

The Royal School for the Blind

SeeAbility Oxfordshire

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

About the service

SeeAbility Oxfordshire Support Service is a supported living service providing personal care to six people at the time of the inspection. The service can support up to six people with each person living in their own accommodation.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service supported people in six bungalows on one site. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a supported living service. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People's experience of using this service and what we found

At the September 2018 inspection we found medicines management systems needed to be improved to ensure people safely received their medicines. We found audits and checks did not effectively identify issues or record action taken to make changes and drive improvements. At this inspection we found improvements had been made.

The service had a clear management and staffing structure in place.

The provider had quality assurance systems in place to monitor the quality and safety of the service. These enabled staff and the management team to look at what areas were working well and where improvements needed to be made. There were records kept of accidents and incidents and these were investigated.

People were supported to engage in activities and maintain social relationships with family and advocates. Some people required prompting and motivating to take part in daily life and staff respected people's choices and recognised people's right to make decisions about their lives.

People were supported to access the health care services they required. Staff had sought guidance and support from different health care professionals to make sure they were providing care which met people's needs. People were encouraged to eat a balanced diet with a choice of meals.

Staff had the right skills, experience and support to meet the needs of people who used the service. Staff worked well as a team and supported people to lead the lives they wanted to.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update) The last rating for this service was requires improvement (published 15 October 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SeeAbility Oxfordshire Support Service on our website at www.cqc.org.uk.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

SeeAbility Oxfordshire Support Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out on the first day by one inspector and an assistant inspector and on the second day by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service two working day's notice of the inspection. We gave the provider notice because the location provides a supported living service and the people using the service needed to be informed of the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from commissioners. We looked at all the information we had about the service. This information included statutory notifications that the provider had sent to the CQC. A notification is information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

Due to the layout of the service and people's needs we could not carry out direct observations in people's own homes. We spoke with one person about their experience of living in the service and contacted one relative on the telephone to gain their feedback. We met with the registered manager, the new manager, two deputy managers, a support worker and the positive behaviour support lead.

We reviewed a range of records. This included two people's care records and two people's medicines and associated records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback on the service, via email, from one relative and three health care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to have effective medicine management systems in place to ensure people safely received their medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we identified no errors when checking people's medicines and associated records. Improvements had been made with auditing medicines and ensuring any issues were quickly addressed.
- Staff received medicines training and their competency was reviewed to ensure people received their medicines safely.
- Information was available for staff to know about the medicines people were prescribed, any allergies and general information about how the person liked to take their medicines.
- The service was working to the STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) guidance. Medicines reviews were held to ensure people were on the right type and dose of medicines.

Systems and processes to safeguard people from the risk of abuse

- A relative confirmed they were happy with how their family member was supported and that they had no concerns about their safety.
- Staff received safeguarding training and there was information available in the communal areas of the service on what to do and who to contact if anyone had a concern. One staff member told us, "I'd go to deputy managers etc. I know where to go and I'd go to the head if nothing was done about it. We've got the information [to report a concern]."
- The provider had processes in place to safeguard people from the risk of abuse. Records were in place when safeguarding concerns had been reported. The registered manager had developed a summary sheet so at a glance they could monitor safeguarding referrals and record action taken.

Assessing risk, safety monitoring and management

- Risks associated with people's needs were identified and assessed. These recorded how to manage risks in the way that enabled people to live their lives as they chose.
- Detailed assessments were in place regarding risks associated with behaviours that may challenge the person or others. This included accessing the community and nutrition and fluids. These were regularly

reviewed, and reflections and discussions took place with staff to ensure any changes were known so staff could support people safely.

- Personal emergency evacuation plans (PEEPS) were in place to ensure people were supported in the event of an emergency.

Staffing and recruitment

- The provider had enough staff on duty with the right skill mix to keep people safe. One person told us, "They do have time to spend with us." One staff member confirmed staffing levels were "fine".
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff.

Preventing and controlling infection

- Staff supported people throughout the day to maintain a clean and tidy environment.
- Staff had completed training in infection control and had access to Personal Protective Equipment (PPE) to prevent the risk of infections spreading.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and investigated. Action was taken to mitigate the risk of a reoccurrence.
- The positive behaviour support lead carried out a detailed analysis on all reported incidents and events to see if there was a pattern or trend that needed to be identified. This would then lead to reflective practice and observations between staff and the person to ensure people were understood when they were communicating how they were feeling.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The pre-admission assessment covered a range of areas important to a person's life, for example, how they communicated, relationships with other and if they had any religious or faith requirements. This was in line with good practice guidance and reviewed on a regular basis.
- Relatives and professionals were closely involved with the staff team in looking at the best ways to support the people living in the service.
- Meetings took place with relatives and advocates to ensure everyone shared ideas and experiences. Information, such as daily records, were also sent to relatives, if requested. One relative told us viewing this information was useful as it, "Identified problems and resolved issues."

