The Royal School for the Blind

SeeAbility Fairways Residential Care Home

Inspection report

Bradbury Lodge
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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

This inspection took place on 19 June 2018 and was announced.

Fairways Residential care home is registered to provide accommodation for up to six people with sight loss and multiple disabilities. At the time of the inspection there were six people living in the home with visual impairments, moderate to severe learning disabilities and hearing difficulties. Some people had very limited verbal communication skills and staff supported them to access activities in the community. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At this inspection we found the evidence supported a rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Staff were aware of the actions to take if they suspected harm or abuse and had received the necessary safeguarding training which was updated regularly. The registered manager ensured that sufficient staff were deployed to keep people safe and meet their needs.

There were safe recruitment processes in place to make sure the provider only employed staff who were suitable to work in a care setting. People were protected from risks to their safety and wellbeing. Risks to people were assessed and recorded in their care plans. Records showed that risks were assessed and managed safely.

People's medicines were stored, recorded and administered safely by trained staff who had their competency regularly assessed.

People received care from appropriately skilled, knowledgeable and trained staff who received regular supervision to help develop their knowledge. Processes and equipment were in place to protect people from the risk of acquiring an infection.

The registered manager recorded accidents and incidents and supported staff to reflect on these to prevent reoccurrences.

Staff were aware of the legal protections in place to protect people who lacked mental capacity to make

decisions about their care and support and implemented them in their practice.

People were supported to maintain a balanced diet. Staff encouraged them to choose meals which they prepared for them.

People had access to care from relevant health and social care professionals.

Staff had developed caring relationships with the people they supported. Staff encouraged people to express themselves and promoted their independence, privacy and dignity. Care plans accurately reflected the care and support people needed and were written in partnership with people and their families where appropriate. They were regularly reviewed.

The provider had processes in place for investigating and responding to complaints and concerns. A complaints policy was available to people in an easy read format.

People who lived in the home were not receiving end of life care, however, staff had held sensitive discussions with people about what they would like to happen as they approached the end of their lives and after they passed away where it was appropriate to do so.

Robust systems were in place for monitoring the quality within the service to drive improvements.

Staff worked effectively in partnership with health and social care professionals to meet people's needs.

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.

People were protected from the risk of abuse and from avoidable harm.

Sufficient numbers of suitably qualified staff were deployed to meet people's needs and recruitment checks were made to ensure staff suitability to work in a care setting.

Medicines were stored and administered safely. People were protected from the spread of infection.

The provider kept records of accidents and incidents and reflected on these to improve care.

Is the service effective?

Good

The service was effective.

Staff who had the appropriate skills and knowledge to meet people's needs and were trained in the Mental Capacity Act 2005 and how to apply its principles.

People were supported to access healthcare services as needed and to maintain a balanced diet.

The environment was suitably adapted for the people living there.

Staff sought consent from people before carrying out any care or treatment.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion by staff who knew them well.

People were supported to express their views and preferences.

People's dignity, privacy and independence were upheld and maintained.

Is the service responsive?

Good

The service was responsive.

People received person-centred care which reflected their needs, choices and preferences.

People were supported if they wished to complain. There was a policy in place.

Is the service well-led?

Good

The service was well led.

The registered manager maintained a supportive culture and displayed strong leadership.

There were effective systems in place for monitoring the quality of the service.

The provider used different methods to involve people, relatives and staff in decisions about the service.

The provider worked in partnership with other professionals to deliver people's care.

SeeAbility Fairways Residential Care 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.

The inspection took place on 19 June 2018 and was announced. We gave the service 48 hours' notice of the inspection visit because the location was a small care home for adults who were not accustomed to having strangers enter their home. We needed to be sure that we would not cause them any unnecessary distress. The inspection team consisted of two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We observed people receiving care and support at SeeAbility Fairways. We also spoke with the registered manager, volunteer coordinator and fundraiser, the deputy manager, two members of staff and one professional. We reviewed records which included four people's care plans, four staff recruitment files and supervision records and records relating to the management of the service. We also reviewed records relating to staffing levels and training, risk assessments, quality assurance and policies and procedures.

Good

Is the service safe?

Our findings

People were protected from the risk of abuse and avoidable harm. Staff had received safeguarding training which was regularly updated and were able to identify types of abuse and actions to take if they suspected people were being abused. One staff member told us, "We have a duty of care to everyone…we make sure everyone is safe, well looked after, healthy."

Risks to people's wellbeing, health and safety were thoroughly assessed. These included choking, psychological distress, mobility and pain management. People's care plans contained specific risk assessments with detailed guidance for staff to help them protect people's health and wellbeing. One person's care plan stated that they were at risk of choking and included specific instructions from a speech and language therapist about how to thicken the person's drinks and provide suitable foods to prevent them from choking. Another person's care plan contained information about how they should be supported by staff to take prescribed medicines. Guidance was sufficiently clear and detailed so that staff could provide the appropriate support to maintain the person's safety.

