

The Royal School for the Blind

SeeAbility - Derby Lodge

Inspection report

4 Wesley Road
Leatherhead
Surrey
KT22 8ET

Tel: 01372389411
Website: www.seeability.org

Date of inspection visit:
23 July 2019

Date of publication:
18 September 2019

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 - Derby Lodge is a care home providing personal to 8 people with a visual impairment who may also have a learning disability, physical disability, acquired brain injuries or degenerative conditions. At the time of the inspection the service was supporting eight people in one adapted building.

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 was a small home. There were deliberately no identifying signs, to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

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.

People continued to benefit from kind and committed staff. Relatives complimented the support received and told us they formed meaningful, caring relationships with the staff. Staff knew what was important to people and ensured people had care that met their needs and choices. People's dignity, confidentiality and privacy were respected, and their independence was promoted.

People received support that met their needs and was in line with care plans and good practice. People's rights to make own decisions were respected. People were encouraged to maintain good diet and access health services when required.

The registered manager ensured people received safe care and treatment. Relatives complimented the

continuity of care provided by skilled and competent staff. People received their medicines safely and as prescribed. Risks to people's well-being were assessed, recorded and updated when people's circumstances changed. The staff ensured any lessons learnt were reflected to improve the service delivery.

The service was well run by the registered manager who was supported by a team of committed staff. The provider's quality assurance processes were effective and there was a focus on continuous improvement. Where an area for improvement had been identified there was a prompt action taken to address it.

People, staff and relatives were involved and felt listened to. The team at Seeability - Derby Lodge worked well in partnership with other agencies, social and health professionals and external organisations.

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

Rating at last inspection:

Good, report published 26 November 2016

Why we inspected

This was a planned inspection based on the previous rating.

Follow up:

We will monitor all intelligence received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

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 - Derby Lodge

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 team consisted of one inspector and one assistant inspector.

Service and service type:

Seeability Derby Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with three relatives about their experience of the care provided. We spoke with seven members of staff including the provider, registered manager, assistant manager, care workers and the chef. We used the

Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We attempted to contact six relatives of people who used the service, but unfortunately over the period of four weeks, we only had contact with one relative. We also spoke with two professionals who regularly visit the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- People were cared for by staff that knew how to raise and report safeguarding concerns.
- The provider had safeguarding policies in place and the registered manager worked with the local authorities' safeguarding teams and reported any concerns promptly.

Assessing risk, safety monitoring and management:

- Risks to people's well-being were assessed, recorded and staff were aware of these. The risk assessments covered areas such as falls, behaviour that may challenge others, epilepsy, medication, environment and emotional wellbeing.
- The provider ensured there were systems in place to manage emergency situations such as evacuation in case of a fire.
- The provider had a system to record accidents and incidents, we saw appropriate action had been taken where necessary.

Staffing levels:

- We observed, and staffing rotas confirmed, there were sufficient staff to meet people's needs.
- During the day we observed staff having time to chat with people. Throughout the inspection there was a calm atmosphere and staff responded promptly to people who needed support.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Using medicines safely

- People received their medicines safely and as prescribed.
- The register manager ensured people's medicine were administered by trained and competent staff.
- Some people received their medicines covertly (medicine which is put in food or drink without the person knowing), records confirmed that mental capacity assessments and covert administration assessments had been completed. We noted that people's families, pharmacists and GPs had been involved in best interests meetings in relation to receiving their medicines covertly.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff completed training and were knowledgeable about the requirements.
- We observed staff using personal, protective clothing and equipment safely.
- The environment was clean and well maintained.

Learning lessons when things go wrong

- The registered manager ensured they reflected on occurrences where a lesson could be learnt and used this as an opportunity to improve the experiences of people.
- Staff knew how to report accidents and incidents and told us they received feedback about changes and learning as a result of incidents at group supervision and on an individual basis.

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.

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.

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

- People's rights to make their own decisions were respected. We observed staff supporting people with decisions prior to a planned day trip to the seaside. One member of staff told us, "People have a right to make their own decisions and we must respect their rights".
- People were supported by staff that knew the principles of The Mental Capacity Act 2005. One staff member said, "We always assume capacity until proven otherwise".
- Where people were being deprived of their liberty appropriate applications had been submitted to the local authority.

Staff support: induction, training, skills and experience

- People were supported by well trained staff. All staff completed an induction programme when they first started work. Staff told us, and records confirmed that they had the necessary training to support people effectively.
- Staff told us that they felt well supported. They also told us, and records confirmed, that they received regular supervision and appraisals where they could discuss their concerns, their career goals and give ideas for improvements. One member of staff told us, "I am working towards my NVQ level five. I get regular supervision, but we can always catch up, the support is always there if you need it".

