Care Quality Commission

The Royal School for the Blind

SeeAbility - Surrey Views

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

Surrey Views is a residential care home for eight people. On the day of our inspection, seven people were living in the home. The home supports people with sight and dual sensory loss, learning disabilities, mental health diagnosis and physical disabilities. Some people's behaviour presented challenges and was responded to with one to one support from staff.

The inspection took place on 6 November 2018 and was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was not currently in post but one was being trained and registered at the time of the inspection. 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.

Why the service is rated Good.

Policies, procedures and staff training were in place to protect people from avoidable harm and abuse. Staff had identified risks to people and these were managed safely. People were protected from the risk of infection. Recruitment processes were followed to ensure suitable staff worked at the service. Staffing levels were sufficient to ensure people's safety. Arrangements were in place to receive, record, store and administer medicines safely and securely.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again. There were business contingency plans in place in the event of an emergency.

The service was responsive and tailored its care to people's lifestyle choices. Care plans were person centred and people were seen and responded to as individuals. Activity programmes were creative and designed to meet people's individual preferences and choices.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and how people communicated their decisions. Applications for DoLS authorisations had been submitted where restrictions were imposed upon people to keep them safe.

People were cared for by staff who had received comprehensive training, support and supervision in their

role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and wellbeing. The home provided bright and spacious accommodation with access to large grounds and outside space. People had been encouraged to choose the décor and were able to personalise their bedrooms.

Staff treated people with kindness and went the extra mile to provide consistency and care for people when they needed to stay at hospital. Staff supported people to make choices about their lives. Staff treated people with respect and upheld their dignity when delivering their care.

People had a comprehensive assessment of their support needs and guidelines were produced for staff about how to meet people's individual needs and preferences. Support plans were reviewed with people and their families and relevant changes made where needed. Staff encouraged people to be as independent as possible. People received a highly personalised service that was responsive to their changing needs. Staff encouraged people to connect with their local community on a daily basis. People had excellent access to educational and leisure opportunities that were bespoke to their preferences and interests.

Processes were in place to enable people to make complaints. The provider had effective governance processes in place. People, their families, staff and professionals were encouraged to be actively involved in the development and continuous improvement of the home. People benefitted from living in a well organised, forward thinking service where their needs were always at the centre. The culture of the service was open and people felt confident to express their views and opinions. Management provided clear leadership and direction to staff and were committed and passionate about providing high quality services to people.

The provider had robust quality assurance systems which operated across all levels of the service. Staff had worked effectively in partnership with other agencies such as social workers, occupational therapists, physiotherapists, GP's, and pharmacies to promote positive outcomes for people.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

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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 please on 6 November 2018 and was unannounced. The inspection was completed by one inspector.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used reviewed the information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Some people had limited verbal communication but were able to express their views by facial expression, body language or staff understood the meaning of their individual communication methods. We observed the care that people received and how staff interacted with people. As part of our inspection we completed telephone interviews with three relatives. We spoke with the manager, the regional operations director and three care staff. We read care plans for two people and reviewed the medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits from this year. We also looked at records of menus, activities and minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

We were unable to communicate with people living at the service in detail but we made observations throughout the day and spoke to people's relatives. Relatives told us they felt their family members were safe at the service. One relative said, "(Person) is safe there. I have no doubts about that. They are dealing with his treatment really well." A second relative told us, "(Person) is safe because of all the staff who are there."

Risks to people were identified and managed in a person-centred way. For example, in one person's care plan there was a recently updated assessment regarding risks associated with their medicines. There were clear guidelines for staff to follow to ensure that this person was assisted and supported throughout the administration of medicines. We observed staff following these guidelines during the day.

People received their prescribed medicines in a safe way because staff managed the medicines safely and appropriately. All medicine administration records had been filled out correctly and with no gaps. Medicines were stored and locked safely in people's rooms with regular temperature checks. There was a system for recording the receipt and disposal of medicines to ensure that staff knew what medicine was in the home at any one time. Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

People were protected from the risk of abuse by knowledgeable staff and safe practice. Staff were confident about their role in keeping people safe and demonstrated that they knew what to do if they thought someone was at risk of abuse. They also explained how they would appropriately report any concerns they had either internally or to outside agencies if necessary. Training records showed that staff received regular refresher training in safeguarding. The service had correctly and appropriately reported safeguarding incidents to CQC and the local authority in the past year.