The provider specialised in providing support to people living with varying degrees of visual impairments. 'Sighted guide techniques' were included in people's support plans to provide instructions for staff in assisting people with restricted sight to move about the building safely whilst supporting their independence as much as possible. Consideration had been made for people's specific needs in terms of how they negotiated objects and furniture as they moved around the building.

The provider deployed suitable numbers of staff to meet people's needs, keep them safe and support them to engage in activities which interested them. If people required additional support to attend community based activities, the registered manager ensured that staff were available to support them. Rotas we reviewed from the four weeks prior to the inspection showed that safe staffing levels were maintained. This was confirmed by a healthcare professional we spoke with during the inspection. They told us, "They've got the time, the right staffing levels. They genuinely put the [people] at the centre of what they do."

Staff recruitment files contained appropriate checks such as references and a criminal record check from the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.

The provider used safe systems and processes to store, record, administer and dispose of people's medicines. Medicines administration support plans were in place for people. These provided staff with detailed information about how to support people to take their medicines. Where people required assistance, there were records of their consents having been gained. For those who did not have the capacity to consent to being assisted, an appointed, authorised person had signed on their behalf. Assessments had been completed and recorded in their care plans showing that these decisions were made in their best interests.

There were protocols in place for 'as required' medicines which had been signed and reviewed by GPs.

Medicines administration records (MARs) were fully completed and included charts for topical creams and ointments with directions about where to apply these. Staff had been trained in administering emergency medicines such as those used to treat epileptic seizures. The provider had also worked in partnership with GPs and behaviour specialists to reduce the overuse of medicines which control people's mood or behaviour.

People were protected from the risk of acquiring an infection. Communal areas were kept clean. Bathrooms contained personal protective equipment (PPE) for staff to use when assisting people with personal hygiene. The provider had an infection control policy in place and staff were observed using the correct handwashing and hygiene techniques when preparing food. Records were maintained for water safety within the building and showed that full legionella checks had been completed. Legionella is a water-borne bacteria which can live in pipes and cause Legionnaires' disease if water systems are not properly checked and regularly flushed. People living in the home were protected from this risk.

The provider maintained a log of accidents and incidents and used this to reflect on ways of preventing reoccurrences. An incident record we reviewed described some behaviour displayed by a person living in the home that staff found challenging. The log included the contributory factors for the behaviour and the actions staff took following the incident. Positive behavioural support strategies were employed by staff to defuse the situation and help the person come to terms with how they were feeling. The record showed that staff had reflected on the incident and identified future actions to prevent it from happening again.

Good

Is the service effective?

Our findings

People's care plans reflected their individual needs and choices. These had been thoroughly assessed and documented. Before beginning a permanent placement, people were invited to make a visit to the home to meet those already living there. Following this staff spoke to the individual and to people already in the home to determine if the placement was suitable and that all those involved would be happy to live together. A formal assessment was then completed in partnership with people and with family members or appointed representatives with people's consent. The assessment team included a speech and language therapist and positive behaviour support specialist where appropriate. This was evidenced in their care plans which also included details of people's important relationships, life histories, hobbies, preferences and communication needs.

Care plans we reviewed contained appropriate guidance to help staff support people according to their preferences, as well as a number of documents to guide staff in communicating with people with a learning disability. These included 'How I communicate', 'When you talk to me it helps if you…' and 'How I make choices'. Staff used these support plans to provide personalised support to the people they cared for.

People were cared for by staff who had the appropriate training and experience to be able to fulfil their roles effectively. Records showed that mandatory training had been completed by all staff. Staff completed a bespoke training package which included topics such as 'understanding behaviour', 'reaction to crisis' 'record, reporting, record keeping documentation' and 'health and safety around physical interventions taught'. As the package was designed to meet the individual needs of the people using in the service, the training delivered enabled staff to offer tailored support to people.

Staff were completing the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same necessary skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

Staff we spoke with reported that they were well supported with their training and development needs. One staff member told us, "[There is] thorough training, refresher courses available. We get training on autism, challenging behaviours, mental health, lots of courses. We can ask for any training and this is provided." Staff received monthly supervisions as well as annual appraisals. Staff we spoke with told us that the registered manager was very supportive and provided discussion opportunities according to staff needs.

People were supported to eat and drink sufficient amounts to maintain a healthy diet. Staff supported people to express their food preferences and encouraged them to make healthy choices whilst respecting their right to choose. A variety of meals were provided and people were supported and encouraged to take part in meal preparation. People ate meals at their chosen times in the home or in restaurants and cafes of their choice.

