Inspection team

The inspection team consisted of 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service was providing regulated care and support to people living in five 'supported living' settings, so that they can live as independently as possible. People's care and housing were provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the provider 24 hours' notice that inspection activity was commencing. This was because we

wanted to meet with people living in their own homes and we needed to understand people's level of capacity to be able to consent to this.

Inspection activity started on 25 April 2023 and ended on 09 May 2023. We visited the office and settings where people lived on 2 May, 3 May and 9 May 2023.

#### What we did before the inspection

We reviewed information we had received about the service and sought feedback from the local authority and other professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We visited the five settings where people received a regulated activity to meet with people and observe their interactions with staff. We observed medicines being administered to 3 people. During the course of our inspection activity, we spoke with 16 people and made telephone calls to 8 relatives to get feedback about their experiences of using the service. We also met with 9 members of staff, including the registered manager and the two deputy managers (the management team).

We reviewed a range of records. This included 6 people's care records and 3 medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, rotas, the training matrix and meeting minutes.

#### After the inspection

We continued to seek clarification from the provider to corroborate our findings. We also spoke with our colleagues in partner agencies to ensure appropriate safeguarding measures were in place.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their families expressed that they felt safe with staff. One person told us, "Oh yes, I feel very safe with staff." Likewise, relatives consistently told us that they felt their family members were safe. One parent told us, "Yes definitely, I have no worries at all."
- People were observed to be at ease in the company of staff and actively sought them out for reassurance when they felt anxious or unsure.
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. One staff member said, "Safeguarding for me is being vigilant and noticing the subtle changes in people's behaviour or things they say." Staff were able to confidently describe the different types of abuse and how to report concerns.
- There were appropriate systems in place to protect people from the risk of abuse. Staff had completed both online and face to face training. Staff meeting minutes showed that safeguarding was a standard agenda item at every staff meeting. One staff member told us, "We have had a lot of safeguarding training and we discuss safeguarding at every meeting where we talk through different situations and what we would do." Similarly, another member of staff commented, "We did a safeguarding quiz in one of our meetings and then discussed our answers as a group – it really developed our knowledge and understanding."
- There were clear safeguarding policies and procedures in place and the management team demonstrated their knowledge and ongoing commitment to safeguarding people and protecting their human rights.

Assessing risk, safety monitoring and management

- Risks were identified and managed in a way that balanced people's safety and right to independence. The service had been specifically designed to mitigate the risks associated with sight loss.
- People shared examples with us of how staff had supported them to learn new skills and participate in activities whilst keeping them safe. For example, one person said, "I cook my own food, but staff make sure I am safe with the knives." Likewise, another person said, "I need staff to help me when I go outside the house, so I just ask them, and we go together."
- Relatives told us they thought risks to people were managed well. For example, one family member told us, "Yes, they keep him safe. He is checked several times in his flat and staff are always with him when he goes out." Similarly, another relative said, "Definitely safe. He feels very secure and connected with staff. They understand his abilities, his emotions and what he wants."
- Staff understood the risks associated with each person's care and talked confidently about the things they did to keep people safe. For example, one staff member told us, [person's name] has a scooter and he's very good at using it, but he's also very easily distracted. So, staff supporting him have to be his eyes, particularly at junctions and looking out for potholes and people on the pavement." A detailed risk assessment and support guidelines outlined what staff should do and staff confirmed they shadowed other staff supporting

this activity before being the person's designated 1-1.

- Staff knew how to safely support people in the event of an emergency, and each person had a Personal Emergency Evacuation Plan (PEEP) which reflected their risk comprehension, mobility and level of sight loss.

