The Royal School for the Blind

SeeAbility - Denecroft Residential Home

Inspection report

Denecroft
1 Denmark Road
Guildford
Surrey
GU1 4DA

Tel: 01483301315
Website: www.seeability.org

Date of inspection visit:
05 July 2016

Date of publication:
04 October 2016

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

SeeAbility - Denecroft Residential Home is a residential home that provides support to up to six people with learning disabilities and who may also have a visual impairment. The home is located in the centre of Guildford. On the day of the inspection there were six people living at the home. The people who live at the home have a range of complex needs and are supported with a full range of daily tasks, including personal care, support with nutrition and activities.

The provider had recently recruited a new manager for the service who had an application in progress become the 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. The new manager was present during the inspection.

The inspection was unannounced and took place on 5 July 2016.

The service was not consistently safe as we found that the temperature in the conservatory was excessive and uncomfortable for people. Whilst medicines were stored, administered and managed safely we found that improvements needed to be made in relation to 'as required' (PRN) medicines and protocols. Medicines audits were not always completed. We have recommended that the home follows the Royal Pharmaceutical guidance regarding this.

People were protected from harm because staff had the training and the ability to understand risk, reported accident and incidents in a timely manner and understood how to report suspected abuse so that action could be taken if necessary. There was a system in place to investigate incidents and accidents to prevent them from re-occurring. Action was also taken to learn from these to help provide better care to people.

Risk assessments had been completed to ensure the home was safe for people to live in and there were emergency arrangements in place should there be an emergency.

People were supported by sufficient number of staff who were recruited safely and had the skills and knowledge to support people.

Whilst the principles of the Mental Capacity Act (MCA) 2005 were being followed on a day to day basis there were some mental capacity assessments that were not in place. We spoke to the deputy manager who said these would be worked on immediately. Despite this staff supported people in their best interests and staff had a good understanding of the MCA. They offered people choices and respected their decisions.

People's nutritional needs were met and people had a varied diet. Mealtimes were a relaxed affair with people being given adapted cutlery and crockery to help maintain their independence. Where needed staff used pictorial aids to help people choose the food they ate.

Staff ensured people were supported to maintain their health and wellbeing and there were good links with other healthcare professionals.

People were cared for by staff who put people at the centre of all they did. Relatives informed us that they always felt welcome when visiting and that staff were available to speak to whenever they needed to. People were not rushed by staff and were treated with dignity and respect. People were encouraged to maintain relationships with their family and those that mattered to them.

People's care was person centred and care plans and reviews reflected this. Staff were responsive to the needs and wishes of people. The environment was adapted to support people with a visual impairment and some equipment that had been introduced helped people maintain independence. The manager reviewed support needs regularly and learnt from experiences. People had a say on how the home was run and people and relatives felt comfortable in raising a concern or making a complaint. They told us they felt confident any complaints would be responded to appropriately.

The home was led by a manager who was positive and transparent way. Organisational values were reflected in the support given by staff, volunteers and the manager. The volunteer coordinator helped raise the profile of the service and helped support people to be part of the local community by creating links with local organisations.

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 was not consistently safe

On the day of inspection people were supported to eat their meals and spend time in the conservatory where the heat was excessive and uncomfortable.

Medicines were managed safely although we have recommended the service ensure the 'as required' medicines protocols are written in line with Royal Pharmaceutical Society guidance

People were protected from harm because staff could identify and minimise risks to their health and safety. Accident and incidents were recorded and staff understood how to report suspected abuse

Risk assessments had been completed to ensure the home was safe, this included ensuring safe emergency arrangements were in place

People were support by sufficient number of staff who were recruited safely.

Is the service effective?

Good

The service is effective

Staff had the skills and training to support peoples and felt supported.

Staff had a good understanding of the Mental Capacity Act and knew when decisions should involve others to ensure they were made in people's their best interest.

People's had food that they liked and their nutritional needs

were met.

