

The Royal School for the Blind SeeAbility South Gloucestershire Support Service

Inspection report

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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

SeeAbility South Gloucestershire is a domiciliary care service registered to provide personal care. The service provided is called supported living. This means people using the service receive personal care from the provider in their apartments. They then have a separate tenancy agreement with the housing provider for their accommodation that is separate from their care and support arrangements. People using the service have complex needs including sensory impairments. At the time of the inspection the service was providing the regulated activity of personal care to five people.

The inspection was carried out by one adult social care inspector and took place on 21 September. We gave the provider 48 hours' notice of the inspection to ensure people we needed to speak with were available.

This was the first inspection of the service. The provider registered this service with the Care Quality Commission (CQC) on 29 September 2015.

As a result of this inspection we have rated the service as Good.

Overall, we found the service provided person centred support to people, that was provided by skilled and motivated staff who were well managed.

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. 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.

People were safe. The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work with people to assess their suitability. Where people required assistance with medicines this was well managed and, people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff had the knowledge and skills they needed to carry out their roles effectively. They received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see healthcare professionals including a GP when they needed to do so. The service complied with the requirements of the Mental Capacity Act 2005 (MCA).

People received a service that was caring. They were cared for and supported by staff who knew them well. Staff treated people with dignity and respect. People's views were actively sought and they were involved in making decisions about their care and support. Information was provided in ways that were easy to understand. People's needs with respect to equality and diversity and maintaining their human rights had

been assessed and planned for.

The service was responsive to people's needs. People received person centred care and support. Where it was part of people's care package the service offered a range of activities and encouraged them to maintain their hobbies and interests. People were encouraged to make their views known and the service responded by making changes.

The service was well led. The vision, values and culture of the supported living service people received were clearly communicated and understood by people, staff, relatives and others. The registered manager provided good leadership and management and, received effective support from the provider to assist with this. A comprehensive and effective quality assurance system was in place. This meant the safety and quality of service people received was monitored on a regular basis and where shortfalls were identified they were acted upon.

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.

The registered manager and staff understood their role and responsibilities to keep people safe from harm.

Risks were assessed and plans put in place to keep people safe.

There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to work with vulnerable people.

Medicines were well managed and people received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who received the training and support required to meet their needs.

The service complied with the principles and requirements of the Mental Capacity Act 2005 (MCA).

Where required staff ensured people received the support needed with eating and drinking.

Staff worked proactively with other health and social care professionals to ensure people's needs were met.

Is the service caring?

Good ●

The service was caring.

People received care and support from kind, caring and skilled staff who knew them well.

Staff promoted people's independence and ensured they were treated with dignity and respect.

People's needs regarding equality and diversity were assessed

and incorporated into plans developed to meet their needs.

Is the service responsive?

Good ●

The service was responsive.

People received a person centred service.

Care and support plans had been developed in partnership with people and were based upon their needs, wishes and aspirations.

People received support to participate in activities both within their apartments and their local community.

People's views and opinions were actively sought and acted upon.

Is the service well-led?

Good ●

The service was well-led.

People, relatives and staff all felt the service had been developed and improved by the registered manager.

The registered manager was well liked and respected.

Sophisticated quality assurance systems were in place and were used to continually improve the service provided to people.

SeeAbility South Gloucestershire Support Service

Detailed findings

Background to this inspection

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

This inspection took place on 21 September 2017. The inspection was carried out by one adult social care inspector and was announced.

Prior to this inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

We contacted four health and social care professionals involved with the service and asked them for some feedback. We have incorporated what they told us in the main body of our report.

People were able to talk with us about the service they received. We spoke with three people. On the day of our inspection we spoke with a family member of one person and, exchanged information with family and friends of three more people following our visit.

We spoke with a total of four staff, including the registered manager, the provider's regional manager and two support workers.

We looked at the care records of each of the five people using the service, two staff personnel files, training

records for all staff, staff duty rotas and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, complaints, mental capacity, recruitment, accidents and incidents and equality and diversity.

Is the service safe?