#### Staffing and recruitment

- People and relatives told us they always received the right support from staff and staff were there when they needed them. One relative confirmed, "He seems to get the right care and goes out a lot."
- Staff told us appropriate staffing levels were maintained and the allocation of staff rotas was organised carefully around people's needs and activities.
- Records showed that each person had a weekly breakdown of their care hours and the times they needed their support. This information was then used to formulate the rota for staff. It was evident at each of our visits that staff people's 1-1 support was always allocated in accordance with what had been agreed with commissioning bodies.
- Staff were recruited safely, and appropriate Disclosure and Barring Service (DBS) checks, and other relevant recruitment checks were completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were stored and administered safely, and there were good systems in place to ensure people received their medicines as prescribed. One person told us, "I always get my medicines on time, I can set my watch by it." Likewise, a relative commented, "He has a lot of eye drops at regular intervals during the day. Staff do it. They don't appear to miss any."
- Each person had an individualised medicine plan which helped people to understand what medicines they were being supported with. We observed 3 people being administered their medicines and staff followed the person's care plan and best practice on each occasion.
- People were actively encouraged to be involved in the management of their medicines. For example, staff took the time to support people to recognise their medicines and count their tablets each day.
- There were clear guidelines in place for the use of occasional (PRN) medicines and staff ensured the administration of any short-term medicine was properly documented.
- Managers and staff demonstrated commitment to the principles of STOMP (stopping over-medication of people with a learning disability, autism, or both) and ensured that people's medicines were reviewed by prescribers and where possible reduced in line with these principles. One person had recently been successfully supported to stop taking a medicine that had previously been prescribed to help them manage periods of increased anxiety.
- Staff were trained, and competency checked prior to handling medicines and demonstrated confidence in the way they managed and spoke about people's medicines.
- Staff completed Medication Administration Records (MAR) following the administration of medicines. MAR were regularly audited, and lessons learned on the few occasions where mistakes had been made.

#### Preventing and controlling infection

- The service had appropriate systems in place to manage infection control and staff confirmed they had continued access to a good supply of personal protective equipment.
- People were encouraged to take an active role in keeping their homes and belongings clean and told us staff supported them to do this appropriately.
- Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination.



### Learning lessons when things go wrong

- The management team had created a culture of reflective practice in which staff confirmed they felt supported and empowered to learn from their mistakes.
- Incidents and accidents were routinely reviewed internally and externally, with areas for learning discussed both at management and staff level. For example, following a few mistakes in the administration of medicines earlier in the year, the team had openly discussed what had gone wrong and devised new systems for reducing the risk of errors going forward. We observed these new systems being followed and staff confirmed they were working well.
- People, staff and managers attributed the low number of behaviour-based incidents to the fact that staff followed the guidelines in place so well.

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. 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 and their representatives consistently told us they received support that met their needs and respected their choices.
- People's needs had been comprehensively assessed and compatibility with other people had been a key consideration in how the settings had been designed. The success of these assessments was evidenced by the positive relationships observed, development of people's skills and the lack of incidents caused by unmet needs.
- Care records evidenced people's needs and choices were continually reviewed, and information used to appropriately plan their care in line with principles of best practice and promoting independence.

Staff support: induction, training, skills and experience

- People and their relatives were consistently positive about the staff who supported them. One relative commented, "The staff are great, I trust them, they are amazing."
- Staff received training that provided them with the skills needed to deliver high quality support. All staff had completed a bespoke course in 'sight guiding' to ensure they were competent in supporting people with sight loss safely in the community.
- Staff received specialist training enabling them to meet people's individual needs. For example, staff had recently completed Positive Behaviour Support (PBS) training to ensure staff felt confident to manage the complex needs and behaviours for one person in a consistently safe and effective way. One staff member told us, "The PBS training meant that we could continue to support [Person's name] without being fearful that we'd get hurt or he'd place himself at in the community." Records further demonstrated that the level of incidents involving this person had significantly decreased and they were now living a more fulfilling and active life.
- Staff confirmed that when they first joined the service, they had spent a lot of time reading care plans, getting to know people, and working alongside more experienced staff. New staff were also supported to complete the Care Certificate (or Care Certificate Experience) which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- Regular individual and group meetings with staff were used to carry out a knowledge checks and develop staff skills in accordance with best practice. Managers and staff repeatedly praised the support they received from their leaders.

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

- People were actively involved in the planning and preparing of their meals and support was tailored according to their individual needs and preferences. One person told us, "I plan my meals on a Sunday and

then go shopping with staff to buy everything on a Monday."