People had access to health and social care professionals, who helped them to maintain their health and well being.

Is the service caring?

Good

The service was caring

There was a strong caring culture amongst all staff members.

People were treated with dignity and respect by staff who knew them well.

Staff did not rush people and took time to communicate in a way people understood.

People and those close to them were encouraged to be involved in their care.

Is the service responsive?

Good

The service was responsive

People's care was person centred, care plans were reviewed regularly and involved people and those close to them.

Staff were responsive to the needs and wishes of people.

The environment was adapted to aid people with a visual impairment.

People and relatives knew how to make a complaint and were confident it would be acted upon.

Is the service well-led?

Good

The service was well led

The service had a positive culture that was person centred, open, inclusive and empowering

Organisational values were reflected in the support we observed from staff.

Quality assurance systems in place were robust and used to improve the quality of the service provided.

SeeAbility - Denecroft 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 5 July 2016 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection, we checked the information that we held about the home and provider. This included statutory notifications sent to us by the provider about incidents and events that had occurred at the home. A notification is information about important events which the provider is required to tell us about by law. We also reviewed if we had received any complaints, whistleblowing and safeguarding information from relatives and staff. A provider information return (PIR) was received which was used to aid the inspection planning process. We used all this information to decide which areas to focus on during our inspection.

During the inspection we spoke with three care staff, the volunteer coordinator, the deputy manager, the manager and the regional manager. After the inspection we spoke to two relatives and requested more information from the provider.

We observed care and support being provided in the lounge, conservatory, garden and with people's consent, we visited one person's bedroom. People had complex care needs which meant they had difficulty describing their experiences of living at the home. We spent time observing the lunchtime experience people had. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also observed part of the medicines round that was being completed.

We reviewed a range of records about people's care and how the home was managed. These included care records and medicine administration record (MAR) sheets for two people and other records relating to the management of the home. These included staff training, three employment records, quality assurance audits, accident and incident reports and any action plans.

Denecroft was last inspected on 17 October 2013 and there were no concerns.

Requires Improvement

Is the service safe?

Our findings

Relatives said that people were safe at Denecroft. One relative said her family member was, "Very much safe." Another relative gave an example of adaptations being made to the minibus to ensure their loved one's wheelchair was safe when they went out in it. These adaptions had a positive impact on this person's safe access to the wider community.

On the day of our inspection people were supported to eat their meals and spend time in the conservatory where the heat was excessive and uncomfortable. The temperature reached 32 degrees Celsius during the afternoon. We raised this with the manager and regional manager who informed us they were looking into long term solutions to this problem. In an effort to reduce the heat the door and windows were opened, two portable fans were being used and there were also blinds on the ceiling. Since the inspection the manager completed a risk assessment and staff continued to monitor people's welfare while in this area. The manager had also reported this as an urgent issue to the provider's maintenance team.

People were supported by staff who had medicine training and an annual medicine competency assessment. Staff had knowledge about people's medicines and what they were prescribed for. When medicine errors had occurred staff responded proactively to reduce the impact on people by gaining medical and practical advice as soon as possible.

People had pain profiles and written protocols in respect for receiving medicines on an 'as needed' (PRN) basis. Whilst the PRN protocols detailed when staff should administer this medicines, the dosage and time, these had not been written or agreed by the GP who had prescribed them. The service was therefore not following the Royal Pharmaceutical Society guidance on PRN guidelines. Further there was no regular audit of medicines.

We recommend the service ensures they are following Royal Pharmaceutical Society guidance regarding PRN protocols and introduces regular medicines audits.
When people took 'over the counter' medicines they had a support plan to ensure this was done safely. These support plans had been agreed by the GP who prescribed the medicines.

Medicines were given to people in a way that suited their individual preferences and needs. One person took their medicines with a drink which had been agreed by their GP. We observed a staff member explaining to the person that there was medicine in the drink before they took it. Medicines were being stored in people's rooms in a safe way. Staff locked individual medicines cabinets when not in use to stop people accessing them. There were systems in place to dispose of medicines safely.

