

# The Royal School for the Blind

# SeeAbility - Meadowmead

# 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 well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

SeeAbility - Meadowmead Support Services provides personal care and support to people in their own homes.

At the time of our inspection the service was providing a service for nine people with a variety of care needs, including people living with sight loss and learning disabilities. Some people had very limited verbal communication skills.

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.

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

People felt safe living in their home with support provided by SeeAbility - Meadowmead Support Services, and they were very much at the heart of the service. We received positive feedback from people, relatives and professionals about the care provided.

Overall, improvements had been made to staffing since our last inspection and the service was continuing to recruit the right staff for the people they support.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff received support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role. However, the impact of the COVID-19 pandemic had reduced some face to face training and the provider had taken action to minimise the impact on people.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way.

The provider's quality assurance system helped the management team implement improvements that would benefit people.

There were appropriate management arrangements in place and relatives and professionals were very positive about the management in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives

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 requires improvement (published 25 May 2019).

Why we inspected

The inspection was prompted in part due to concerns such as medicines and staffing. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, effective and well led sections of this full report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# SeeAbility - Meadowmead 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 completed by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 unannounced.

#### What we did before the 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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and four relatives about their experience of the care provided. We spoke with members of staff including the registered manager, deputy manager, and five care and support staff.

We reviewed a range of records. This included three people's care records and multiple medication 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 policies and procedures 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 spoke with seven 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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives we spoke with felt they were safe living at the service. One person told us, "Not a day I don't feel safe. Everybody is kind and caring." One relative told us, "I believe my daughter is absolutely safe."
- Staff had the knowledge and confidence to identify and act on safeguarding concerns. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction.
- Staff we spoke with told us if they had any concerns, they would report them to their manager, and if no action was taken would take it higher up. One staff member told us, "I understand the whistle blowing policy in reporting anything that I see that is wrong and worrying. I feel confident and don't have any doubt that if I did report anything, I would be listened to and fully supported."
- People benefitted from staff that understood, and were confident, about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Staffing and recruitment

- People we spoke with were happy with staff. One person told us they didn't get on with one staff member and they informed the registered manager and the staff member was changed. However, another person told us, "Hard on me when staff leave, takes a long time to build up support and not easy if staff go off sick at short notice."
- One relative told us, "I believe they have enough staff to look after her." Another relative said, "There is frequent short shortages. COVID-19 has impacted this. I am aware that finding good quality staff is a problem which I know is a national issue." They felt this had impacted with consistency and continuity. The registered manager showed us how this was improving and were still recruiting more staff to the service.
- Staff we spoke with felt they had enough staff to cover calls. One staff member told us, "I feel we have sufficient staff, even during periods of sickness staff are pretty good with filling in where it's needed." Another staff member said, "Staffing can at times be a problem, with high staff turnover, but the service uses bank staff and agencies to fill in for the times we are short staffed, so therefore this makes sure that there is sufficient staff to meet the needs of the people who use the service."
- Rotas showed there were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs. Where sickness or holidays occurred, these were covered by bank or agency staff.
- People were very much involved in the recruitment of new staff. One person told us, "I help interview

people. I enjoy it, I helped with [staff members name] who is starting soon." The registered manager told us, how the people they support are fully involved in the recruitment process. This included hosting the interview and having a voice about the decision and even make the phone call to offer the staff member the job. They told us, "Listen to what they want for support, we need to make sure the support they want is what they want and need to listen to them."

- The provider had continued to follow safe recruitment and selection processes to make sure staff were safe and suitable to work with people.
- We looked at the files for four staff including those most recently recruited. The staff files included evidence that pre-employment checks had been carried out, including employment histories, written references, satisfactory disclosure and barring service clearance (DBS), and evidence of the applicants' identity.

#### Using medicines safely

- There had been a couple of recent medicine errors recently. These had been thoroughly investigated and appropriate measures put in place to keep people safe. Procedures had also been improved in medicine administration.
- Staff we spoke with felt confident in supporting people with their medicines. One staff member told us, "I do feel confident with supporting people with their medication. We have training, supervision and medicine charts to follow that clearly state what needs to be taken etc. Medication charts are clearly in everyone's folder to follow."
- People were supported to take their medicines independently where safe to do so and some people just required a prompt to take their medicines. For example, one person had been supported to take control of their medicines which included reordering medicines and developing their skills to know what is needed and what to do when they are due.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed. However, the service would benefit from the use of body maps to provide guidance for staff on the application of topical creams and ointments. We spoke to the registered manager about this, who told us this would be implemented.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

#### Assessing risk, safety monitoring and management

- People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Professionals we spoke with felt the service managed risks well.
- Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person. One staff member told us, "I feel like most risks are managed on a safe level and [registered and deputy managers names] do a lot of work with helping to make sure risk levels are low."
- A business continuity plan was in place and described how people would continue to receive a service despite events such as extreme weather conditions.

#### Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.
- The service had increased infection control measures to protect people from COVID-19. For example, a mirror had been fitted to the communal stairwell to enable people to check if they were in use prior to using them. This reduced the likelihood of people passing on the stairs and not maintaining social distancing



### Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

# 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 requires improvement. At this inspection this key question has now improved to good.