Staff worked proactively with health and social care professionals to meet people's needs. The provider employed an in-house team which included behavioural specialists and vision rehabilitation workers to

ensure that staff were provided with the appropriate guidance to meet people's needs. People's health needs were recorded in their 'Health action plans' which had been written in partnership with people and their families where appropriate. Where people required support to understand the information contained in the plans, staff used a number of methods to communicate the information in them including pictures and Makaton, which is sign language used by people with a learning disability.

Staff also communicated effectively with external professionals to communicate people's needs. A health professional we spoke with confirmed that staff contacted the local surgery if people required healthcare support. Staff had also offered to spend time working with a practice nurse from the surgery to teach them techniques for managing people's anxieties around minor healthcare procedures.

The premises were suitable for the needs of the people living there. Corridors were wide enough to allow wheelchair access and walls were painted in neutral colours. Toilet seats and bathroom fittings were in contrasting colours to assist people with visual impairments to use them. Each person's room had been decorated according to their tastes and contained meaningful personal objects. The garden area was accessible and following a risk assessment, a garden swing had been placed in the garden at one person's request. This was also used by others living in the home. The registered manager told us that the garden was used frequently and that people enjoyed listening to the sounds of traffic passing by.

Staff had received training on the Mental Capacity Act 2005 (MCA). Staff were observed gaining people's consent before delivering care and were confidently able to identify ways to maintain people's privacy and dignity.

The provider had complied with the requirements of the Mental Capacity Act 2005. 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Where people were at risk of being deprived of their liberty, the registered manager had made the appropriate applications. The provider maintained a record of these applications which were due to be approved. Care plans also contained records of best interests decisions made on behalf of people for consent to treatments and to share information with healthcare professionals.

Good

Is the service caring?

Our findings

During the inspection we observed staff treating people with compassion and kindness. Staff responded to people's emotional needs by using supportive touch and if people were affectionate with staff they responded appropriately and sensitively. Staff understood signs of pain and distress for people who were unable to express this verbally and were proactive in offering pain relief and emotional support. Staff listened to people and used different communication methods to support those with a visual impairments and learning disabilities to express themselves. We observed staff communicating with one person using Makaton sign language.

Staff spoke positively about the caring nature of the team they worked with. One staff member said, "We all pull together, everyone cares", another member of staff said, "the staff are amazing and everybody cares". Staffing levels were sufficient to enable people to have the time and support that they needed for daily tasks and activities. Staff were given training to support them in providing compassionate care in a personalised way, for example, training in supporting people with autism, management of behaviour that challenges and supporting mental health needs.

Staff recognised people's potential and enabled them to reach it. Staff told us they saw people's time living at the home as an opportunity to build their skills and confidence to live a more fulfilling life. Prior to her living at the home one person had used a wheelchair. Staff reported that the person had progressed with support and was able to walk with staff in the community. One member of staff also told us this person had been unable to verbally express their wishes; she would look at the play park whenever she passed it but was not confident enough to go in. Staff had supported the person to express her desire to engage in an activity and had facilitated this choice. Through continued encouragement from staff and several trips to the park the person gained the confidence to play in the play park regularly.

Staff treated people with dignity and any personal care was given in a way which respected people's privacy and promoted their independence. Staff addressed people by their preferred names and spoke with them in a respectful way. Staff understood when people wanted and needed support and were respectful if people did not want help. We observed one person push a staff member away when they asked the person a question. The staff member respected this and moved away.

Good

Is the service responsive?

Our findings

People received care that was personalised and had care plans which reflected their individual needs and preferences. Care plans were in an easy read format and staff told us they would talk through care plans with people who had visual impairments so that they could be involved in writing them. People's personal histories were explored and documented in their care records to enable staff to plan individualised and person-centred care. People's likes and dislikes were recorded and included specific guidance for staff to support people to communicate their needs and choices. Staff told us that wherever possible, people were encouraged to make decisions for themselves, such as what to eat, which activities they wished to take part in at home or in the community and what to wear.

Activities people enjoyed were identified in their care plans. People were enabled to participate in activities and to access the local community. One person enjoyed trampolining and attended weekly sessions locally; another person enjoyed going to the park regularly. The service had a photo album of activities and achievements of the people living there, such as helping with cleaning tasks, bread making, meal preparation and bowling trips. Staff told us that since the service had moved to Aldershot, access to the community had improved as it was easier to travel to the town centre and other facilities. People went out on regular trips such as shopping and visiting local cafes. Staff reported this had helped people develop confidence and independence.