People were helped keep safe from harm because staff could identify and minimise risks to their health and safety. One staff member said, "It's about being observant. You can't stop people from hurting themselves. People need risks but it's about how you minimise those risks." We observed one person walking outside to the garden. This person was unsteady on their feet but the staff member demonstrated they were aware of the risks and gave them enough time and space to let them do what they wanted to.

Risk assessments had been undertaken on the home to ensure it was safe for people, staff and visitors; this included a premise health and safety risk assessment. Annual safety checks included items such as general lighting, power circuits and PAT testing. Generic risk assessments were in place that covered areas such as infection control, first aid and manual handling.

People were protected in an emergency because arrangements were in place to manage their safety. These arrangements included a business continuity plan and major incident and disaster recovery plan. These plans covered areas such as fire, safeguarding, wellbeing, property, transport and staffing. Each person had their own personal evacuation plan, known as a PEEP. Emergency evacuation and fire safety systems were regularly tested and reviewed. During a fire drill in May 2016 one person refused to come out of the building. This had been noted and assessed in the person's PEEP. The person was also involved in discussions about reducing this risk at the following tenants meeting.

People were supported by staff who were able to describe different types of abuse and how to report suspected abuse. A staff member said that safeguarding is, "Trying my best to keep people I support free from abuse and anything bad happening." This staff member went on to explain, "(it is about) Feeling brave and confident enough to say that's not acceptable and to report it." The manager had raised safeguarding alerts with the local authority when abuse was suspected and the home had taken steps to address any concerns. .

People were supported by staff who knew how to respond to accidents. One member of staff said, "(I'd) call for help, assess the area, check the person's breathing, give them first aid." Accidents, incidents and concerns were reported in a timely manner and people's support plans and risk assessments had been updated in light of new risks, for example, following a change of needs a person now had a choking risk assessment in place.

People benefited from responsive action after accident and incidents occurred. A recent Surrey County Council quality assurance report said that, "The management team have been very proactive in reporting concerns, but also in investigating the cause, and the best way to prevent incidents, whilst supporting staff." An example of this was the way the service responded to an unwitnessed bruise a person sustained. An internal investigation highlighted that if the person's room had better lighting the bruise may have been picked up sooner. In communication with the person and their family a brighter light source was installed in their room to reduce the risk of this happening again.

People were supported by sufficient numbers of staff with the right skills and knowledge to meet their individual needs. A relative said, "When I'm there there is always quite a few staff." Staff also said there were enough staff to meet people's needs. We observed staff responding to people's needs when required throughout the day. The staffing rota detailed there were sufficient staffing levels in place. The staffing levels were calculated using a dependency tool, which calculated the hours needed to support people living at the home. This was reviewed each year or at times of a change in people's support needs.

People were protected by safe recruitment practices. Staff files included application forms, records of interview and appropriate references. Documentation recorded that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK.

Good

Is the service effective?

Our findings

Relatives told us they thought staff were trained to meet their family member's needs. One relative explained that, "The staff team are well trained and have access to support within the organisation and further training if needed."

People were supported by staff who had regular supervisions (one to one meeting) with their line manager. These gave staff the opportunity to discuss their development and training needs so they could support people in the best possible way. One staff member said, "When (name of person) needed a hoist to transfer, we asked the manager for moving and handling training, which he arranged for us." Supervisions and team meetings had been used to set questions to aid staff learning on best practice. Members of staff felt supported by the new manager who involved them in the running of the home.

People were not always able to make their own choices and decisions about their care. We looked to see if the home was working within the principles of The Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were followed. Where it was deemed people did not have capacity, their relatives who held a Power of Attorney confirmed they were consulted by staff and involved in making decisions for their family member. However detailed assessments of people's mental capacity for specific decisions, such as not being able to go out on their own, had not always been completed. We raised this with the deputy manager who said that capacity assessments would be completed as soon as possible.

