

SeeAbility

SeeAbility Bristol Support Service Office

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 16 April 2015. 48 hours' notice was given to the provider in order that arrangements could be made to speak with people who used the service. The last full inspection took place in June 2013 and five breaches of regulation were found. This included a warning notice being issued in relation to

records. The warning notice was followed up in August 2013 and the regulation found to be met. A further visit took place in February 2014 and the regulations were found to be met.

The service supports people with a sensory disability and other complex needs. People live in self-contained flats,

Summary of findings

in supported living accommodation over two locations in Filton and Henbury. We visited the office at the Henbury location but spoke with people who lived across both sites.

There was a manager in place at the service who was in the process of registering with the Commission. 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.

Overall the service provided good care and support; however we found that record keeping could be improved further to ensure that people's health needs were effectively monitored. Particularly in relation to monitoring of people's food and fluid intake.

There were significant staff vacancies at the time of our inspection and plans for recruitment were on going. The manager was minimising the effects of staff vacancies on people, by using regular bank and agency staff.

People received care from staff who were kind and caring in their approach. People were supported to be

independent where possible and were treated with dignity and respect. People were involved in the planning of their own care through attendance at planning meetings.

People's rights were protected in line with the Mental Capacity Act 2005. Staff attended best interest meetings when making significant decisions about a person's health or treatment. Visual materials were used to support people as far as they were able in understanding and participating in the decision.

Staff understood people's individual needs and preferences and these were clearly documented in people's support plans. People cultural needs were considered when recruiting staff to support them. Any concerns or complaints that people had were logged and responded to.

Staff were well supported in their roles through supervision and training and all felt confident about raising issues of concern. Senior staff were open and transparent about the issues that had faced the service and what needed to be done to improve the service further. This was set out in a clear action plan for improvement. We saw that items on the action plan were being worked towards at the time of our inspection. This showed that the service was well led and proactive in seeking to improve.

Summary of findings

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 was safe.

There were significant staff vacancies; however this was being managed so that the effect on people was minimised

People received safe support with their medicines and the service was addressing a number of errors that had occurred previously.

There was guidance in people's support plans so that staff had clear information about how to support them safely.

Staff were aware of and confident about reporting safeguarding concerns.

Good



Is the service effective?

The service was not always effective.

Records were not always completed effectively, particularly in relation to food and fluids.

People's rights were protected in line with the Mental Capacity Act 2005.

Staff worked with healthcare professionals.

Staff received training and supervision to support them in their roles.

Requires Improvement



Is the service caring?

The service was caring

People were supported by staff who were kind and caring in their approach.

People were treated with dignity and respect and their independence was encouraged.

People were involved in planning their own care.

Good



Is the service responsive?

The service was responsive.

Staff understood people's individual needs and preferences. People were supported to take part in activities of their choosing.

There were systems in place to respond to complaints.

Good



Is the service well-led?

The service was well led.

There was an open and transparent culture and staff felt able to raise concerns.

There were systems in place to monitor quality and safety in the service.

Good



Summary of findings

There was a clear action plan in place to improve the service.	
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SeeAbility Bristol Support Service Office

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 16 April 2015 and was an announced inspection. The provider was given 48 hours' notice because the location provides a supported living service and we needed to make arrangements to speak with people who receive care.

The inspection was undertaken by an inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection we reviewed all the information we held about the service including notifications and information of concern. Notifications are information about specific important events the service is legally required to send to us.

We spoke with five people who use the service, four members of staff, the manager and regional manager. We viewed the support files of three people who use the service and other documentation such as training and recruitments records, quality and safety audits and feedback questionnaires.

Is the service safe?

Our findings

Most medicines were delivered from the dispensing pharmacy in blister packs so that it could be easily monitored that they had been given as and when prescribed. We checked Medicine Administration Record charts and found that medicines had been signed for as expected for the time period we viewed. However, systems weren't effective in monitoring stock levels of PRN (as required) medicine. When PRN medicine was given to people, this was recorded on a Medicine Administration Record (MAR) chart. There was also a separate record of when new stock was received, however there was no running record kept of stock levels, or any regular stock take recorded. This meant there was a risk that errors or discrepancies in stock levels would not be promptly identified.

There was clear information available in people's support plans about the medicines they were prescribed and the support they required to manage them. This included a list of the medicines a person was prescribed and detailed instructions for when PRN medicines should be offered.

People said they felt staffing levels were adequate, though concerns were expressed about the high level of staff turnover: This had delayed the appointment of key workers for some people. A key worker is a member of staff who is allocated to a person and has a particular responsibility to ensure the person's needs are met. We spoke to the manager about this who was aware of this issue and told us that due to people's complex needs, they needed to ensure that the right member of staff was identified as keyworker and this would be addressed when recruitment was complete.