Our findings

People who used the service told us they felt safe. Comments included; "Yes I feel safe, I've got my own flat and the staff help me" and, "The staff help keep me safe". We observed people interacting with staff and saw they reacted positively and seemed relaxed and contented in their company. Relatives also said they felt people were safe. One family member said, "I believe my son is physically and emotionally as safe as he can be".

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected, witnessed or alleged. Staff were able to describe the action they would take if they thought people were at risk of abuse, or being abused. They were also able to give us examples of situations that may give rise to a concern of abuse. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. The registered manager and staff had appropriately raised safeguarding alerts to the local authority within the previous 12 months.

There were comprehensive individual risk assessments to keep people safe in place. These included risks as a result of specific health care conditions and the delivery of personal care. Risk assessments contained clear guidance for staff and detailed the staff training and skills required to safely support the person. Other health and social care professionals had been involved in advising on safe practices and equipment.

People had complex physical and mental health conditions and were at risk of harm. Staff had a good knowledge of risk assessments and measures to be taken to keep people safe. The provider had identified when certain behaviours from people could impact on their safety and that of other people using the service. Risk assessments provided information about how these should be managed. Individual support plans detailed triggers which could exacerbate certain behaviours and measures to be taken to avoid these wherever possible. Staff we spoke with had a good knowledge and understanding of these plans.

The provider investigated accidents and incidents. This included looking at why the incident had occurred and identifying any action that could be taken to keep people safe. We saw investigations had been completed thoroughly and where required changes made and people's care plans reviewed. The registered manager carried out regular audits to identify any themes or emerging trends in order to help ensure the chance of a reoccurrence was minimised.

People were supported by sufficient numbers of staff to meet their needs. Each person's care plan identified the support they required. These detailed the care and support to be given, at what time, how many staff were required and for how long. In addition people also had access to staff through a call bell system. People said they were able to receive care and support from staff when they needed it. Staff said there were enough staff to safely provide care and support to people. During our visit we saw there was enough staff to meet people's needs. The registered manager explained to us that staff were allocated to support people based upon the known preferences of people. They said this included the gender of staff and also their

personal characteristics and hobbies and interests. We saw regular staff were allocated to people to help ensure consistency and continuity of care and support.

Relevant checks were carried out before staff started work. These checks included a Disclosure and Barring Service (DBS) check. A DBS check allows employers to check an applicant's police record for any convictions that may prevent them from working with vulnerable people. References were obtained from previous employers. Recruitment procedures were understood and followed by the manager.

Financial procedures were in place and followed by staff to safeguard people's monies. These included regular checks to ensure balances were correct and reconciliation to ensure expenditure was accurately recorded and, that money had been spent appropriately and in accordance with the person's individual finance plan. Individual inventories had been completed to ensure people's possessions were kept safe.

Environmental risk assessments were also in place for risks associated with people's apartments and the communal areas of the buildings. Staff had received fire safety training and the service had an annual fire safety assessment. Emergency lights throughout the building were regularly checked, the fire alarm maintenance log was up to date and there was a fire safety manual in place. Checks were carried out on the fire control panel, fire extinguishers and smoke detectors in people's flats. Each person had an individual fire evacuation plan in place, detailing the support they required to keep them safe. The provider had in place a major incident disaster recovery plan. This plan detailed the action to be taken in the event of a major disruption to the service such as a major fire or power failure. The plan had been reviewed in June 2017.

There were clear policies and procedures for the safe handling and administration of medicines. Some people required assistance in order to take prescribed medicines. Where this was the case guidance for staff on what to do to keep people safe was in place and easy to use. Medication administration records were maintained to record that people received their medicines as prescribed. Staff administering medicines had been trained to do so. The provider had a system in place to respond to any errors with the administration of medicines. One person we spoke with administered their own medicines. A clear plan was in place for this. The person explained to us they were responsible for taking their medicines but they appreciated staff checking they had done so.

Staff had access to the equipment they needed to prevent and control infection. This included protective gloves and aprons. The provider had an infection prevention and control policy. Staff had received training in infection control.

Is the service effective?