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

- People who needed assistance with eating and drinking were supported to have meals in a dignified way by attentive staff. We observed staff sitting with people and talking to them whilst supporting them to have their meals at a relaxed pace that matched the individual needs of the people they were supporting.
- People were encouraged and supported to get involved in preparing and cooking their own meals through the use of assistive technology. We saw pictures of people doing this and it was clear that people were enjoying it.
- Where people required special diets, for example, pureed or fortified meals, these were provided by the chef who clearly understood the dietary needs of the people they were catering for. Staff working with other

agencies to provide consistent, effective, timely care

- Each person had a hospital passport that detailed what hospital staff would need to know about the person.
- People were supported to live healthier lives through regular access to health care professionals such as their GP, dentist or optician.
- Guidance and advice from healthcare professionals was incorporated into people's care plans.

Adapting service, design, decoration to meet people's

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.
- The community areas were pleasantly decorated, and people's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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

- Records clearly showed that people's views and needs were considered, in particular what was important to people had been recorded. Staff demonstrated through talking with us that they knew people well.
- The diverse needs of people using the service were met. This included individual needs that related to disability, gender, ethnicity, faith and sexual orientation. We saw example of how staff had responded to people's needs and supported them effectively in relation to their protected characteristics.
- We observed staff were kind and compassionate and showed they had formed a strong relationship with people and knew them well.

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

- Care plans were completed with people and their relatives to ensure they reflected people's needs.
- Where required, information was provided to people in a format that was accessible to them, for example, information about service users rights and responsibilities were provided in large print, these same documents were also available in Braille and audio format.

Respecting and promoting people's privacy, dignity and independence

- People were treated with kindness and respect. We observed staff talking with them in a respectful way and showing genuine warmth toward people.
- Personal records about people were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.
- Care records highlighted what people wished to do with their time in order to remain independent and living within the community. Throughout or inspection we saw people coming and going as they wished, this included going out to the seaside for the day.

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 care plans were detailed and personalised. There was evidence that relatives were invited to participate in care plan reviews with people.
- People were supported to undertake activities and follow their interests. One person attended a day centre regularly. Most people enjoyed visiting the shops or going for walks around the town.
- We saw many examples of how people were supported to engage in activities of their choosing to avoid social isolation. On the day of the inspection there was a busy feel to the service as people were getting ready to go out to do their daily activities.
- Care plans detailed people's support needs and how people wanted their needs to be met.

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.

- Reasonable adjustments were made where appropriate that ensured the service identified, recorded, shared and met information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated and responded to as per provider's policy.
- There was information available throughout the service on how to complain, this information was also available in large print, Braille, audio format and Makaton (Makaton is a language programme using signs and symbols to help people to communicate).

End of life care and support

- At the time of inspection, the service was not supporting anyone at the end of their life. We spoke with the registered manager about developing plans for end of life when people are first admitted to the service.
- There was evidence that people had been given the opportunity to discuss their wishes related to end of life plans, for example, the type of funeral they wanted and how they wished for the ceremonies to be carried out.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people and how the provider understands and acts on duty of candour responsibility

- From our observations and speaking with staff, the registered manager and the deputy manager it was clear that there was a positive culture at Seeability Derby Lodge and staff worked towards the values of person centred care.
- Relatives praised the care their loved ones received and how the service was run. Relatives we spoke with felt the service was well managed and open.
- The registered manager and provider promoted an open culture which contributed to staff work satisfaction. There was good team work and staff morale. One staff member said, "I think we have a great team. We always support each other".
- The CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The quality, safety and effectiveness of the service provided was monitored through regular audits mainly undertaken by the provider's quality assurance team. Audits included areas such as medicines, recruitment files and care plans. The deputy manager had oversight of these audits to ensure they were taking place as expected.
- Findings from audits were analysed and actions were taken to drive continuous improvement.
- There was a clear staffing structure and staff were aware of their roles and responsibilities

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

- The provider involved people in various ways. People had opportunities to attend meetings, complete surveys or raise any comments through the communication method of their choosing.
- Annual surveys were sent out to people, stakeholders and their relatives to gain their feedback. The feedback seen was positive.

Continuous learning and improving care

- The registered manager and deputy manager ensured where an area of improvement had been identified

they acted promptly to address it. For example, we saw how the service had increased staffing levels as soon as they noticed a change in people's needs.

- One member of staff told us, "We have meetings and supervisions where we discuss how we can improve and learn".

Working in partnership with others:

- The service worked in partnership and collaboration with a number of key organisations to support care provision, joined-up care and ensure service development. One professional said, "They are a great little service".