- Relatives praised the way staff had supported people to achieve and maintain a healthy diet. One family member told us, "He has good food, prepared fresh and done from scratch."
- People were supported effectively to ensure risks around food and mealtimes were managed in a way that promoted people's independence and inclusivity. Staff gave examples of the creative ways they involved people in meal preparation. For example, one staff member told us, "[Person's name] really wasn't interested in cooking, but he loves a gadget, so we are able to get him involved in preparing his meals by asking him to press all the buttons and controlling the extractor fan."
- Staff had a good knowledge of people's dietary preferences and encouraged people to make healthy choices, whilst still enjoying their favourite food. The management team highlighted that they had arranged for a nutritional specialist to come and speak with people and staff about healthy eating and how this had facilitated discussions with people about how to make better choices. One person talked excitedly to us about how they had changed their meals to maintain a healthier weight.
- Care records outlined people's nutritional needs, detailing dietary and cultural preferences to ensure support was appropriately tailored to the individual. One person didn't eat meat for religious reasons, and this was clearly documented, and all staff spoken with were aware.

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

- Staff supported people to maintain good physical and mental health. People's representatives spoke positively about the way staff and managers had managed people's medical needs and engaged with other professionals. One family member told us, "He has annual health checks, and his hospital appointments are shared between us and staff. They are very good."
- Staff recognised and responded quickly to signs that people were anxious or distressed. This effective management of people's emotional needs had in turn reduced the number of incidents associated with people feeling anxious or frustrated.
- People had personalised health passports which were used to share key information about their health and support needs with other professionals.
- Staff worked effectively in partnership with other healthcare professionals. A close working relationship between staff and the local diabetic nurse had prevented the need for a person to be prescribed insulin in the management of their diabetes. Similarly, staff championed the need for people to get good eye care. When it was felt one person wasn't get the most from their eye checks, their keyworker arranged for them to attend a specialist ophthalmology clinic and then shared the details with the rest of the team.

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 MCA 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

No one was currently being deprived of their liberty and we checked whether the service was working within

the principles of the MCA.

- Staff worked collaboratively with people in a way which effectively balanced their safety and independence. One relative told us, "[Person's name] is very much a forward planner and good at making decisions. He wants to know what and when and staff facilitate this and so he is very much in control."
- Managers and staff had a good understanding of the principles of the MCA and ensured any restrictive practices were both necessary and kept under continuous review. The registered manager told us, "We don't have any current restrictive practices in place. We previously had a plan in place for one person to receive covert medicines, but they now understand we give their medicines in food and is able to consent to that."

# 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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported by a team of staff who showed genuine kindness and compassion towards them. We observed many interactions that demonstrated the positive relationships people had with both staff and each other.
- People told us they could talk with staff about anything, and this was reflected in the open conversations that they instigated with the staff that supported them. Throughout the inspection we noticed that people rang or sought staff out to ask questions, share news and celebrate their success of the day.
- People's representatives echoed that staff treated their loved ones well. One family member commented, "The staff team are absolutely magnificent, they care about the residents, how they live and what they do." Likewise, another family member told us, "They are very caring and compassionate. For example, she lets things build up and starts worrying, so staff always give her a chance to talk."
- Staff and managers had created a culture of acceptance where people were celebrated as individuals and their differences were respected. Monthly informal meetings were used effectively as a way of discussing topics and encouraging people to talk openly about subjects they may have limited knowledge about. For example, at one meeting staff supported people to discuss what discrimination and LGBTQI+ meant to them and ask questions in a safe space. When people were what they had learned, one person said, "We might be from different places, but we are all the same" and "To treat people differently is discrimination."

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

- People were respected as partners in their care and included in making decisions about their lives. When we asked if people could make their own choices, one person told us, "Of course, it's my life!" Similarly, we heard a person say to a staff member, "I don't want to go to choir tonight, I want a night in." After checking that the person was feeling ok, they told them, "That's absolutely fine, it's entirely your choice how you spend your evening." Another person who had overheard this conversation added, "It's ok to stay in sometimes, we like our jim jams (pyjamas) in this house!"
- People's relatives repeatedly echoed that their loved ones were able to lead their lives as they wished to. One family member told us, "They are so respectful and always tell them; it's your choice"
- Staff spent time encouraging people to express their views and where needed used additional communication methods to enable people to express their choices. For example, some people used pictorial aids to help make choices about food and drink.
- Care records included the level of participation that people had had in developing the various parts of their support plans and provided clear guidance to staff on how each person wanted to be supported. For example, one person used to drink a lot of fizzy caffeinated drinks throughout the day. Staff had explained the health risks of this and then worked with the person to find a solution that they were happy with. The

person's keyworker confirmed, "He now buys cans of drink and knows he can choose when to have a can each day. Usually, he likes to put a can in the fridge at 10am and have it with lunch."