Our findings

People said their needs were met. One person said, "All the staff are good. I get everything I need. Staff help me go out to the pub and make sure I can get to my other activities". Relatives confirmed their family member's needs were met effectively. Health and social care professionals told us the service met people's needs. One said, "We regularly communicate and share information and find them to be helpful and professional, they share information appropriately and work well with us".

Throughout our visit we saw people's needs were met. Staff provided the care and support people required when they needed it. People using the service had a variety of complex individual needs which included difficulties with sight. Staff were skilled at meeting these needs and ensured people were provided with the support identified in their care plans.

A schedule for staff supervision was in place. Supervision meetings are one to one meetings a staff member has with their supervisor. Staff members told us they received regular supervision. Staff records showed that supervisions were held regularly. Supervision records contained details of conversations with staff on how they could improve their performance in providing care and support. Staff knew who their supervisor was and those we spoke with said they found their individual supervision meetings helpful.

People were cared for by staff who had received the training to meet people's needs. We viewed the training records for all staff. These identified when staff had received training in specific areas and, when they were next due to receive an update. We saw core training completed by all staff included; first aid, infection control, fire safety, administration of medicines and safeguarding vulnerable adults. In addition, specialist training had been provided to relevant key staff which included; positive behavioural management, training on visual impairment and hearing loss, swallowing difficulties and measures to overcome these, assisted communication skills and autism. This meant staff had been equipped with the knowledge and skills to meet people's identified individual needs. We saw a training package developed by a member of support staff that provided information required to support one person with specific needs. This centred upon complex post-traumatic stress disorder and as well as providing staff with relevant information, identified the need for sensitivity and empathy in the provision of their support.

Newly appointed staff completed induction training, including the completion of the Care Certificate. The Care Certificate was introduced in April 2015 for all new staff working in care and is a nationally recognised qualification. An induction checklist ensured staff had completed the necessary training to care for people safely. Staff confirmed they had received an effective induction.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The registered manager had a good understanding of the MCA. Staff had received training on the MCA. They understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own decisions, and respected those decisions.

Staff understood that people should at all times be encouraged to make their own decisions regarding their care and support. Staff actively promoted people making their own choices and decisions. We saw they asked for people's consent before providing care and support, gave them options to determine what they wanted to do and, respected their decision if they changed their mind.

People required differing assistance with eating and drinking. Some required little support to make drinks and cook in their apartments. Others required support to manage the risk of choking and maintain their feeding tube (PEG). Where needed staff kept detailed records of the food and fluids consumed and communicated closely with health care professionals. This ensured the risks of malnutrition and dehydration were well managed.

Care records showed relevant health and social care professionals were involved with people's care. Plans were in place to meet people's needs in these areas and were regularly reviewed. There were detailed communication records in place and records of hospital appointments. People had health plans in place that described how they could maintain a healthy lifestyle.

Is the service caring?

Our findings

People and relatives told us staff were caring. They said; "The staff are nice and treat me with respect", "I am very happy with the staff, every one of them are good", "My son is very well served by the SeeAbility staff. The staff are responsible, efficient, reliable and friendly. They treat him with respect and consideration" and, "The staff are excellent. They're all kind and caring and good at what they do". Staff we spoke with said the care provided was good and that staff were kind, caring and compassionate.

Throughout our inspection we saw people were treated in a kind, caring and respectful way. Staff were friendly, kind and discreet when providing care and support to people. Staff knew people well and clearly respected them. They were able to tell us about people's interests and individual preferences. The service operated a keyworker system, where a staff member was identified as having key responsibility for ensuring a person's needs were met. Staff told us this system allowed them to get to know the person they were keyworker for well and ensure the needs of the person were met.

We saw a number of positive interactions and saw how these contributed towards people's wellbeing. Staff spoke to people in a calm and sensitive manner and used appropriate body language and gestures. When speaking to us staff spoke about people in a positive manner.

There was an up to date policy on equality and diversity. Staff had received training on equality and diversity and understood the importance of identifying and meeting people's needs. The care planning system used included an assessment of people's needs regarding, culture, language, religion and sexual orientation. Talking with staff it was clear they understood the values of the service and, recognised the importance of ensuring equality and diversity and human rights were actively promoted.

