The Royal School for the Blind

SeeAbility - Woodlands Residential Home

Inspection report

Woodlands
42 Massetts Road
Horley
Surrey
RH6 7DS

Tel: 01293784235
Website: www.seeability.org

Date of inspection visit:
04 May 2016

Date of publication:
01 July 2016

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

Woodlands provides personal care and support for up to seven people who have a visual impairment, but who also may have a range of other conditions such as autism, learning disabilities and acquired brain injuries. On the day of our inspection there were seven people living at the home.

The inspection took place on 4 May 2016 and was unannounced. This was a comprehensive inspection.

The home had a registered manager in place. 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.

We found that policies and procedures were in place to keep people safe in the event of emergencies. Fire drills and fire alarm tests were carried out along with regular audits of emergency and contingency planning.

Before the inspection, we had been notified of medicines errors. We found that people were administered their prescribed medicines by staff who had received medicines training. Medicines errors had been documented with actions taken to ensure that people were safe and to review staff training where errors had occurred.

Staff understood their role in safeguarding people and we saw that incidents were being reported to the local authority where appropriate. We saw that staff had all received training in safeguarding.

People were supported to achieve their goals by the provider's rehabilitation service. This service worked with people individually to identify aims and help them towards living as independently as possible with a visual impairment. People were given support to plan meals, go shopping and prepare meals in the kitchen.

The environment contained assistive technology to assist visually impaired people with a number of activities of daily living.

Staff training was tailored to the individual needs of people who live at the home.

We saw evidence that staff provided care in line with the Mental Capacity Act (2005). Procedures were followed when depriving people of their liberty. Some people have been admitted to the home for support under the Mental Health Act. Staff showed understanding of this.

We saw information in care plans that reflected the needs and personalities of people that we spoke to. People had choice about activities they wished to do and the home encouraged people to pursue new interests.

People were given the opportunity to provide feedback on the care they received through residents meetings and keyworker sessions. We saw evidence that issues raised by people were responded to by management.

Staff told us that they were well supported by management and had regular supervision.

People and relatives told us that they had a positive relationship with the registered manager.

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. Staff understood safeguarding procedures and we saw that incidents were being recorded and responded to appropriately. Risks were being assessed and managed to keep people safe.
Procedures and contingency plans were in place for use in case of an emergency.

Is the service effective?

Good

The service was effective. People were supported by staff who were trained and knowledgeable about their individual needs.
People were happy with the food served at the home and were supported to develop skills in cooking and daily living activities.
Care was provided in line with relevant legislation.
People had Health Action Plans and we saw evidence of healthcare professionals visiting regularly and having input into assessments and reviews.

Is the service caring?

Good

The service was caring. People and staff knew each other well and we observed positive caring interactions throughout our inspection.
People were provided with choices and supported in a way in which maintained their privacy and dignity.

Is the service responsive?

Good

The service was responsive. People and their families were involved in care planning to ensure care was delivered in an individualised way.
People were supported and encouraged to achieve goals through rehabilitation and activities.
Systems were in place to ensure that people could complain.

Is the service well-led?

Good

The service was well led. Staff felt well supported by management and enjoyed working at the home.
The manager put systems in place to ensure people could make suggestions or offer compliments.
Quality assurance checks were being carried out to ensure that

the care people received was of a good quality.

SeeAbility - Woodlands Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 04 May 2016 and was unannounced. The inspection team consisted of two inspectors.

Before this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. 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 potential areas of concern at the inspection.

On this occasion we did not request that the provider completed or returned a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. Instead we sought evidence of the quality of the service during the inspection.

As part of our inspection we spoke to four people who live at the home and one relative. We spoke to the deputy manager and four care workers. The registered manager was not present on the day of the inspection, but we spoke to her by telephone on 13 May 2016.

We looked at five people's care plans, medicines records and the records of accidents and incidents. We looked at three staff files, training and supervision reports and records of quality assurance audits.

We observed care throughout the day. We observed an activity and people preparing and eating lunch.

The home was last inspected in June 2013, when no concerns were identified.

Good

Is the service safe?

Our findings

People we spoke to told us they felt safe at Woodlands. One person said "There are always staff here to help." Another person told us, "I feel safe because they have alarms for fires and people are here at night time." A relative told us, "There are always enough staff around."

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. The deputy manager told us that safeguarding and whistleblowing were discussed at team meetings so that staff had a clear understanding of the procedures and how to report any concerns. People were given information on how to stay safe and how to contact outside agencies if they were concerned about their safety. People had access to advocacy services. Advocates are independent people who can support people to make decisions or to defend their rights.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. For example, one person told us, "I enjoy making a cup of tea in my room." This person's care records contained a risk assessment about them having tea making facilities in their room. We saw risk assessments relating specifically to people's visual impairments as well as regarding activities such as walking or swimming. This showed us that the staff promoted people's choices whilst minimising any risks to their safety.