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

- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- The service worked with partner agencies during the assessment process, including the local authorities who commissioned some of the care packages. One professional told us, "Support worker [name] is very proactive and worked closely with me on a case to achieve person centred outcomes."
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and person centred. They provided staff with the person's life history and their desired outcomes from the care and support. The care plans described people's needs in a range of areas including personal care, daily living activities, and meal preparation.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- People we spoke with were happy with staff. However, one person told us that not all staff had received the full epilepsy training due to the COVID-19 pandemic. The epilepsy training had parts which required practical face-to-face training and due to COVID-19 restrictions this could not take place. This had an effect for the person as they were not able to go out when supported by the staff member who required this training. They told us about an occasion recently where they'd had to stay in their house and not go out due to the lack of this training.
- Relatives were mostly positive about the training for staff. One relative told us, "They have experienced staff with ongoing training for new staff."
- However, one relative told us, "Staff working with [person's name] aren't always trained in all her medical needs which impacts on what she can do when with them. It also affects when she can have her care." We spoke to the registered manager about this and they were open and honest about the impact COVID-19 had had on training. They told us how they planned to address this and were in the process of supporting the person to become a trainer to enable them to be fully involved in training staff in their personalised support needs. The person told us how much it meant to them being able to take the lead in this training for staff.
- Most of the staff we spoke with were pleased with the training provided. One staff member said, "Staff training has all been of a high standard. The induction when I first started was brilliant and ongoing training over the years has also been brilliant, with all the trainers being very knowledgeable. All of the training

received has definitely helped me to be prepared for my day to day duties and to give a good standard of support." Another staff member said, "My induction was informative, lots of training to do before I got to spend time with the people we support, and information to read about individuals when I got to meet them initially, lots of support from management if I needed it at any point."

- Since COVID-19 all training had been completed online which meant it was more accessible. However, due to COVID-19 some training requiring practical face-to-face competencies had been unable to be completed due to restrictions. For example, buccal midazolam administration, sighted guide and part two of first aid. We received assurances that this training would be completed in full as soon as it was safe to do so. To minimise the impact on people as much as possible the provider managed staff allocations carefully.
- The provider was supporting some new people to the service with more complex needs. For example, mental health. The staff had received basic mandatory training and more detailed personalised training was in the process of being sought.
- Staff were supported by formal and informal supervisions. Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop. One staff member told us, "I have regular supervisions and I am supported with these in a good way, my thoughts and feeling are listened to and I am helped by my peers to work on bettering myself all the time." One new member of staff told us they had not yet received a formal supervision yet and were in the process of completing their induction. Other staff informed us they all received regular supervisions.

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

- People were supported at mealtimes to access food and drink of their choice. The service supported people to choose meals and assisted with shopping, meal planning, meal preparation and budgeting of finances or financial budgeting.
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

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

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. People were also referred to specialist services such as occupational therapists, community nursing, and psychiatry when required.
- Professionals we spoke with felt the service supported people well with their healthcare needs. One professional told us, "The team are very good at keeping the community Learning Disability team informed and one of the team community nurses links very well with them."
- One relative told us, "Absolute positive care and a great sense of patience. Some time ago my daughter was rushed into hospital, she asked for her favourite carer who rushed out at 2am to see what she could do to help. Carers came every day to help her."

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Relatives and professionals told us that staff supported people to make their own decisions. One relative told us, "They do seek consent from my daughter and consult me where necessary." A professional told us, "Service users are supported to make decisions related to their care and support needs."
- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent.
- Staff worked within the principles of the MCA. Appropriate assessments had been completed and best interest decisions, involving relevant people, had been made when required.

# 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 now 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

- One relative told us, "[Person's name] is supported to make choices for herself and to live her life daily. Staff will do extra shifts and work longer hours to cover shifts. [Person's name] is supported to manage her life as independently as possible without our involvement. We still do have to dip in and support with medical issues and other problems which need sorting."
- Professionals were positive about the support provided by the service. One professional told us, "In my experience, the support provided by managers and staff has made the world of difference to the quality of life of the individual I work with. From what I observe, managers and staff at Seeability engage people they support in a person-centred manner and seem to enjoy their role despite the challenges that can arise supporting people with complex needs. I am aware that the individual that I support feels safe in their accommodation, and now feels comfortable to share anxieties and distress with a range of staff - this is a significant step for the individual, and evidence of how hard staff have worked to support them."
- Another professional said, "I believe their care is very good, and they have supported the person we are involved with very well indeed. If their rapport with others is as good as it is with the person, we are involved with I believe those who live there will be in receipt of good care."
- The registered manager and staff had created a very strong focus on person centred care which was understood by staff and implemented in practice. For example, one person's favourite thing to listen to, watch and talk about is the ocean liner Titanic. Staff took the initiative to take them for a day out to Southampton Sea city museum where they have a model and information about Titanic! The person had a great day and spoke about it for months. They are looking forward to restrictions ending so they can go back again. They have since brought a titanic bedding set and lots of make your own models that staff help them to build.
- Staff at the service had won excellence awards by the provider for going the extra mile. For example, one support worker gained an award for having arranged a blessing for a wedding for one person using the service. The registered manager at the start of the pandemic created a pop-up shop and asked people what they would like stocked in the shop. This meant people were able to go continue to go shopping and use skills while keeping safe. People really enjoyed the experience and staff made it a fun experience.