Systems were in place to ensure the safety of people in the event of an emergency. The manager had created an emergency folder next to the front door which included the necessary information to ensure the safe continuation of the service in the event of an emergency such as fire, adverse weather conditions or power outage. There were clear business continuity plans in place to ensure continued care for people living at the service. Every person at the service had a personal emergency evacuation plan in the event of an emergency which was accessible to staff.

There were sufficient staff to meet people's needs. People and their relatives told us that staffing levels were always sufficient to meet their needs. Dependency levels had been assessed and agreed with the respective local authorities who funded people's placements. Some people were funded for one to one care and we observed that this was provided. Staff told us that appropriate staffing levels were always maintained and the rotas confirmed this.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been

undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, references and interview notes in staff files to show that staff were suitable to work in the service.

People were protected from the risk of infection. We observed staff wore aprons and gloves when preparing food or carrying out personal care. Staff were quick to wash their hands and any equipment used after completing personal care. Staff consistently reminded people to wash their hands when necessary.

Lessons were learned and improvements were made when things went wrong. There was an incidents and accidents folder which contained records of each persons' history along with an overview and analysis to spot patterns or trends. When there had been challenging behaviour between people, staff had been quick to intervene, repair friendships and inform families. Relatives were positive about how staff handled accidents and incidents at the service and told us that staff were quick to contact them and update them with outcomes.

Good

Is the service effective?

Our findings

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights were protected because staff followed the guidance of the MCA. Where necessary, capacity assessments and best interests meetings had been completed in relation to specific decisions. People were routinely asked for their consent by staff. Staff knew people well and understood their individual communication systems. We heard staff offering people choices about their daily lives and allowing them the time to express their views. Staff were able to tell us how they knew when people were giving their consent or not, either verbally, or through facial expression, body language and gesture.

People were supported to drink and eat enough to have a balanced diet. People enjoyed the food they were served. We observed lunch being served saw that people were supported to eat their food by staff. One relative told us, "The food looks nice. They recently employed a chef there. Whenever we visit, lunch always looks good and there are lots of options for dessert. It's also tailored to each person. They get choices." Staff asked people what they wanted to eat in preparation for the coming weeks. Each day, the chef cooked enough food for people to change their minds between the two options. Everyone was able to either point or use a gesture to indicate their choice and staff were patient in waiting for them to make a decision. Throughout the day staff asked people whether they wanted a snack and ensured that everyone had a drink nearby.

People lived in a house that had been adapted to meet their needs. The corridors were wide and open for assisted walking. The toilets and bathrooms had been designed with appropriate equipment for staff to use to support and assist people. Each person's door was unique with door handles, signs and statements suited to their preferences. For instance, one person's door had multiple door handles on it to assist them in recognising their door by touch.

People's needs were accessed and analysed so that staff were able to give effective care. Each care plan had a detailed needs and support section which covered areas such as food/nutrition, communication, required support at night, in the home and out in the community, personal care and hygiene, lifestyle and emotions.

It was clear from the knowledge that staff had about people and the way they interacted with them that the training they received was reflected in their practices. Staff were exceptionally skilled at recognising people's individual behavioural triggers which in turn enabled them to effectively de-escalate people's anxieties and frustrations. For example, one person would sometimes hold people's arms or hands for periods of time. Staff were effective at communicating with and supporting this person so that instances did not escalate.

People received effective care because staff were well supported with induction, training, supervisions, staff forums, group supervisions and appraisals. From when new staff joined the service their development was made a priority. All new staff completed an induction programme at the start of their employment which

followed nationally recognised standards. Staff confirmed that during their induction they had been given sufficient time to shadow other staff, get to know people and read their care records so they understood how to support people well.