Staff support: induction, training, skills and experience

- Staff were supported through appropriate training which they said prepared them for their roles. One staff member said, "Training was very good." All staff, including agency staff, were trained in Positive Range of Options to Avoid Crisis and use Therapy (PROACT-SCIPr-UK). This is a person-centred approach to supporting people.
- Additional training was provided to staff that related to the needs of people using the service. For example, staff received training in epilepsy and dysphagia (a term used for people with swallowing difficulties).
- Staff were supported through one to one and group supervision. One staff member confirmed, "You get a lot of support here."

Supporting people to eat and drink enough to maintain a balanced diet

- Some people required full support to shop, prepare and cook meals, whilst other people could assist with making their meals. Staff understood the levels of help each person needed.
- Staff monitored the meals people ate and encouraged people to eat healthily.
- Guidance was available for staff, via the Speech and Language Therapist (SALT), for those people at risk of choking. This advised staff how to safely support people with meals and was in line with national guidance.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and referred to health professionals when needed. Health and medical information were recorded for each person, so staff could monitor outcomes of appointments.
- Professionals from the local authority worked closely with the registered manager and staff team visiting

the service to ensure people's needs were being met.

- People had health passports and/or health action plans, which would be information for healthcare professionals if a person had particular health needs and needed to be admitted into hospital.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People's capacity was assessed before they moved into the service and this was an ongoing assessment. People's support plans stated whether they had capacity to make specific decisions.
- Evidence was available showing where best interest decisions had been made, for example, a person requiring a medical procedure. All those involved in the person's life were part of the decision making process so that the person's rights were upheld and a decision made in their best interest.
- Staff had undertaken training about the MCA and Deprivation of Liberty Safeguards and promoted people to have daily choices in their lives.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff helped people access other professionals as and when they request this. One staff member explained how they had accompanied a person for the first session they had with a professional. They then enabled them to talk freely without the staff member being present, which gave them the chance to explore feelings and thoughts.
- A health care professional spoke positively about the staff team. They told us, "Support staff were helpful and committed to supporting the people they worked with."
- A relative was happy with the level of support their family member received. They said, "[Person using the service] doesn't want to go out in community. [Person] is happy. It's very much lead by [person using the service]."

Supporting people to express their views and be involved in making decisions about their care

- People had a range of needs and staff recognised that every person had a right to decide how they lived their lives. One person chose not to verbally speak but during a recent review meeting when asked for their views on the support they received wrote their feedback stating, 'I am happy with my life here.'
- People's needs and abilities to understand the world they lived in was respected. Staff did not rush people to take part in activities and tasks that they might find stressful. Instead, staff reflected on what people appeared to enjoy and what they found challenging and used this information to support people.
- One person had made significant progress since moving into the service and although did not socialise with others, when the fire alarm went off they would leave the security of their home and wait in the designated area. The registered manager saw this as a sign the person trusted staff and knew by taking this action they would be safe.
- If people or their relatives asked for a change in the staff member who was supporting them, this was respected, and a new staff member was allocated to support the person. One person confirmed they had requested this, and it was actioned.

Respecting and promoting people's privacy, dignity and independence

- The registered manager talked about the progress people had made since living in the service. One person now could go out without staff supporting them during the day. They had a mobile phone and if they needed help they could contact staff quickly for assistance.
- People were encouraged to develop daily living skills. For some this might be helping with a meal or shopping for their own food. Each person was helped to decide how they spent their daily lives.
- Staff were aware of those people who wanted private time away from staff and this was part of the

support staff offered to the person. Time alone was seen as important for people wanting quiet and privacy.

- Staff recognised some people benefited from technology to ensure they had space away from staff, whilst still being safe. For example, one person had consented to having a monitor in their home due to their particular health needs. This helped them as they knew staff were available but were not invading their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans were person-centred and gave staff information in areas such as people's background history, likes and dislikes, healthcare needs, care outcomes, and how people would like to be supported.
- The support people needed was continually reviewed and updated according to their changing needs. A health care professional told us, "Care planning is done in a thorough, evidence-based approach and gradually builds on advancing the life skills of the person [using the service]."
- Staff confirmed they took time to listen and waited for people to respond when having a conversation. Some people required time to process what was being talked about before they could make decisions about their daily lives.
- One relative spoke about the need for routine to ease their family member's anxiety and this was now improving, as it was not always previously in place. Staff recognised some people responded well to familiarity and routine and this was talked about amongst the staff team so that consistent practices were shared and followed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people communicated. We saw evidence that information about people's communication needs was documented in order for staff to understand how best to communicate with people.
- One person chose to communicate through writing and using an activity choice board where there were pictures for the person to decide what they did each day.
- Larger font was available for people living with a visual impairment and the registered manager confirmed documents could be translated into another language if this was required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- Activities were based on people's likes, dislikes and needs. For some people they had their own vehicle and enjoyed going out into the community. Other people preferred to stay within their home where it was quiet and familiar.
- Improvements had been made to staffing levels so that people could go out more. One relative

commented, "I am very pleased that [person using the service] is finally going out and we have worked hard to achieve this outcome."

