

# The Royal School for the Blind SeeAbility South Gloucestershire Support Service

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Seeability South Gloucestershire is a supported living service providing personal care to people in their own specialist housing. Not everyone who used the service received personal care. 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. At the time of our inspection there was one person receiving regulated activity.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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.

### Right Support:

- ☐ People were supported by staff to pursue their interests.
- ☐ Staff supported people to achieve their aspirations and goals.
- ☐ Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

### Right Care:

- ☐ People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.
- ☐ The service had enough appropriately skilled staff to meet people's needs and keep them safe.
- ☐ Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

### Right Culture:

- ☐ Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.
- ☐ The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.
- ☐ People's quality of life was enhanced by the service's culture of improvement and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (report published 7 October 2017)

#### Why we inspected

We inspected the service due to the length of time since our previous comprehensive inspection.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# SeeAbility South Gloucestershire 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 Health and Social Care Act 2008.

### Inspection team

The inspection was carried out by one inspector.

### Service and service type

This service provides care and support to people living in a 'supported living' setting 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.

### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

### Notice of inspection

This inspection was announced to enable us to ensure there would be someone available in the office to support the inspection.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

### During the inspection

We spoke with the registered manager, a senior support worker and received email feedback from a support worker. We spoke with 3 people who use the service; two of these people were not receiving regulated activity but were able to tell us about aspects of the service which were relevant to our inspection. We spoke with 2 relatives of a person receiving support. We took their feedback into account and discussed it with the registered manager but have not referred to it specifically in our report, due to confidentiality. We reviewed other records relating to the running of the service such as accident and incident records and audits.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from abuse because staff were trained in safeguarding and knew how to report concerns. At the time of our inspection there were no ongoing safeguarding concerns.
- People were happy and settled in the presence of staff and we saw that staff were caring and considerate when supporting them. People told us they felt able to talk with staff if they had any worries or concerns.

Assessing risk, safety monitoring and management

- Staff told us their training and support was excellent and this enabled them to support people safely. One member of staff told us, "I always feel supported in my work, there has never been a time that there isn't someone I can reach out to when I need it."
- There was an 'out of hours' system for staff to call the registered manager or senior staff, if needed.
- There were risk assessments and support plans in place to guide staff in providing safe support. These were clear and reflected the unique ways in which people wanted to be supported. For example, we read how one person preferred a particular flavour of toothpaste as this encouraged them to maintain oral hygiene.
- People were encouraged to be independent and in doing so risks were identified and solutions found. One person had specialist equipment to enable them to make hot drinks safely.
- If a person had a clinical need which potentially involved risk for the person, staff were following the relevant professional's guidelines.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. One person had an authorisation in place from the court of protection in relation to their deprivation of liberty.
- We saw that best interests decisions were undertaken when it was found that a person did not have capacity to make the decision. Discussions were recorded and involved family members and other relevant

people.

- Records were kept in relation to restrictive practices required in people's support so that this could be monitored and reviewed as necessary.

#### Staffing and recruitment

- There were sufficient numbers of staff to enable people's support needs to be met safely. The registered manager confirmed there were no staffing vacancies.
- Unexpected absence of staff was covered by staff working additional shifts or through the occasional use of agency staff. When agency staff were required, staff that were familiar with the service were used.
- Safe procedures were in place when recruiting new staff. This included gathering references from previous employers and carrying out a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's needs in relation to their medicines were assessed and plans in place to support them with these. This included protocols for PRN or 'as required' medicines.
- Medicine Administration Records (MAR) charts were used to record when staff had supported a person with their medicines, and these were checked regularly by the registered manager.
- Stock checks of medicines were carried out regularly to help identify whether any administration errors had occurred.

#### Preventing and controlling infection

- There were policies and procedures in place to support good infection control.
- Staff were provided with training in infection control training. One member of staff was an 'infection control champion' with the responsibility of monitoring and promoting good infection control practices.

#### Learning lessons when things go wrong

- Any accidents and incidents were recorded, including the action taken by staff and any follow up measures necessary. This supported the registered manager in monitoring safety within the service.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained good. 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

- There was a strong, person centred culture within the service. People's needs and personal wishes were at the centre of their support.
- Staff worked hard to ensure people led fulfilling and active lives. People told us about many activities and interests they were supported to follow such as concerts they had been to and celebrities they had met. People told us about these excitedly and clearly thoroughly enjoyed these 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

- There had been no incidents or accidents covered by the duty of candour regulation. However, it was clear that there was an open and transparent culture within the service with families being included in their relatives support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood the legal requirements of their role. For example, the requirement to make notifications to CQC in certain circumstances.
- There were systems in place to monitor the quality and safety of the service. This included gathering the views of people using the service. There were also regular audits taking place and an action plan generated to help drive continual improvement. The registered manager told us about their priorities for addressing items on the action plan.

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

- People were included at all levels of the organisation. One person told us about their involvement in interviewing new staff and the insightful questions they had asked to assess potential candidates.
- Staff told us they were well supported and were happy working in the service. Comments included, "I always feel supported in my work, there has never been a time that there isn't someone I can reach out to when I need it".
- We received feedback in relation to engagement and communication with families and fed this back to the registered manager for them to act on.

Working in partnership with others

- The registered manager and staff worked with other professionals involved in people's care such as social workers and specialist nurses.