One person using the service had an identified need for support to participate in church based activities. This person told us staff provided the support they required with this. Another person required staff to have an understanding of same sex relationships. Staff had been supported by manager's to gain a better understanding of Lesbian Gay Bisexual and Transgender (LGBT) issues.

Promoting independence was seen as important by people and staff and was actively promoted. Care plans stressed the importance of encouraging people to do as much for themselves as possible. Staff said they felt this was important as they did not want to de-skill people. When speaking with staff, they were aware of people's level of independence and were able to demonstrate how they supported them to maintain this.

People were supported to maintain relationships with family and friends. People's care records contained contact details and arrangements. People spoke with us about their families. Staff said they felt it important to help people to keep in touch with their families. Relatives we spoke with felt staff made an effort to ensure people's contact with family and friends was promoted.

Care had been taken to work with people to identify plans for their death. This included any specific wishes they had regarding a funeral service and how they wished to be remembered.

Staff morale was high and we noted the turnover rate of staff was low. When talking with us support staff spoke with pride about the service provided. Those we spoke with all said they would be happy for a relative of theirs to use the service.

Is the service responsive?

Our findings

The service provided was person centred. It was flexible and responsive to people's individual needs and preferences and aimed for people to live a full and active life. People told us their needs were met and the care provided was person centred. Relatives responded positively when asked whether the service was responsive to people's individual needs.

People's care and support plans were person centred. A range of person centred planning tools had been completed with people to assist in the development of these plans. These tools provide templates that are a practical way to capture information to feed into care and support planning. Care and support plans included information on people's life histories, interests and preferences. They clearly identified people's needs, wishes and aspirations and how these were to be met. These plans were regularly reviewed and updated when people's needs or wishes changed.

Information on how people had been involved in developing these plans was included in people's care records. Staff said this information helped them to provide care and support in the way people wanted. Daily records of the care people received were kept. These were completed thoroughly and demonstrated people were cared for as outlined in their care plans. People's changing care needs were identified promptly and reviewed with the involvement of other health and social care professionals where required.

Talking with the registered manager and staff it was clear they saw they had a role in protecting people from the risks of social isolation and loneliness. We saw they were proactive, and made sure people were helped in maintaining relationships important to them, such as family, community and other social links. Each person who wanted one had a weekly plan of activities that had been agreed with them. These were written into people's care plans and any staff support to engage in activities was planned for and made available. These activities included social activities within the local area, hydrotherapy sessions and many other individual activities.

In addition to these regular planned activities, we saw staff had worked with people to plan specific trips. One person for example was in the process of planning to go to an Elton John concert in Paris. Staff explained the person had always wanted to see him play live. Tickets had been bought and travel arrangements were being planned. The person did not like flying so train travel was being arranged.

At the time of our inspection two people were on holiday supported by two members of staff. Staff explained to us that the two people enjoyed each other's company and had decided to go together. We saw in people's care records that each person had been involved in the decision making and planning for their holiday. The registered manager explained how additional support hours had been identified and agreed with commissioners for the holiday. This had then been facilitated by people transferring from a commissioned service to direct payments, offering them more choice and control over their care and support hours.

Each person had a 'hospital passport'. These provided a detailed overview of people and were designed to

be used if they were admitted to hospital. They would provide hospital staff with essential information to help support consistency in care and promote people's safety. The passports were particularly important to support those people who were unable to communicate verbally and provided emergency contact numbers, previous and current medical history, current medicines, people's capacity and communication needs.

Staff sought and responded to people's views, opinions and suggestions. People and relatives confirmed they felt their views were sought and they were involved in making decisions about their care and support. This was achieved through day-to-day discussions, care plan reviews and the 'Taking Control Group'. This is a forum that supports people from SeeAbility services to influence their individual service and the overall development of the charity. One person attended a group meeting with support on the day of our inspection. On their return they explained to us how they liaised with other people using the service to identify items to take to the group and, provide feedback to people following the meetings. People told us information was provided to them in ways that were easy to understand. We saw this included 'easy read', audio recordings and pictorial formats.