Staff had a good understanding of the MCA including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. One member of staff said MCA was about having the, "Understanding to make choice on your own." Another member of staff explained that, "If someone doesn't have capacity to make decisions themselves, we have a meeting with people involved in their care to assess. We involve a parent, advocate and if necessary a DoLS (Deprivation of Liberty Safeguards) assessor."

Throughout the inspection people were asked by staff if they consented to care and support before it was given to them. For example, people were asked if they wanted to take their medicines and a member of staff was observed asking a person if it was okay for them to push them in their wheelchair.

Some people's freedom had been restricted to keep them safe. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity to

understand why they needed to be kept safe the manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible. Standard authorisations for three people had been granted by the appropriate DoLS team. These including having a lock on the front door to help keep people safe.

People's nutritional needs were met. People were supported to have a meal of their choice at a time that suited them. People were supported by attentive staff who gave enough time for people to eat and enjoy their meals and checked if they wanted more. Staff were aware of people's dietary needs and preferences. People used adapted plates and cutlery to maintain their independence whilst eating. A staff member informed us that the menus were planned with the involvement of people. People who could not verbally communicate were supported to use pictorial tools to communicate their choice where this was needed. This consisted of pictures of people's favourite meals. Menus were varied and during the inspection we saw alternatives being offered. We observed lunch on the day of the inspection, which people enjoyed as they were seen eating all the food they were given, the atmosphere at mealtimes was relaxed.

People had access to health and social care professionals, who helped maintain their health and wellbeing. Staff responded to changes in people's health needs quickly and supported people to attend healthcare appointments, such as to the dentist or doctor. The manager said, "We are good at supporting people to stay well; we pick up quickly when people aren't well. We seek medical advice or paramedics straight away." We were informed by staff that they responded quickly to a health concern of one of the people to ensure they received urgent medical attention. This person's health improved significantly as a result of this proactive intervention.

On the day of inspection one of the people was not feeling well and staff were observed making a GP appointment. A recent Surrey County Council quality assurance report said, "Care plans evidenced that staff are motivated to seek best practice by obtaining specialist advice where appropriate." We saw, in individual care plans, that staff made referrals to other health professionals such as the speech and language therapist (SALT) team, physiotherapy and occupational therapy when required.

The home had good relationships with external healthcare professionals. There were compliments by two GPs recorded. One said the support from staff at Denecroft for one person during an assessment was 'very good' and 'brilliant'.

Good

Is the service caring?

Our findings

Relatives and staff praised the family atmosphere of the home. One relative said, "Denecroft is very much a home from home. They're (the staff) are marvellous. There is nothing in comparison." Another relative explained to us, "They don't just care for people, they care about them".

We saw many positive messages about the home in the compliment file. One compliment was from a volunteer thanking the manager and staff for the opportunity to work with them. Another was from a doctor who described the care given to one person as 'excellent' and 'absolutely brilliant'. The recent Surrey County Council quality assurance report stated that staff interactions were very positive. The report stated people were treated with dignity and respect, and, 'clearly felt empowered to contribute to discussions.'

There was a strong caring culture amongst all staff. During the inspection we saw that staff took the time to listen and interact with people so that they received the support they needed. People were relaxed in the company of the staff. They were seen smiling and communicating happily often with good humour.

Everyone we spoke with demonstrated a commitment for people to be at the centre of everything they did. Recently one of the people had been admitted to hospital and staff took the time to visit then when they were not working. Another person was supported to a relative's funeral, which helped their grieving process.

A strong theme of respect and treating people as equals was demonstrated by staff practice throughout our inspection. For example, when a person came back from their adult education class a member of staff was heard discussing their achievements with them. The conversation showed they were equals, and the person appeared to enjoy this natural conversation as they were smiling and happily talking.