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

- People we spoke with were really happy with management and we received lots of positive praise. One person told us, "[registered managers name] is really helpful, one of the best people here, he's lovely. He really made me feel at home. Really good at management and problem solving." Another person said, "Got to say [registered managers name] and [deputy managers name] have been amazing. From the bottom of my heart. I wouldn't want to be anywhere else."
- Management and staff were positive role models and were actively involved in supporting people to achieve their goals and ambitions. One professional told us, "The manager is extremely caring and went over and beyond to assist my service user when she became mentally unwell recently. However, I would like to suggest that he ensures that other staff are competent and confident to manage her too, so he is able to share this vital task should it occur again in the future."
- There were a number of systems and processes in place for monitoring the quality of care. These included medicines, complaints, finances, supervisions, training and staffing. Where issues were identified remedial action was taken. People's views and comments were collated, considered and used to develop the service. However, one person told us, "What I do find difficult, if any rota changes, or anything, the tenants are the last people to find out. There could be better communication."
- External audits were also in place to review the service's progress. A recent provider audit showed they were the highest rated service in the organisation.
- Throughout the inspection it was evident that the leadership team were all extremely passionate about their role and took ownership of ensuring improvements were continually made for the quality and safety of the care provided.

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

- People were at the heart of the service and were supported to be involved in their care and support. For one person they had been supported by the provider to take on a voluntary role with them as an Associate for the provider. We spoke with the person and they told us, "I've been getting people what they want through campaigns." They also told us how they had been lobbying MP's to get a pedestrian crossing in the road outside the building in Twyford Road. To which this has now been agreed and they were waiting for it to be installed. At the time of the inspection, another person was being supported to volunteer as well.
  - The provider sought feedback from people or their families through the use of a quality assurance survey questionnaire. This was sent out every year seeking their views. The results from the latest survey in February 2021 showed that people and their families were happy with the service. All the people said they would recommend the service. One person had commented, 'It has given me confidence and enabled me to meet new people and friends. Other comments, 'My life has gotten better, and I am more independent'. 'I am happier, stayed out of hospital, really like my new home and managed to get a new car'. 'Increased independence. Given me more choice in my life having car drivers to take me to Southampton football matches prior to Covid-19'. Any suggested improvements were followed up and an action plan produced.
  - A staff survey from November 2020 saw an improvement in staff satisfaction from the previous year.
  - The registered manager held regular meetings with the staff to discuss any concerns. These informed staff of any updates on people's health and training opportunities. One staff member told us, "Staff meetings are held regularly, currently over zoom. These are a useful way to share ideas."
  - All of the staff we spoke with felt very supported by management. One staff member told us, "The management here at Meadowmead are incredibly approachable, both [registered manager's name] and [deputy manager's name] are very easy to talk to, to raise concerns and issues and will listen and act accordingly. I feel all staff would say that management is very approachable."
- Another staff member said, "I do feel supported, if I have concerns or issues then [registered manager's name] and [deputy manager's name] will support me to work through them, I have also recently become the mental health and wellbeing coach for Meadowmead, and their support and confidence in me has helped

me to fulfil my role in a very positive way."

- Staff enjoyed working at the service. One staff member told us, "I don't have any concerns about the service, I think it is a wonderful place to work at. The best thing about my job is that I get to support vulnerable adults to live within their own flats and to gain independence, inclusion and lead happy and fulfilling lives. It is a challenging job at times, but also one of the most rewarding jobs too." Another staff member said, "Being able to support our tenants to live as normal life as possible, and in a way that they want to live it, seeing the smile on their faces when they have achieved something."

#### Working in partnership with others

- Professionals we spoke with mostly felt the service worked in partnership with them to achieve good outcomes for people. One professional told us, "This service has worked very well with partnership working. Initially with assessing and introducing my service user to their accommodation. We regularly communicate through email, phone and face to face visits. They have attended multidisciplinary team and care programme approach reviews. My service user unfortunately has mental health issues that impact on her daily life. They have supported her and communicated with services when they have needed support." Another professional said, "There communication with me is excellent. I can trust SeeAbility and support team to care for my client at the highest standards. My client is also very happy. If I had any concerns, I would no longer use their service."
- However, one professional told us communication had been a let-down with the management at the service. They told us, "I completed an online review with [registered manager's name], and it was agreed that he would send me information relevant to the review. The review took place in February 2021 and despite follow up calls and emails [registered manager's name] failed to respond." They also did not get a response or any acknowledgement for a referral they made for a person wanting to come into the service. We spoke with the registered manager who informed us they were waiting for feedback from other parties as part of the review and will investigate improving communication and the reasons why there was a delay. We received no other concerns regarding communication.

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

- One relative told us, "If anything goes wrong the Manager informs me straight away." Another relative told us, "We have made a complaint and we were kept informed of what was being done to rectify the situation."
- The provider notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.□