

The Royal School for the Blind

SeeAbility - Leatherhead 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

Leatherhead Support Service is a domiciliary care agency. This service provides care and support to people living in a 'supported living' setting, so that they can live in their own home 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. People using the service lived in ordinary flats and bedsits. Leatherhead Support Service provides a service to adults with a visual impairment and other medical conditions.

The inspection took place on 7 January 2019 and was unannounced.

Not everyone using Leatherhead Support Service receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, 13 people were receiving a regulated activity.

People were protected from the risk of abuse as staff were aware of safeguarding practices. Risks to people were identified and managed appropriately, and accidents and incidents were recorded so lessons could be learnt and the quality of the service improved. Staff carried out safe infection control practices and medicines were stored and administered in line with best practice guidelines. There were a sufficient number of staff to meet people's needs and staff had been recruited safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to make healthy informed choices around meals and to be as independent as possible.

People were able to express their views and supported to make decisions around their care. The service had been proactive in approaching people about their end of life wishes which had been recorded.

Care plans were person centred and recorded people's aims which staff supported them to achieve. People received information in their preferred formats. We did not view any pre-assessments as there had been no new people joining the service since the last inspection.

Staff were up to date with mandatory training and received regular supervision. Communication between staff was effective. Staff respected people's privacy and dignity. People were treated in a kind, caring and respectful way by staff.

People had access to healthcare professionals and specialist teams who were part of a person's review process. Feedback was gained from people, relatives and staff on a regular basis and they in turn felt the manager was approachable. The service had made alterations to the deployment of staff to ensure that they could meet the changing needs of the people who used it.

The service had received compliments from relatives. People and relatives knew how to raise a complaint if needed. Robust quality audits carried out by people and staff identified any issues in the service and these were resolved in a timely manner. There was close partnership working with stakeholders and other organisations. The manager knew of their responsibility to make the Commission aware of all notifiable incidents.

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 remained good.	Good ●
Is the service effective? The service remained good.	Good ●
Is the service caring? The service remained good.	Good ●
Is the service responsive? The service remained good.	Good ●
Is the service well-led? The service remained 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.

This inspection took place on 7 January 2019 and was unannounced. The inspection team consisted of two inspectors.

We used information the provider sent us in the 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

During the inspection we spoke with three people who used the service and three staff members including the manager. We carried out general observations throughout the day and referred to a number of records. These included four care plans, records around medicine management, two staff recruitment files, policies around the running of the service and how the organisation audits the quality of the service.

Following the inspection, we spoke to one relative of a person who uses the service by telephone.

Is the service safe?

Our findings

People and relatives told us they felt safe. One person told us, "They make me feel safe." One relative also told us, "Yes I absolutely feel [my relative] is safe. I can't always be there easily so whenever I've needed to ask them anything they've always been so helpful and don't make me feel silly. I feel confident that if [my relative] calls me with a problem I know they will sort it."

People were safe from the risk of abuse. Staff were aware of their responsibility around safeguarding and of the policies and procedures they should follow. One staff member told us, "Tenants are safe. We talk about safety issues and security with tenants all of the time. We had an issue with cold callers but we made sure people knew to call us if that happened." The safeguarding and whistleblowing policy was displayed on a board for staff, and was also available for people. Staff had been on a group learning course where they discussed staff's responsibility around safeguarding.

Risk assessments for people were appropriately managed and recorded. We observed detailed individual risk assessments around areas such as smoking, which included information such as where the person was able to smoke in the grounds and that a fire-retardant throw should be placed over the chair to reduce the risk of fire. There were also risk assessments around skin integrity, continence, finances, and specific health conditions such as diabetes. Guidance on how to mitigate risks were available in people's care plans. People were encouraged to wear a personal alarm pendant, and were aware that it was linked to their telephone system.

There were a sufficient number of staff to meet people's needs. One person said, "I think there is enough staff." A staff member told us, "We are short staffed at the moment but we all pull together as a team. There is a flexible approach to working which helps team working." The manager told us, "We will always make sure there's enough staff to cover and meet people's needs. I'm behind the people 110%." The service was in the process of recruiting new staff but was filling shifts with agency staff and current staff picking up overtime where needed. Robust recruitment checks were in place to ensure that staff were suitable. This included gathering information on employment history, references and completing a Disclosure and Barring Service (DBS) certificate check. DBS checks allow employers to check the criminal record of someone applying for a role and that they are safe to work with vulnerable people.

Medicine recording and administration procedures were safe. One relative told us, "They're always on it and reminding and prompting [my relative] to take their medication. I feel confident that that's all working well." There were no gaps in Medicine Administration Records (MARs) meaning that people were receiving their medicine consistently, and there was a clear protocol for 'as and when' medicines (PRN). Additional handwritten entries of medicines had been checked and signed by two staff as per current guidance. Stock counts of medicines were also correct. A pharmacy carried out annual medicine audits and had found no issues in the service's recording or administering of medicines.