The provider had a policy on comments and complaints. The policy detailed how complaints were responded to, including an investigation and providing a response to the complainant. Four complaints had been received in the 12 months leading up to our visit. These had been dealt with appropriately and fully resolved. With each the provider had made changes to avoid a reoccurrence of the concern that gave rise to the complaint.

Is the service well-led?

Our findings

Throughout our inspection we found the registered manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a high quality service was provided and care staff were well supported and managed. Talking with people, relatives and staff it was clear the vision, values and culture of the supported living service had been communicated and were understood.

The registered manager led by example. They were readily available to offer support, guidance and hands on help should support staff need assistance. The registered manager also covered vacant shifts, when other staff members were not available. This promoted continuity of care and kept them up to date with people's needs. During our inspection the registered manager provided us with information requested promptly and relevant staff were made available to answer any questions we had. The manager and staff spoke passionately about the service and their desire to provide a high quality person centred service.

People and relatives told us they liked the registered manager and were able to talk to them when they wanted. One person said, "(Registered manager's name) is very nice, very competent, always tries to help". Relatives said, "I have been consistently impressed by the professionalism of the leadership" and, "The manager has been very helpful in facilitating changes and has been good at communicating with myself". Staff spoke positively about the management of the service. Comments included; "(Registered manager's name) has put everything in place and is very open and approachable" and, "(Registered manager's name) is very person centred and a good manager".

The registered manager had a good understanding of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and ensured they kept up to date with best practice and service developments. The registered manager knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received appropriate notifications from the service during the 12 months before this inspection.

The provider, registered manager and staff considered the Key Lines of Enquiry (KLOE) which CQC inspect against and, how they would plan for the future to improve and further enhance current good practice they were achieving. Each month staff were encouraged to focus on one identified KLOE. This was written on a whiteboard in the office. Beneath this was a list of staff names alongside which they were encouraged to write, 'what have you done today that's outstanding'. We saw staff had completed this and included a wide variety of different achievements. These included; 'Working with individual to help them learn more Makaton to aid communication with others' and, 'Researched a book club for individual as a new activity and put everything in place'. This showed the registered manager encouraged staff to identify and reflect on their actions and the positive impact these had on people.

Comprehensive quality assurance systems were in place. These included monthly checks on areas such as; medication, care records and health and safety. We viewed the most recent records of each of these audits. In each case where remedial action was identified this had been carried out. This meant the provider and registered manager were taking corrective action when required and, were working to ensure the

continuous improvement of the service provided to people. The provider also distributed satisfaction surveys for people using the service and staff. The findings of these were collated and analysed by the registered manager.

A senior manager carried out regular quality assurance visits. These were thorough and looked at many aspects of the service. We looked at the record of the most recent of these and saw actions identified as required were clearly identified. We saw these actions had been completed.

The provider had used these systems to contribute towards their annual service development plan. This detailed the improvements planned from 1 April 2017 to 31 March 2018. This plan was detailed and identified who was responsible for each identified action and when it would be completed.

Accidents, incidents, complaints and safeguarding alerts were appropriately reported by the service. The registered manager investigated accidents, incidents and complaints. This meant the service was able to learn from such events.

Health and safety management was seen as a priority by managers and staff. Action had been taken to minimise identified health and safety risks for people using the service, staff and others.

Staff said they were able to contact a manager when needed. The registered manager told us they operated a 24 hour on call service, for staff to contact a senior person for advice, guidance or support. Staff told us the 'on call' system worked effectively and provided the advice, support and guidance they required.

Staff meetings were scheduled and held regularly. We looked at the minutes of previous meetings and saw a range of areas were discussed. These included; individual care and support arrangements, activities and staff related issues. Staff told us they found these meetings helpful. Records of these meetings included action points which were monitored by the registered manager to ensure they were completed.

The policies and procedures we looked at had been regularly reviewed. Staff we spoke with knew how to access these policies and procedures. This meant clear advice and guidance was available to staff.

At the end of our inspection we gave feedback to the registered manager on our findings up to that point. They listened carefully to our feedback and were clearly committed to learning in order to further improve the quality of the service provided.