The care and support offered at Woodlands promoted the safety of people living with visual impairment and the staff who supported them. Staff told us that the provider's rehabilitation team worked with people to help them maintain their safety whilst living with a visual impairment. For example, staff were giving people verbal prompts whenever moving around the home. Staff members explained how they reminded people to say "coming through" when entering rooms to minimise the risk of accidents. All staff made this a part of their day to day practice.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. For example, one person had suffered falls on two consecutive days. The outcome was that staff should monitor the person closely when they moved around. Since staff had been doing this there had not been any further incidents where this person had fallen.

The fire alarm system had been serviced this year and fire alarms were tested weekly. The provider had carried out a fire risk assessment of the premises and a personal emergency evacuation plan (PEEP) had been developed for each person. These give staff the knowledge they need to safely support each person in the event of a fire and how they should be helped to evacuate the home. Fire drills were carried out so that staff and people would know how to react in the event of a real fire. The log of the most recent fire drill recorded that one person had refused to leave their room to evacuate, although their individual evacuation plan stated the person understood fire procedures and would evacuate on hearing the alarm. Since the

inspection the registered manager has sent us an updated PEEP that reflected this person's needs and actions to take in the event of an emergency.

People, relatives and staff members told us there were enough staff working at Woodlands to keep people safe. On the day of our inspection enough staff were present to meet the needs of the people who live at the home. For example, people were supported to prepare meals and drinks whilst some people were taken out throughout the day. Additional staff were arranged on days when people were going out. There were no vacancies of permanent staff at the time of our inspection and staff told us that they occasionally used bank staff to cover absences. The registered manager told us, "We use a care calculator to work out how many staff we need. We review it when new people are admitted or we change activities."

Safe recruitment practices were followed before new staff were employed. Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

Staff administered people's medicines safely. Staff had been trained to manage medicines safely and they were required to pass a competency test and shadow an experienced member of staff before being signed off as competent to administer medicines.

Medicine Administration Records were completed to show that people had taken their medicines and medicines were stored safely in locked cabinets. People's care records contained information on how they liked to take their medicines. For example, one person liked to take theirs with a yoghurt.

People's care records contained information on when to use 'as required' PRN medicines. For example, one person had this as part of their pain management plan. Staff told us that people rarely needed PRN medicines but when they did they would always administer it in line with guidance from healthcare professionals. People's files contained information from the GP about the use of homely remedies such as paracetamol.

Checks were carried out and following a recent medicines audit, staff had started recording the temperature of the medicines cabinets to make sure that medicines remained fit for use. This showed us that the provider looked to improve the way medicines were managed through quality assurance processes.

Medicines policies were in place to protect people from errors in medicine administration. For example, where medicines errors had occurred, staff members were suspended from administering medicines until they had attended refresher training and been signed off as competent to administer medicines.

Good

Is the service effective?

Our findings

People and their relatives spoke positively about staff and told us they were skilled to meet their needs. People told us, "They learned Makaton ready for when (person) arrived." And, "The staff understand what I need."

People's needs were met by staff who had access to the training they needed. One person told us, "It's the quality of the staff that's the best thing." Staff training included safeguarding, health and safety and the Mental Capacity Act (2005). Staff also received training in supporting people with visual impairments. For example, all staff had attended 'sighted guide' training which enabled them to support people safely outside the home. Staff told us that training was individualised to each person. For example, one person came to live at the service who used Makaton. Makaton is a language programme using signs and symbols to help people to communicate. Staff were trained in basic Makaton in order to best support this person. Staff used Makaton to interact with this person during our inspection.

At the time of our inspection three staff were going through the care certificate and the deputy manager said that all staff would complete this qualification. The provider had an in-house learning and development team who oversaw staff training and development. Staff who were completing qualifications told us that they were allocated time in order to study. We observed a senior support worker being allocated time to complete a leadership certificate.

Staff told us they worked well together as a team to ensure people received the support they needed. One member of staff said, "We have a good team. We all help each other out." Another member of staff told us, "I feel part of a team, we all work well together." Daily handovers took place and staff attended regular meetings where they could raise issues. There was a shift plan in place, which ensured accountability for the delivery of care and support on each shift. For example the shift plan identified which member of staff was responsible for supporting people to attend activities or appointments and administering medicines. This demonstrated good communication between staff to ensure that they would meet people's needs effectively.