The service ensured infection control procedures were adhered to. One person told us, "They do wear the gloves and aprons when carrying out personal care." The manager said, "We have all the personal protective

equipment (aprons and gloves) which are kept in the flats. [A staff member] is our infection control champion. She put together a group training session and we discuss any issues in staff meetings too." We observed staff adhering to good infection control practices during our inspection.

The service learnt from accidents and incidents to improve the service. Accident and incident forms were completed where required and noted what had happened, the actions taken from this and an outcome. The amount of accidents and incidents was previously being monitored to analyse and identify any shortfalls in service but this had not been done since July 2018. However, the manager informed us that this would resume immediately. Due to the size of the service the information was easily collatable to allow this to happen.

Is the service effective?

Our findings

Staff had the knowledge and training required to meet people's needs. One person told us, "The staff know what they're up to and what they're doing. If one of us falls then they have some equipment that helps us." A relative said, "I have no concerns over this. They all seem to know what they're doing." Staff said training was relevant to their role and helped them deliver effective care. One staff member said, "I have learnt a great deal about people's specific needs and especially details of support for people with sight loss. I have learnt that very small things make all the difference to people." Another told us, "It makes you think and know what it is really like. It has helped me to understand more what it is like for tenants." Staff were up to date with mandatory training, and staff who were champions in areas such as medicines, delivered training to their colleagues. The manager had also arranged training around visual impairment, where staff were blindfolded and asked to complete tasks so that they could understand the needs of the people they cared for better. Staff received regular supervision and appraisals in which they could discuss any concerns and their career progression.

People were supported to achieve and maintain good outcomes around their nutrition and hydration. One person told us, "Staff support me to go shopping, guidance around menu planning and healthy choices." A relative said, "[My family member] is diabetic and can be tricky but they have a great approach with them. There was a lot of input last year when they nearly needed a medical intervention procedure. The service did lots of work with them around healthy eating and the procedure was no longer needed." People were supported to stay hydrated by using equipment suited to meet their needs. The manager said, "The rehab team have been helping people to use the 'one cup' equipment where they just press a button to fill a cup with hot water. We just prompt people and remind them to stay hydrated, especially in hot weather, and leave water on the side."

Communication between staff members was effective. The manager said, "We have a diary and communication book in the office which we encourage staff to look at each time they come in to the office. If there is something major, me or the senior carer will call staff directly to let them know." There was also effective communication between organisations. People's care plans included hospital passports. These documents gave a summary of a person's physical and emotional needs which could be used by health professionals in the event of a person being admitted to hospital.

People were supported to maintain their health and wellbeing. One person said, "If I don't feel well then they take me to the doctor. I'm due for a dental appointment. I get to see them every year. If someone takes me to the GP who isn't the keyworker, the staff member will write it up and pigeon hole so she is up to date." A relative told us, "Yes they're very good at helping [my family member] to appointments." People's care plans showed that they had been supported to appointments with their GPs, dentists and specialist teams such as the diabetic clinic. The service had also made referrals to the district nursing team where required, and had built a good working relationship with them.

We checked whether the service was working within the principles of the Mental Capacity Act (2005) (MCA), whether any restrictions on people's liberty had been authorised and whether any conditions on such

authorisations were being met.

Staff were aware of the principles of the Act. The registered manager informed us that all of the people they cared for had mental capacity, which meant they had the right to make 'unwise' decisions. Where people had refused medicines or treatment, their wishes had been respected and recorded. One person told us, "I was encouraged and supported by staff around a decision about my health, but I was allowed to make my own decision as I have capacity."

The service had not admitted any new people receiving a regulated activity since our last inspection. Therefore, we did not view any pre-assessment records. However, these were stored in people's care plans where they had previously been completed.

Is the service caring?

Our findings

Staff were kind and caring towards people. One person said, "[The senior carer] goes over the top to help and support." One relative said "They're very kind and caring. They've known [my family member] for years and years and I feel they go above and beyond their duty. I feel like they treat them like family and it's genuine. They really care about them and want to do the best for them." When talking about a person they cared for, one staff member said, "They're an individual and that's what I like about them." The manager told us, "Our staffing team are lovely. I always tell them that." We observed the manager speaking to people using the service. The conversation was very caring and jovial, and people looked extremely at ease and happy to be speaking to the manager.

People were encouraged to be involved in their care planning. One person told us, "Sometimes we have a review but I'm content here. I wouldn't want to go anywhere else." A relative said, "[My family member] is as actively involved as much as they want to be." The manager told us, "They're person centred reviews – they decide who they would like to invite." Records of reviews showed that they included a range of people such as relatives and health and social care professionals. People's care plans also showed that they had monthly reviews with their keyworkers which were recorded.