The manager told us that recruitment was a priority for the service at the current time, due to there being significant vacancies within the staff team. We asked how this level of vacancies was being managed to reduce the impact on

people using the service. The area manager and manager told us they were using regular agency staff to fill shifts so there was consistency for people who used the service. This was particularly important for people who had complex needs. We were told that where necessary a small team of support workers would be used to support an individual. Whilst speaking with people who used the service, we observed there were always staff available to support them when required, for example by supporting people who used a wheelchair, and those with restricted vision to move around the building.

There were systems in place to support the manager in making safe recruitment decisions. For example, we saw that staff had a CRB (Criminal Records Bureau) or DBS (Disclosure and Barring service) check in place. These checks provide information about any previous criminal convictions that a person has that may affect their suitability to work with vulnerable adults. This information was not always completed in the member of staff's file; however the manager checked with staff in the head office and proof was obtained that these checks had been completed.

Staff received training in and were confident about identifying potential signs of abuse. The manager notified the commission of issues that indicated a safeguarding concern. It was recorded on the notification that the issue had been shared with the safeguarding team in the local authority.

There were risk assessments in place to guide staff in providing safe care for the people they supported. This included, for example, the measures that were needed to ensure people were safe when being supported outside of their flat. People had PEEPs (Personal Evacuation Plans) which described the individual support that people would require in the event of having to evacuate the building in an emergency.

Is the service effective?

Our findings

The records in place were not always effective in recording and monitoring the care and support that people received. For example, we saw that where people's food and fluid intake was being recorded, the total amount of fluids that a person had taken over the day was not always recorded. This meant there was a risk that people's health would not be effectively monitored. In the case of one individual this was particularly important because there were concerns about the person becoming dehydrated. In another case, there were limited recordings on some days we viewed. Staff told us that this was because the individual had been out for the day, however this had not been noted on the chart.

This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received support from healthcare professionals when appropriate. For example, one person had information in their file about exercises that the physiotherapist had asked to be completed with the person. Staff confirmed that the person completed these exercises when they gave consent for staff to support them.

In another person's file, we saw that a referral had been made to BIRT (Bristol Intensive Response Team) following two incidents of a person's behaviour causing concern. This showed that the service was proactive in seeking support from relevant professionals when necessary.

People had varying levels of independence in meeting their own nutrition and hydration needs. However, these needs were well described in their support plans. For example, some people were being supported to eat a healthy and balanced diet, whilst others had more specialised needs such as the use of a PEG (Percutaneous Endoscopic Gastrostomy) to receive nutrition. There were clear guidelines on file for staff to follow in relation to the PEG and records reflected that the PEG was cleaned according to guidelines in the person's support plan.

Staff were positive about the training and support they received. One staff member described the training as "excellent". An overall record of staff training was maintained so that this could be monitored and it was clearly identifiable when training was due to be refreshed. Core training topics included, moving and handling, safeguarding and 'person centred working'. There was also more specialised training provided where required. The manager told us that in the case of a person who received nutrition through a PEG specialist training in how to support the individual had been provided by community nurses. We asked the deputy manager how they ensured that agency staff had the necessary skills to support people in the service. We were told the service met with the agencies on a regular basis to discuss the training requirements of the service and of specific individuals. When booking agency shifts, checks were made to ensure that they had the specific training required to meet the needs of people they supported.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA). This is legislation that protects the rights of people who are not able to make decisions independently about their own care and treatment. We saw records of meetings where staff had been involved in making best interests decisions, for example in relation to decisions about a person's health. We saw that pictorial materials had been made to help explain the medical procedure that was being discussed and this helped the person understand and be involved as far as possible in the decision making.

The manager told us that they identified people in the service who, due to the level of support they required to remain safe, were potentially being deprived of their liberty. The manager told us that the paperwork in relation to this was currently being completed by the social worker, before an application being made to the courts. This showed that the manager was aware of and took action to protect people's rights.

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect and that they built positive relationships with staff. One person said “the staff they take on are very good”. Other people said “support workers are very nice, friendly, and chatty” and “staff here support me very well in all my activities”.

We observed that staff were patient in listening to people and treated them with respect. We also noted that the privacy of people was respected. We observed good rapport between staff and people, particularly where the person and key worker were interacting together.

People were involved in the planning of their care because they attended care planning meetings where their needs and preferences were discussed. People confirmed this and one person said “I am always being consulted. I am very much in control”.