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

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager

and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. There was evidence that people's best interests had been considered when decisions that affected them were made. Where appropriate, the provider had engaged the support of advocates to support people when decisions were being discussed. For example one person had been supported by an Independent Mental Health Advocate (IMHA) regarding a healthcare intervention. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe, such as being unable to leave the home independently.

People told us that the food at Woodlands was good and people were involved in the sourcing and preparing of meals. One person told us, "The food here is very nice, all the time." Another person said, "Food is good, I cook twice a week and help with the shopping." People were preparing their own meals with support and drinking their own drinks that they had prepared. Staff worked alongside people, with assistive technology, to encourage independence with food preparation.

The kitchen area was designed for people with visual impairment. There were a number of pieces of equipment, such as a talking microwave and level indicators, designed to allow people to use it independently. People were making their own cups of tea using the assistive technology available in the kitchen.

There was further technology throughout the home such as buttons which people could press that would play a recording of who was working that day and what the menu was. People were making use of this equipment and people were in conversation with staff throughout the day regarding plans and menu choices. This demonstrated that staff promoted effective communication with the people they supported.

Staff told us they had all the dietary information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. For example, one person's care records contained information from a speech and language therapist that they required minor support whilst eating and supervision from staff to ensure that they did not eat too quickly. This person was being supported to eat in a way that reflected the advice of healthcare professionals.

Dietary requirements and food preferences were a part of admission assessments and were also reviewed regularly as a part of people's care plans. There was a record of people's allergies in the kitchen and staff used this information to ensure meals were suitable. There were no people with diabetes or pureed diet living at the home when we visited, but staff informed us that this would be taken into account whenever necessary in the future.

Every person had a 'Health Action Plan' which contained detailed information on their health needs and any input from healthcare professionals involved in their care. Care records showed that healthcare professionals were attending reviews and the staff worked closely with people to support them to make choices about their healthcare. For example, one person's care records contained information on investigations they were due to undergo, records showed that the person was being offered information in order to make an informed choice about their treatment. Staff attended clinics with this person which meant that they were able to discuss the choices with them following the appointment.

Good

Is the service caring?

Our findings

People told us they were happy with the care they received. One person said, "They are very nice to me, the staff are always happy." Another said, "They are always very nice to me and patient." A relative told us, "I feel (Person) is really loved there."

Throughout the day staff were having good caring interactions with people. For example, staff would always say who they were when entering a room with people in it and would spend time greeting and speaking to people they had not yet seen. People spoke freely with staff which created a homely atmosphere. A relative told us, "It is very calm there. It's very relaxed and homely."

Staff were knowledgeable about things people found difficult and how changes in daily routines affected them. For example, one person had very set routines and staff were immediately aware that our inspection may cause this person some distress. Staff were able to advise us on how to best approach this person in a way that caused them least anxiety.

Staff created an inclusive atmosphere for people who were new to the home as well as people who had lived at the home for longer. One person at the home was of a slightly different age group to other people. Staff told us they encouraged people to speak to the new person and engage them in conversations. This person had been supported to settle at the home. Both people and staff knew this person and things that they enjoyed. This person's relative told us, "(Person) has fitted in so well there."

There was a focus on supporting people to develop their independence. The provider's rehabilitation team had worked with people on a one-to-one basis to identity and support them to develop their skills. For example the rehabilitation team had supported people to prepare their own meals. The provider had also obtained adaptations and equipment to support people's independence. One member of staff told us, "The residents do independent cooking on their cooking days. They don't need much support now as they have all had training from the rehab team. People cook their own choices." We also saw cleaning rotas for the home where people were involved, based on their level of ability. This showed us that people were empowered by being involved in the daily running of the home.

Staff encouraged people to maintain independence through preparing meals and also through going out. People were able to leave the home where possible. Those who had restrictions placed upon them told us that staff encouraged them to go shopping with minimal restriction to them. One person's care records stated, "Allow (Person) to walk ahead" when being supported in the community. This demonstrated that despite restrictions placed upon them, this person was supported in a way that maintained dignity when out in the community. Relatives told us that they were able to visit the home at times convenient to them and the people who lived there.

Each person had a member of staff who acted as their keyworker. One person said, "I get on really well with my keyworker." Care records contained minutes of keyworker meetings and action points or outcomes. We could see from the content of minutes that people could bring up things that they were concerned about.

One person told us, "I can take things to my keyworker if I want them sorted out." People had the opportunity to give their views on what they enjoyed and what they did not. Staff who acted as keyworkers described their role. They told us their principle responsibility as a keyworker was to ensure that the person they supported received a service that matched their individual needs and goals. This showed that staff took time to include people as well as creating environments where people could speak up and have their voices heard.

People's privacy was respected by staff. Staff were knocking on doors and asking permission before entering people's rooms. All personal information was kept safe. For example, all care records were kept in a locked cabinet.