#### Respecting and promoting people's privacy, dignity and independence

- People were supported to continually strive to achieve their own levels of maximum independence. Each person had their own set of short- and long-term goals which outlined how this would be achieved. Staff talked confidently about people's goals and what they did to help people achieve them.
- People and staff spoke proudly of the life skills people had achieved. One person who we had met at a previous inspection who had then told us that cooking was the staff's job commented, "I like cooking now. I helped make the dinner tonight and on Monday baked blueberry muffins."
- One staff member described how a person would previously only change their clothes when they went to stay with their family. Staff spoke to the person's dad to find out how they supported them at home so staff could offer the same support. They then introduced a system where the person would give one item of clothing each night to the night staff who would wash it and have it ready for the morning. This had now progressed to the person wearing different clothes each day and only requiring minimal prompting and support with personal care.
- The visual rehabilitation team had worked alongside the developers of the site to install a sensory trail around the area. On moving in, people had been actively supported to learn how to walk around the area independently. People told us how this had enabled them to go out and about independently and visit friends living in different houses or flats.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 support in a personalised way that met their needs and expectations. One person told us, "The staff help me to live my life, my way." People repeatedly confirmed they were happy with the support they received and enabled to live a good life.
- People received support reflective of their individual needs, choices and personal goals. Staff knew each person well and the support they described reflected the information recorded in people's care plans.
- Staff recognised how people were feeling and were responsive to changes in both their physical needs and emotional wellbeing. Staff explained how they tailored people's support depending on their mood or health needs each day.
- The management team had worked hard to negotiate additional funded hours to enable people to lead happy and fulfilling lives. One staff member told us, "[Person's name] used to spend many days in their flat just thinking and that was not good for their mental health. Together with social services and the Community Team for People with learning Disabilities we have been able to secure increased 1-1 hours and the difference to his well-being and mental health has been massive." We met with the person, and they chatted excitedly about all the new things they did and were involved in. For example, they said, "Staff have helped me to get in touch with my old friends and I bought a bird feeder and it's my job to make sure the birds get fed each day."
- Staff meetings were used as a way to collaborate and share ideas about how to increase people's involvement in their support. We saw how typically staff tasks such as checking people's medicines was now done with people. One staff member reflected, "Counting the tablets has helped people with their numeracy skills as well as teaching them about what medicines they are on."

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 told us they had the opportunity to spend their time as they wished and spoke enthusiastically about the activities they did. One person talked to us about his love of cars and how staff had supported him to buy a pressure washer so he could wash people's cars.
- Relatives repeatedly praised the way staff supported their loved ones to keep active. One family member commented, "I rang twice the other night and there was no reply. The third time I spoke to staff. They were out, at a cocktail party. What staff do with them is so good."
- Staff were creative in the way they encouraged people to do things they enjoyed. For example, one staff member highlighted that they had noticed a person was no longer enjoying the gym because it had got really busy. They knew the person enjoyed the treadmill and swimming so had arranged a spa day so they could try these facilities within a smaller health club setting. Similarly, another person talked

enthusiastically about their personal trainer who now provided them with 1-1 fitness sessions each week.

- The office base had a communal area where both internal and community events were held. People shared how they had particularly enjoyed a meditation session and one person had even gone on to purchase their own yoga mat, crystals and singing bowl so they could enjoy meditation in their own flat.
- Staff helped people to maintain relationships that were important to them. People talked to us about their regular visits and contact with loved ones, both in person and over the phone.
- People's representatives were grateful for the way staff had supported people to keep in contact with them. One relative told us, "He has his own car, and his carer brings him to visit us twice a month. We facetime every week. It is very valuable" Another family member commented, "He phones me, staff have set it up so he can just press one button to get through to me, and of course, I phone him."

#### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People had their own communication passports and staff had the necessary skills to communicate with them effectively.
- Information was made available to people in a format that they could understand. Key information was available in large font or pictorial format. Some people used electronic versions of documents so they could use the audio functions on their phones or computers.
- One person regularly accessed books and other reading material via Articles for the Blind.
- Another person shared how they had a stall at a recent community event where they produced people's names in braille.