People's ability to express their wishes was maximised by staff who explored different ways to communicate, such as Makaton, simple sounds, pictures and 'touch support'. Where people had severe communication difficulties 'touch support' enabled them to communicate. Staff touched people's hands whilst saying a word to support them to choose the hand associated with the word. Staff were observed responding to people who were distressed, which showed they knew people's individual needs and how to best support them.

Staff involved people's families in decisions about their care wherever possible through regular contact and inclusion in annual reviews of people's needs. One person stayed with their family once each month for a weekend and their family visited regularly. Families had also been involved in decisions about decoration of people's bedrooms when the service moved location.

There was a complaints policy in place which was available in an easy read format. No complaints had been made in the 12 months prior to the inspection. Records we reviewed showed that feedback was sought from people living in the home. There was evidence that this feedback was acted on. People's individual methods of communication were well understood and utilised by staff and so staff were able to identify and respond if a person was unhappy.

As people living in the home were not at the end of their lives staff did not routinely give end of life care. One person had a funeral plan and will in place which documented what they wished to happen in the event of their death. The registered manager told us that people's care plans would be reviewed if they were in need of care as they reached the end of their life.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager had a vision to provide person-centred care which enhanced people's lives, developed their abilities and maintained their independence through enhancing their communication skills and supporting them to engage in activities which interested them. This was shared by the staff team. People living at SeeAbility Fairways had moved to a new building which was closer to the town centre. The registered manager told us that this had allowed staff to support people to access more community based activities.

Staff understood their roles and responsibilities. Staff we spoke with were clear about what was expected of them in their daily work and were observed working effectively as a team during the inspection. They told us that they were well supported by the registered manager. One staff member told us, "[I am] most definitely supported." The registered manager told us that they valued staff. They said, "The staff do a fantastic job". They were supported by a deputy manager as well as a regional manager. Staff told us that the registered manager provided strong leadership and support. One staff member said, "[They're] the best boss I've ever had."

The registered manager was an approachable leader who made herself available to staff if they had any queries or concerns. Monthly supervisions and meetings were held by the registered manager to ensure that staff were well supported and understood their responsibilities. Staff were also provided with informal discussion opportunities as needed. One staff member said, "[We] can approach [her] at any time, we don't wait for supervision."

The registered manager effectively used robust systems for monitoring quality within the service. The service improvement plan (SIP) was used to identify required improvements and included completion dates. There was evidence that these were continually reviewed both by the registered manager and by the senior manager during their regular quality assurance visits, which were used to assess quality and safety within the service and covered topics such as staff supervisions and medications errors. The evidence we reviewed demonstrated that the registered manager maintained a thorough oversight of the service and continually worked to develop practice and sustain improvements to ensure positive outcomes for people.

Areas such as medicines, finances, events and incidents were monitored through full monthly audits. Records showed that the results from audits were incorporated in the SIP, allowing the registered manager to maintain a full understanding of all required improvements. Health and safety checks were completed at regular intervals such as temperature checks for refrigerators.

The provider actively sought feedback from people and their relatives about the service. Records confirmed

that people living in the home were invited to complete regular feedback surveys on the suitability of care they received at SeeAbility Fairways. Feedback was then gathered and recorded on a plan called 'Working Together for Change' which allowed staff to review areas which were working well and those which needed to change or improve. Actions were then identified by the staff team. The 'Working Together for Change' document had been implemented just before the inspection therefore we were unable to review the outcomes of actions identified as the deadlines had not yet passed.

Relatives were invited to visit the home at any time and attended for people's yearly reviews. Where people were unable to express their views regarding the quality of care provided, family members were encouraged to give feedback about service improvements. The registered manager told us that she maintained good communication with relatives and that they took opportunities to express their ideas about positive changes to support their loved ones' needs.

All services registered with the CQC must notify the CQC about certain changes, events and incidents affecting their service for the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service had notified CQC about all incidents and events required.

There was a culture of learning and reflection within the home. The registered manager told us that they reflected on the care and support they provided for people to ascertain if any changes needed to be made. The registered manager had implemented a 'Positive Behavioural Support' programme to provide individualised support to people who displayed behaviour that staff found challenging. Staff reflected on incidents and identified contributory factors which led to people behaving in ways that challenged. This allowed staff to identify trends and prevent further incidents. This also helped people to remain calm and develop their independence and coping strategies.

Staff at the home worked effectively in partnership with a range of professionals to support people's health and care needs. This included learning disabilities specialist nurses, speech and language therapists, paramedics and GPs. People attended healthcare appointments and had visits from healthcare professionals. This was documented in people's care plans. As people living at the home had visual impairments they were also supported by a vision rehabilitation worker. Staff advocated on behalf of people and liaised with professionals effectively to ensure that their health and wellbeing needs were met.