- A health care professional said the staff team had worked hard to ensure the level of support they offered to a person was right and safe. They commented that the staff team had shown, "Great resilience and problem solving [skills]."
- The registered manager confirmed that staff took time to help people decide on what they wanted to do and explained what types of sounds they might hear when they visited places such as the shops or cinema. By preparing people they could feel confident in how they responded to noises that might usually make them stressed.
- People had their own garden and could use this space as they wanted. One person liked seeing the birds and so bird feeders were put in their garden.

Improving care quality in response to complaints or concerns

- A relative said they had no concerns but would talk with the registered manager if they had a complaint. Where there have been issues and queries from relatives the management team have recognised the value of working in collaboration with relatives to ensure people are supported in the best way.
- Signs were displayed informing people how to complain and these were available in a pictorial format. For those people who might struggle or require support to make a complaint people had either family member or advocates to represent their views.
- Systems were in place to address any concerns. The registered manager had responded appropriately to issues and complaints raised.

End of life care and support

- At the time of our inspection no one at the service was receiving end of life care.
- The registered manager confirmed end of life wishes would be explored and recorded in people's files as and when people and those involved in their lives feel able to discuss this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to have effective quality checks and audits to identify any issues and drive improvement. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The audits were effective in identifying when there were medicine recording errors so that action could be taken.
- There were audits in place to monitor different aspects of the service. This included health and safety, developing a lessons learnt spreadsheet to check what action was taken following an event and ensuring staff received regular one to one supervision and training.
- The service was audited by a quality and compliance officer in May 2019. These audits took place to help identify what was working well and where improvements needed to be made. We saw an action plan was completed to help the registered manager monitor what had been achieved and where action still needed to be taken.
- Improvements had been made to the management cover of the service to ensure better continuity. Feedback from the health care professionals and a relative told us there have been some challenges with regards to the day to day management of the service. However, a new experienced service manager had started working shortly before this inspection which would provide stability to the service and they would work alongside the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service worked with others to ensure people were supported in a person-centred way. One healthcare professional commented, "SeeAbility provide a good quality of service for people with complex [needs] and are committed to improving and developing this service."
- The registered manager and staff team were flexible and creative when supporting people with the aim to achieve positive outcomes for people. Time was taken to work with all those involved in the person's life to understand their needs and offer them new experiences.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider was aware of their legal responsibility to be open and transparent when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support and providing truthful information and if necessary an apology when things go wrong.
- The registered manager had submitted relevant notifications to the Care Quality Commission and other relevant bodies when a reportable event had occurred. This enabled all concerned to have details of an event and action taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service, their relatives and advocates were involved in decisions made about the support people received. One relative said, "We met management and we discussed what works."
- People and relatives were encouraged to give feedback on the service. For relatives this was often during visits to the service or planned meetings. The provider also used satisfaction surveys for people and relatives to complete. The process for this was currently being reviewed to ensure it captured feedback in an effective way.
- There was a noticeable improvement regarding how supported staff felt compared to the previous inspection. There had been staff changes, however, there were several staff working since the service opened and they had seen the staff team work in a more cohesive way.
- Staff had the opportunity to give feedback to the provider and we saw an action plan had been created following the results of the provider's staff survey. The culture within the service was moving to be more positive and staff were working well with each other. One staff member said, "It's a better environment to work in" and the registered manager confirmed, "Staff are really engaged and now I feel we can move them to the next level and create a high-performance team."

Continuous learning and improving care

- The registered manager promoted continuous learning. Meetings were held with staff to discuss work practices, development needs and look at staff's well-being.
- The registered manager and new service manager had a relevant management qualification and attended the learning disability forum. This was to share best practice and to discuss important subjects, such as safeguarding.

Working in partnership with others

- The registered manager and staff worked in partnership with external professionals. One health care professional confirmed they visited the service every three months to see how the service was developing.
- The staff team worked closely with the positive behaviour support lead. Staff were observed working with people to ensure they understood the people they supported them and helped them in a person-centred way.
- The aims and objectives of the service was to support people, using the skills and knowledge of staff working in the service and external professionals, so that they achieved the best outcomes and experienced new things. A health care professional told us, "There is a strong focus on joint working with external professionals and families to achieve the optimum outcome for the residents."