Staff worked effectively across the organisation to deliver good care and support. Staff had access to easy read guides for all training documents along with detailed guidance of how to support specific people. Daily records were detailed and useful in enabling staff to see what each person had done everyday throughout the day.

People were proactively supported to maintain good health and had access to external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians. One staff member told us, "If there is a need for a GP or any other health care professional then we will arrange that."

Good

Is the service caring?

Our findings

Staff went above and beyond their duties to treat people with kindness and compassion. When people were kept in hospital for treatment, staff had stayed with them outside of their working hours. Staff had done this because of the unique communication methods needed for particular people and because of the strong bonds that had formed between them and the people living at the service. For example, staff had ensured that one person's hospital room was orientated to enable the person to have the best possible position to use their partial sight. They had also spent many nights at hospital with this person to reassure them, support them and assist them in communicating with medical staff.

Relatives told us that staff always treated people with respect. One relative said, "They treat her (Person) like a normal human being. They respond to the way she communicates. It's difficult to do this because of the communication issues but the staff are very good at this." A second relative told us, "They (Staff) are caring people. They are there because they want to be. They are approachable and sociable. We can joke with them and talk with them." Relatives also told us about how the care staff had provided had improved people's lives, "(Person) hasn't had a seizure in two years now at this service. They have changed many aspects of her care and it's all been amazing. Before she joined the service, she was having a lot of seizures. That has been a big improvement for her in her life." Another relative told us, "They always treat (Person) with respect. They have proper conversations with him. They will support him to go to his room. They are patient with him too."

Relatives were very positive about the caring and compassionate nature of staff. One relative told us, "They took (Person) away to the beach recently. (Person) talks about that a lot. He enjoyed the trip a lot. When he comes home to me he says he wants to go back to the service and back on holiday with the staff. He is obviously very relaxed there." A second relative said, "The staff are very pleasant and dedicated to their work. They are extremely patient. This is very important with blind people who can't communicate." A third relative told us, "It's a very good service. (Person) interacts with the staff and them with her very well. There's a great rapport between them."

This service had not had a permanent registered manager for the majority of 2018. This had not affected the quality of care at the service because of the dedication and caring attitudes of the staff. Staff had very positive relationships with people and it was obvious that they had genuinely strong bonds with them. Staff were trained specifically to communicate with some people with various sensory limitations. One health care professional who trains services to use communication methods such as Makaton [a form of sign language] said, "The staff are better at using signing than I am. They are using the Makaton signing but with touch. I haven't seen many services that do that. They are more fluent than I am." Staff were using this method throughout the day to have detailed conversations with people about their favourite memories and their choices of food. Staff would stop and introduce themselves to people as they passed them using this method. The delight and happiness this communication brought to people living at the service was clear.

People were encouraged and supported to maintain and develop relationships and friendships. Relatives told us they appreciated the way staff helped people to spend time with the people they were important to

them. The manager and staff recognised the value of these relationships as a key element to securing a caring service.

People's privacy and dignity was maintained. One relative told us, "(Person) is assisted by staff thoughtfully through her personal care so that she can live with dignity and have privacy." Staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. People's private information was kept confidential and secure and post went straight to the person for opening.

People's independence was championed by staff at the service. Staff supported people to carry out their routines as they wanted to. We saw a person being supported by two members of staff to complete their morning routine independently. One relative told us, "(Person) always gets changed and goes to the toilet in his room because that's his preference. Staff always support him to do that." A second relative told us, "In order to let (Person) be independent they encouraged her to walk to the day centre on her own. They did watch her to make sure she was safe."

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. One staff member told us, "We take their preferences and choices and directly set them out in their care plans. We also update these to make sure they reflect their developing needs and choices. We also take the families preferences into consideration." We saw that care plans were detailed and person centred. They were written in a positive way, focussing on what the people could do for themselves, and where staff would need to support them.

The communication sections in care plans gave good guidance for staff on how people communicated. For example, one person was unable use visual hand signing known as Makaton or audio communication. Staff had developed touch hand signs for this person so that they could communicate with staff. This person chatted with staff via this method throughout the day about food, holidays, activities and preferences. We also observed staff using other methods of communication throughout the day which were tailored to different people's needs.