People's independence was promoted where possible. One person said, "They've helped me get better and back to my independence since I've come out of hospital." Another person told us, "Staff supported us to move from a top floor flat to a bottom floor one as our mobility isn't what it was. This helped us maintain our independence. We can still do things for ourselves." A staff member said, "We help them be as independent as possible or as much as they wish to be." The manager said, "A lot of people here were previously unfortunately institutionalised. Therefore, it is our job to make sure we keep them as independent with the skill set they have for as long as possible." One person's care plan confirmed that they were able to prepare their own food following safety measures being put in place due to their visual impairment, such as sharp knives being kept in a separate drawer from normal cutlery.

People's privacy and dignity were respected. One person said, "They always knock before they come in." We observed staff knocking on the doors to people's flats before entering, and calling ahead to check that they were happy for us to visit them. Staff were also discreet when assisting a person to the toilet during our inspection.

Is the service responsive?

Our findings

Staff were knowledgeable about people's likes, dislikes, goals and needs. One person told us, "They certainly understand me." One staff member said, "I've worked with [this person] for so long that I know when they wave their head around it means they're happy." Another staff member said, "Care plans help to show staff and others how [people] like or want to be supported. Care plans help show how things should be." We observed that care plans did include information around people's preferences, likes and dislikes. For example, one person's care plan stated they preferred to receive information in braille and only liked to have half a cup of tea at a time. Another person's care plan confirmed that they did not like to use public transport. Due to this, the service ensured that their own transport was available to take the person to the day centre when required.

People received care that was personalised to their needs which resulted in good outcomes and improved wellbeing for people. One person told us, "I can do things for myself but they treat us as individuals and support us with what's needed." Another person said, "I can ask them for anything." The manager said, "We offer completely personalised care and are open to anything. We're happy to move anything to suit the tenants." People were encouraged to make 'I statements', which set out a goal they would like to achieve. One person stated they would like to see a favourite band of theirs and have their favourite meal out. Staff booked tickets for the band, supported the person to see them, and also took them out for their favourite meal on the same evening. Another person was supported to go on holiday and visit their relative. Staff supported them to their relative's house by train, and then also travelled to help support them come home a few days later.

People were aware of how to raise a complaint. One person told us, "I've not been unhappy with the support I receive. I don't think there's any improvements needed as far as I'm concerned." The service's complaints policy was available in text, audio and braille to ensure that it was in a format that everyone could use. Complaints had been dealt with in a timely manner in line with the complaints policy, and complainants had been happy with the resolutions.

There was no one was receiving end of life care at the time of our inspection. However, people who had felt comfortable to discuss the subject had detailed end of life care plans. This included personalised details such as which music they would like played at their funeral and if they would like the service to plant a tree in memory of them.

Is the service well-led?

Our findings

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The current manager was in the process of registering.

People, staff and relatives felt the manager was approachable. One person said, "I like [the manager]. He is nice and approachable. [The senior support worker] is nice too." A relative told us, "In all my dealings with [the manager and the senior support worker] they've been brilliant and so supportive." A staff member said, "I was not sure how the new manager would be but he is managing extremely well." Another staff member told us, "He is doing a brilliant job. He supports us to make sure that people are supported." This led to a warm and positive culture in the service. One relative told us, "When you consider it's not their family it's amazing what they do." A staff member told us, "I enjoy the job and like the people we care for." Another staff member said, "The staff work well together, we support each other."

People, relatives and staff were involved in the running of the service. One relative said, "I receive an annual survey through Seeability." Results from the survey sent to people and relatives showed consistent good feedback. A comment received from a person using the service said, "I wouldn't change a thing, staff are very good I am always asked how I would like to be supported." A relative also stated in it, "My [relative] says that they are very happy with what is done for them, thank you." Staff attended regular monthly team meetings. A staff member told us, "I can speak out about any concerns in these meetings." Topics discussed included updates on staffing, safeguarding and any changes to people they supported. Actions from the previous meeting were discussed to check if they had been achieved.

A thorough quality assurance framework identified where areas required improvement. Audits on areas such as care plans, record keeping and medicines were completed regularly. Issues that were identified in the audits were rectified in a timely manner. For example, an audit completed in June 2018 identified that a complaint had not been logged. This was seen in the complaints log on the day of our inspection. Issues identified in quality audits were also discussed in staff meetings so that information could be fed back and staff could all work towards improving the quality of the service.

The service had strong partnerships with external organisations. The manager told us, "We have good relationships with the pharmacy and the GP surgery. People are registered with Sight for Surrey too, so some people have got their clocks created for visually impaired people. We also have a great relationship with the rehab team too." The service had strong links with the local social care and learning disability team, and meetings with them were documented in people's care plans.

The manager had plans to ensure sustainability for the people who used it. The manager said, "Our client group is becoming older so now we're investing more time in helping them with personal care in the mornings." This demonstrated that the service was continually looking to meet the needs of the people it

supported.

The manager was aware of their responsibility to send notifications to the Care Quality Commission and had done this where they were required to. This meant that we were able to check that the appropriate action had been taken. The service's rating from their last inspection was available to view on their website.