We saw positive interactions between staff and people. Staff were attentive to people's body language, particularly for people who were not able to communicate verbally, and checked with them if they had interpreted their mood or needs correctly. On occasions, we saw staff using actions and objects of reference to help reinforce their verbal communication. This also helped ensure the person understood how they were being supported and to helped feel included. A member of staff explained that a flannel was used as an object of reference when asking one person if they were ready for their personal care.

Staff did not rush people; they took time to engage with people in a meaningful way. For example, during our inspections some of the people were being supported to have their nails painted in the lounge. When asked if they enjoyed this we received a warm response from them. People were given praise and encouragement from staff. Staff involved people in the day to day running of the home, for example, laying the table and washing up. One member of staff was heard saying, "Really good job (name of person), I'm really proud of you."

Staff were positive role models for promoting people's privacy and dignity. When asked about supporting people with personal care a member of staff said, "I close curtains, talk with people, make them feel

comfortable. I sing with (name of person), and support them hand over hand with them washing themselves, so they are in control."

During the inspection information about people living at the home was shared with us sensitively and discretely. Staff spoke respectfully about people, in their conversations with us; they showed their appreciation of people's individuality and character. Staff knew people's background history and the events and those in their lives that were important to them. One relative said, "Staff make sure (name of person) keeps in touch with their brothers, sisters and extended family. They support them to send cards on special occasions and attend family events." Relatives said they always felt welcomed at the home. One relative said, "Staff always have the time to sit down and speak to me even at 10 at night."

People were given information about their care and support in a manner they could understand. Information was available to people around the home. It covered areas such as local events, newsletters from the provider and which staff would be on shift. Information was presented using pictures and easy to understand text. Information such as staff on shift, calendars, menus and activity planners were all current and up to date, so gave good and correct information to people.

People were actively involved in making choices about the decoration of their rooms. A member of staff said, "We supported (name of person) to choose their bedroom carpet by going with them to the shop, getting three different examples and letting them sit on them so she could feel them."

Good

Is the service responsive?

Our findings

Relatives consistently praised the staff, care and service provided. One relative said, "Overall I'm very happy with how (name of person) is supported. Things are going really well."

People were provided with numerous opportunities to take part in a varied range of stimulating activities of their choice inside and outside the service. These activities included horse riding, swimming, going to music festivals and one person had recently had a flying lesson. Two people had just come back from a holiday in Spain, where one of them enjoyed parasailing. A relative said this was the second time their family member had been to Spain in recent years and they enjoyed it "Very much."

The service had a volunteer coordinator who managed ten volunteers. These volunteers complimented the home by supporting people with arts and crafts, going to the cinema and going out in the local community. All volunteers had training so they could be responsive to the needs of people. This included sight guiding training.

Relatives told us how staff were responsive to the individual needs of people. One relative explained that when the needs of their family member changed the service introduced a sensor mat for their bedroom. This meant staff could respond effectively to their needs at night.

Careful thought had been given by the registered provider and staff to enhance the life of those people living with a visual impairment. For example, there was a talking microwave and an easy use coffee maker in the kitchen, which we saw being used. A handbag had been permanently fitted to the door of one person's room so they knew they were entering the right room. The manager explained a budget had been agreed so plans to ensure the environment remained suited to the needs of people could go ahead.

People were supported by staff who were responsive to unforeseen situations. On the day of inspection an adult education session was cancelled at short notice for two people. We observed staff offering an alternative activity and they chose to go into Guilford for a cup of tea. Within minutes we observed the two people being supported out.

Before people moved into the home a comprehensive assessment of people's needs was completed with relatives and health professionals supporting the process where possible. One person's assessment included an assessment of support needs, best interest decisions, a transition plan and a functional vision assessment. This meant staff had sufficient information to determine whether they were able to meet people's needs before they moved into the home. Once the person had moved in, a full care plan was put in place to meet their needs which had earlier been identified. Support plans included, 'what's important to me', 'what others like and admire about me' and 'how best to support me'. We saw staff supporting people in line with the person centred information in these plans. For example, one person liked to be supported by happy, positive people that give reassurance. This summarised the support we observed for them on the day.