People were encouraged to be independent in their daily lives. The design of people’s accommodation supported this aim, for example with doors that opened and closed automatically to facilitate wheelchair access. One person described their accommodation as “perfect”. We also saw that people were supported to go to the local supermarket to make decisions about what they wanted to eat.

People were encouraged to voice their opinions about the running of the service and any concerns that they had. A

‘Quality Action Group’ was in place with representatives from across services in the region. There were representative of the service involved in this group and they sought the views of other people before taking them to the meeting. We were told that the length of time taken to address maintenance issues was one issue that had recently been brought up at the forum. We met two members of the QAG, who were both very positive about the responsiveness of staff in addressing concerns. One QAG member said “When I have raised issues they have always been addressed”. Another service user said “they listen to concerns and try to sort them out”.

We were told that service users were included in recruitment selection panels for new staff. This showed that the service was committed to ensuring that people’s views were taken into account when important management decisions were being made.

Consideration was given to people’s cultural and spiritual needs. In one person’s file, it stated they enjoyed attending church. Staff confirmed that this person had recently started attending. For another individual we were told their cultural needs were particularly important to them and a personalised job advert had been placed when recruiting staff to support this person that referenced these needs. This helped ensure that staff who were well matched to the individual who would be recruited.

Is the service responsive?

Our findings

People's needs and preferences were well documented and staff understood how people wished to be supported. The service was in the process of updating everyone's support plans with input from the individual concerned. We viewed examples of the new style of support plan and saw that these contained clear guidance and details that would support staff in providing care in line with the person's individual needs and wishes.

Support plans were presented in a way that reflected people's individual interests, for example by using pictures of favourite activities and pass times. The manager told us it was a challenge at the present time finding ways to present support plans that met everyone's needs, as these needs were so diverse. However this was something that they were looking in to.

Support plans included details about what activities people enjoyed and aspects of their day that were important to them. For example in one person's file, we read it was important for them to go out each day otherwise they would become anxious. The manager confirmed arrangements were in place to support this person to go out each day. Information about situations that may cause people distress were also included and the ways in which the situation could be managed.

People were supported with their individual means of communication. For example, in one person's file we saw

information about phrases they used and what they meant. Another person used Makaton (away of using signs and symbols to support communication) to tell us about their experiences of the service, with the support of a member of staff.

People were supported by staff to take part in activities of their choosing. For example, one person told us they were supported to go to a disco. We saw that another person was supported by staff to go shopping locally. The manager told us that they didn't tend to organise group activities for people at the Henbury site as their needs were so varied that group activities didn't tend to work well. However, people at the Filton site got on well as a group and socialised together frequently.

There were systems in place to respond to complaints. A complaints procedure was produced and available to people in their support files. This was available in other formats, such as braille if needed. The complaints procedure identified other agencies that could be contacted outside of the organisation

A log of complaints was maintained and this recorded the nature of the concern and the action that had been taken in response. For example, we saw issues such as a person requesting not to receive support from a particular member of staff. There was a note on the log to say that the rota had been amended to accommodate this request.

Is the service well-led?

Our findings

There was no registered manager in place at the time of our inspection, however the current manager was going through the process of registering with us. Support was provided to the service by the Regional Service Manager, who was based at the service at least once a week. Senior staff were open and transparent about the issues that had faced the service and what needed to be done to improve the service further. This included recruiting and establishing a stable staff team as well addressing staff concerns about the rotas.

There was a clear action plan in place and we saw that this was being worked through. The action plan included reference to a number of medication errors that occurred at the service over the last 12 months. This was being addressed though more thorough follow up with the staff concerned. We also saw that rewriting everyone's support plan was on the plan and this was being completed at the time of our inspection.

There were systems in place to monitor quality and safety in the service and this included a programme of audit to

check on specific areas. For example, we saw a health and safety audit from January 2015. The regional manager completed a quarterly monitoring visit, which reviewed action plans from previous visits as well as identifying further improvements for the future. We saw that a previous action had been to review everyone's PEEP (Personal Evacuation Plan), and it was evident in the files we viewed that this had occurred.

Accidents and incidents were recorded so that any trends in the kinds of accidents that occurred could be monitored. The regional manager viewed the forms on a regular basis to check that appropriate action had been taken in response to them.

Staff were generally very positive about the performance of senior management in terms of providing professional support, and advice. One staff member said "this is a really nice place to work". Several staff said that management fostered good team working and promoted a culture of openness and integrity. Staff confirmed that they were confident that if they raised concerns, senior management would react in an appropriate manner: one staff member said "I have confidence in their whistle blowing policy".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Records were not fully effective in supporting staff to monitor people's health needs</p>