#### Improving care quality in response to complaints or concerns

- People told us they didn't have any complaints, but they would always raise any issues straight away, knowing concerns would be dealt with. One person said, "I'm really happy here, but if I wasn't then I'd just talk to the staff."
- People's representatives confirmed they had never had cause for concern but would feel comfortable to voice any worries. One family member told us, "I can honestly say there has been nothing." Another commented, "I would firstly call the manager, then go higher until I was satisfied. I have never had to."
- Whilst no formal complaints had been received regarding anyone receiving a regulated activity, the registered manager had maintained a log of any concern raised regarding the service. This demonstrated that all feedback was viewed as part of the ongoing commitment to develop the service.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 repeatedly told us they were happy they felt safe and well-cared for by the staff who supported them. The positive and empowering relationships between people and staff was obvious to see and people received a personalised service which placed them at the centre.
- Relatives echoed people were happy with the service and the support they received. One family member told us, "He has never had better care." Likewise, another family member commented, "Since moving into this shared house he has blossomed."
- The culture was open, and people were empowered to have choice and control over both their daily lives and played an active role in the development of both the service and wider organisation. People were involved in the recruitment of staff and had recently enjoyed arranging a secret party with one of the managers to say thank you to the staff team.
- Staff felt valued and recognised in their roles. One staff member staff old. "I love working here. It's a really inclusive place to work that respects everyone whether they work here or live here."
- Managers and staff expressed that senior leader displayed the same values as their own. One staff member told us, "The CEO has a very clear vision of inclusivity – no unnecessary signage and respecting people's homes."
- Staff had completed a 'Quality of life' training session in which the principles of active support were shared and discussed. The management team had followed this up with reminders of how to implement this learning in practice. Staff reflected, "We always stop and think before a task – considering if this was something the person could be doing themselves?" Likewise, support was planned around people and their lives. One staff member highlighted, "People go out when they want, there's no bedtimes or times to be back because of staff shifts. Support hours are allocated to what people are doing and need."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People told us managers and staff engaged with them about every decision that affected them.
- People and their representatives had ongoing opportunities to both formally and informally share their views with staff and managers in a way that enabled them to influence the running of the service. For example, individual and group meetings were held, in addition to satisfaction surveys. Minutes from these meetings were evaluated to ensure actions were completed.
- Daily handovers and regular staff meetings were used to ensure that staff were kept up to date with changes at the service and delivered care in line with best practice.

- The changes at both provider and manager level had been managed well and facilitated continuous improvement of the service people received.
- SeeAbility had a range of systems in place to support their staff which in turn promoted positive support for people. Well-being coaches had been introduced to support colleagues with their mental health and the provider had obtained accreditation as a 'Mindful Employer.'
- Staff reported that the development of a Black Lives Matter/Diversity Group and an LGBTQI+ Group alongside the introduction of a menopause champion for the service had enabled staff to bring their whole self to work.

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

- The new registered manager had integrated well with the two deputy managers forging a strong management team which celebrated the skills each member brought.
- People, their representatives and staff praised the management team, both collectively and individually. Speaking of the registered manager, one relative told us, "She is very good, she is easy to speak to." Likewise, a staff member told us, "The managers are real team players. We share ideas, they listen – there's total respect for everyone."
- The registered manager had effective oversight of what was going on within the service. They understood their regulatory responsibilities and were proactive in the way they engaged with stakeholders.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The management team had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.
- The law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager understood their responsibilities in respect of this.
- Staff described culture a culture of transparency and openness. Staff repeatedly confirmed that they felt able to share their mistakes, knowing they would be supported and not blamed.
- At both provider and management levels, an open and transparent approach was promoted which ensured people were treated with respect and honesty. All feedback was viewed constructively as a way of driving forward continuous improvements.
- There were processes in place to monitor incidents and events that occurred within the service. When incidents and accidents occurred, these were reviewed and learning shared.

Working in partnership with others

- Managers and staff had positive relationships with healthcare professionals and worked in partnership with them to improve outcomes for people. It was evident from discussions with staff and reviewing care plans that specialist advice was sought and reflected in the way support was being provided.
- The service had a clear vision and strategy for community integration which was being actively embraced by people and their neighbours. People chatted excitedly about the Easter market where they had made and sold items to raise funds for outdoor equipment, a jubilee party and a community BBQ had seen people sharing food and drinks with their neighbours. One staff member reflected, "We are slowly building relationships and breaking down barriers."