Good

Is the service responsive?

Our findings

One person told us, "I enjoy going to the pub in the afternoon and having a pint of beer." This person's care records contained pictures of beer and it was listed prominently in a 'One Page Profile' of important information. This person was being supported to go to the pub. This demonstrated that people's care plans were personalised, thorough and reflected people's needs and that staff responded and supported people's choices.

Thorough assessments were taking place when people were admitted to the home to ensure a smooth transition. One person had moved from a different home and their records contained both a thorough admission assessment and lots of information from the previous home. This showed that when people are new to the home, staff had as much information as possible to meet people's needs. A relative told us, "There was a good transition from the last placement."

People's care plans were kept up to date and adjusted when things changed. Regular reviews were documented in people's care records. Review documents showed input from people as well as from relatives and healthcare professionals. One relative told us, "We have informal chats whenever we need to but they also do formal reviews which are good." This helped to ensure that staff could respond to people's changing needs.

People were able to choose what activities they took part in and suggest other activities they would like to complete. In addition to group activities, people were able to maintain hobbies and interests and staff provided support as required. For example, one person was being supported by staff to access German lessons due to their love of German music. Another person told us, "They are arranging for us to go and see Showaddywaddy as a few of us are big fans."

Staff used feedback to ensure people were able to attend activities that they enjoyed and were appropriate. Activities were discussed at reviews and keyworker sessions. One person told us, "I can ask my keyworker when I want to try things." A relative told us, "They always discuss new activities with me and let me know how it went." Care records contained reviews of activities and new activities were added to people's timetables. The registered manager told us, "People's needs change. We change activities and review them regularly. We keep them as individual as possible."

The deputy manager said staff ensured people knew how to make a complaint or raise a concern if they were unhappy about any aspect of their care. The residents meetings provided an opportunity for people to make a complaint or people could discuss things at one to one keyworker sessions. The deputy manager informed us that the complaints procedure was always mentioned at residents meetings to ensure that people were aware of how to raise a complaint as they may not be able to see written displays within the home. The complaints procedure was recorded in residents meeting minutes.

People were supported to be involved in their local community. There was evidence that people regularly enjoyed shopping, eating out and trips to places of interest. Some people attended college and others

accessed activities they enjoyed through local resource centres. One member of staff told us, "We encourage the residents to be active. There's always something going on they can join in, but it's their choice."

Good

Is the service well-led?

Our findings

People told us that they got along well with both the registered manager and the deputy manager at Woodlands. One person told us, "The manager is very approachable." Another person said, "The manager and staff are nice. A relative told us, "I feel very comfortable speaking to them."

Staff told us the support they received from the management team was good. One member of staff said, "I love working here. The support from the management is excellent. We can just go and ask them if we need anything. They are very approachable." Another member of staff told us, "[Registered manager] and [deputy manager] are a good management team. They are very approachable and supportive of staff." Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the home could be improved. One member of staff told us, "That is the approach here. Everyone is encouraged to speak their mind." Another member of staff said, "If I had any concerns, I wouldn't hesitate to mention it."

Where mistakes had occurred, we saw evidence that staff and management dealt with them in an open and transparent way. For example, a member of staff had missed a person's dose of medicine. The staff member made management aware as soon as they realised the mistake. The incident was clearly documented and the registered manager responded by asking the staff member to write a reflective account of the incident. This demonstrated that staff react to mistakes in a way that promotes staff members learning and encourages openness and transparency.

People and their relatives had opportunities to feedback their views about the home and quality of care that they received. The monthly residents meetings provided an opportunity for people to have their say in how the home was run. One person told us, "I can ask about outings and things at the residents meeting." Meetings were facilitated by an external volunteer who worked for an advocacy service. The deputy manager told us this was to ensure as much impartiality as possible and to ensure that people's voices were heard by the provider.

One the day of the inspection the registered manager was not available. The deputy manager was able to provide all the information we needed and demonstrated a very good understanding of the home, staff and the people that they were supporting. This demonstrated to us that there was a strong management team in place to support both people and staff and to ensure that the home operated effectively even when the registered manager was not present.

The provider's regional service manager carried out quarterly quality monitoring visits and produced reports of their visits. These reports were shared with the provider's Operations Director, Quality and Compliance Manager and Chief Executive. The regional service manager checked whether actions identified at previous visits had been completed. The quality monitoring visits checked health and safety, accident and incident records, medicines management, care records, support plans, complaints, staff training and supervision and risk assessments. The most recent quality monitoring visit had identified shortfalls in medicines management. The service manager had then checked that the actions taken in response to these errors to

prevent recurrence had been implemented, which they had.