Relatives confirmed they were involved in developing people's care and support plans. People's care needs were reviewed and people's circle of support, included relatives and appropriate care and health professionals. A relative said, "They always ask if I have any issues so it can be discussed at the review."

People's goals were regularly discussed, reviewed and updated with them. We read that a person wanted to see a film at the cinema with a certain volunteer. We saw that this had happened. Staff said they got to know what people wanted, including what time they wanted to get up and how they liked to spend their day. Staff said they had handovers when they first came on duty. This was an opportunity for staff to share any relevant changes about people.

People were made aware of their rights by staff who knew them well and who had an understanding of the organisations complaints procedure. We saw that the home also had an informal complaints log. Relatives knew how to raise complaints and concerns on behalf of people. One relative said, "I've never needed to make a complaint but would feel confident doing so (if needed)." When received, complaints and concerns were taken seriously by the provider and used as an opportunity to improve the service. There had been one complaint in the last year and this had been investigated thoroughly.

Good

Is the service well-led?

Our findings

Relatives spoke of the home with high regard. One relative explained that they are, "Really pleased. They get better all the time." Another relative said, "I'd give SeeAbility top marks."

The service had a positive culture that was person-centred, open, inclusive and empowering. The home had a new manager who was going through the CQC registration process. We were told the deputy manager was on the interview panel. The regional manager said this was to ensure they got the right person for the job. Although some relatives had not met the new manager yet they were positive about him. One relative explained, "I haven't met the new manager yet but he rang me up to introduce himself. I thought this was very good."

Relatives and staff felt that they could approach the management team with any problems they had. One relative said "Concerns are always dealt with." The manager informed us that staff communicated weekly with families to keep the up to date and involved with what is happening at the home. One relative said, "They inform you about everything. You know, well in advance."

We observed that the manager interacted well with people. People responded well to him and were pleased to see him. The management team had an inclusive manner about them. The manager said "It's important that I involve everyone in the running of the service." The manager told us about the homes missions and values. Staff we spoke to understood and followed the values to ensure people received kind and compassionate care. This was implemented during the staff induction process and reviewed regularly in supervisions and team meetings.

The manager understood their legal responsibilities. They sent us notifications about important events at the service and their provider information return (PIR) explained how they checked they delivered a quality service and the improvements they planned. All care records were kept securely within the home.
During the inspection we spoke to the regional manager who told us about the systems they used to ensure the delivery of high quality care. The quality assurance systems in place were robust. The service carried out audits for health and safety, care planning, and infection control. This enabled the manager to identify deficits in best practice and rectify these.

People had a say in how the home was run. House meetings took place in a responsive and personalised way. Each person had an individual 121 meeting to discuss what was important to them, which then fed into the meeting itself. According to the manager this meant that the meetings were more productive and centred around the wishes and needs of people.

The manager explained that regular team meetings were held. The minutes of the meetings were recorded and made available to all staff. Best practice guidance was discussed during these meetings including improvements that can be made while administering medicines and fire evacuation. This showed that the manager was continually assessing the quality of the home and driving improvements.

We spoke with the volunteer coordinator who was passionate about what they did. They told us people were enabled to be part of the local community. The home was also very involved in the community, with local groups often visiting. Two of the people enjoy being involved in gardening. On the day of inspection volunteers from the local university were working in the garden. The volunteer coordinator explained the aim was to have a sensory garden to benefit the people who lived there. The plan was also to enter the garden in 'Guildford in bloom' garden competition to raise the profile of the service. Funds for this project had been raised with a local supermarket, which the volunteer coordinator also explained also helped raise awareness of the home in the local community.