People had access to meaningful and interesting activities which regularly took place. One member of staff told us, "Some people like going for a drive. I motivate people to be active by understanding what they want to do and fitting in other activities I know they enjoy. They are all different and they all want to do different things. They just needed encouraging." Five people were taken out during the day of the inspection to a local day centre for various activities there. People's weekly routines included swimming, horse and cart riding, BBQs in the garden, holidays away with staff and trips into town. People were taken on holidays supported by staff. We observed people communicating about their holidays with staff and chatting about how much they enjoyed them. One relative told us, "They have arranged for us to go to (international location) with a staff member. We are very happy with this. It's wonderful to have a family holiday supported with carers."

There were end of life care plans in place for people who wanted them at the service. These had been created with people and their families. No one was receiving end of life care at the time of our inspection. One staff member told us, "The end of life care depends on the person. There is always a plan in place if they want one."

The complaints policy was clearly presented on the wall of the reception next to the front door. There was also a complaints process simplified for people in their care plans. When people or relatives had complained there had been an appropriate response by the service to address the issue and resolve it.

Good

Is the service well-led?

Our findings

Feedback from relatives, people and staff was good about the management of this service. There was a new manager and people gave us positive feedback about her. One person said, "The managers have been fine. The deputy manager is lovely. We know her well." A relative said, "I haven't had any complaints or concerns, the service is well managed."

People, relatives and staff were engaged and involved with the service in many ways. There was a monthly brief sent out to staff with changes and developments at the service. There were annual surveys completed by relatives, people and staff. We saw the analysis of this feedback which was positive. One relative said, "We have a yearly review with the service where they ask us for feedback and involvement. They tell us what (Person's) been up to. They show us photos of his activities."

People were supported and encouraged to express their views with regards to the service, their routines, day activities and care. Although due to communication limitations resident's meetings were not practical, staff were proactive in enabling people to make decisions. Several people at the home liked to have BBQs with the staff outside in the garden. For this reason, several BBQs had been organised by staff for people living at the home and off duty staff came into these events to spend more time with people at the service. Two people who were very keen to have BBQs had been taken out with staff to buy the equipment for the events and people had also chosen all of the food to be cooked. There were photographs of these events up around the home and we saw people talking about them to staff. Staff had also supported and assisted people to complete surveys and questionnaires about the service and these had all resulted in very positive feedback.

The provider had created an event for people, families, staff and commissioners to attend called Driving Up Quality Code. At this event multiple issues had been discussed with people from all of Seeability's services and an action plan had been created to improve services run by the provider.

People benefitted from an open and inclusive culture. Guidance and support was provided to staff by the manager. The services' policies and procedures referenced relevant national guidelines, professional codes of conduct and countywide policies to ensure that staff were always delivering care to current best practice. This included up to date legislation and publications from CQC, National Institute for Heath and Care Excellence (NICE) and the Health and Safety Executive. Through the process of effectively supervising and engaging with staff, reflective learning was encouraged and staff were motivated to provide and develop high standards of care.

The regional operations director and training manager were good role models and staff spoke positively about the way they led the service. Through the process of supporting staff it was clear that the regional operations director's leadership style was one of high support and high challenge.

There was accurate and contemporaneous record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. Quality assurance checks were completed around the home, to spot

where areas of improvement may be needed. Various health and safety checks were completed on a weekly and monthly basis. Areas covered included cleanliness and infection control, fire safety checks, including reviewing the last evacuations, and condition of the environment. Where areas for improvement had been identified in audits, these had been addressed.

Management were aware of the legal responsibilities in respect of documentation and the need to report significant events. Notifications had been submitted to CQC in a timely and transparent way. Through the completion of the provider information return (PIR) the manager demonstrated a good overview of the service and how it continued to meet the required standards.

The service worked in partnership with other agencies in the local community. For instance, there were local volunteers who frequently worked at the service in various ways. They painted the garden fences, planted flowers and interacted with people during the summer months. People at the service spent a lot of time visiting a local day centre near the service.