

The Royal School for the Blind

SeeAbility - Barclay House Residential Home

Inspection report

Barclay House
St Peter's Road
Seaford
East Sussex
BN25 2HS

Tel: 01323873421
Website: www.seeability.org

Date of inspection visit:
24 June 2019

Date of publication:
02 August 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 – Barclay House Residential Home, referred to in this report as Barclay House, is a residential care home providing personal care and support to nine people with visual impairments. The service can support up to nine people across the whole service.

Barclay House accommodates seven people in one adapted building and two people in flats in the same cul de sac.

Alongside visual impairments, some people had needs relating to physical disabilities, mental health needs, acquired brain injuries, autism and learning disabilities.

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

People spoke highly of the service they received from Barclay House. People made comments including, "The staff are brilliant. They know me well" And, "This is a superb home."

The service had strong person-centred values and placed people's wellbeing at the heart of their work. People received personalised support which met their needs and preferences.

People were fully involved in the planning and delivery of their care and this was done in a way that encouraged independence. People's care plans contained personalised information which detailed how they wanted their care to be delivered.

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.

Staff knew people well and worked hard to enable them to share their views, make choices and live active lives as independently as possible. Specialised equipment was used to ensure people could communicate and understand information freely, without the constant need for staff support.

Risks to people's health, safety and wellbeing were assessed and acted upon. Staff had access to detailed information about how to keep people safe. People were protected from abuse by staff who had received training and were confident in raising concerns. There was a thorough recruitment process in place that checked potential staff were safe to work with people who may be vulnerable.

People were supported by kind and caring staff who worked hard to promote their independence and sense of wellbeing. Staff were provided with the training, supervision and support they needed to care for people

well.

There was strong leadership at the service. People and staff spoke highly of the management team and there was a positive culture at the service with people and staff feeling their voices were listened to.

There were effective quality assurance systems in place to assess, monitor and improve on the quality and safety of the service provided.

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

Rating at last inspection

The last rating for this service was Good (9 November 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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 - Barclay House Residential Home

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

An inspector carried out this inspection with an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Barclay House 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

This inspection was unannounced.

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. 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 six people who used the service and one relative about their experience of the care provided. We spoke with four support workers, the registered manager and a volunteer visitor. We observed people's care and support throughout the inspection and over the breakfast and lunchtime meals.

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

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; Staffing and recruitment

- The service was managed in a way that protected people from abuse. People told us they felt safe living in Barclay House, with comments including: "They keep me safe", "It definitely feels a safe place to live" and "If I'm going out I have staff with me and I lock my room, I have a lanyard for my keys. It is a safe place to live."
- Staff and the registered manager were aware of their responsibilities to protect people and to report concerns over people's safety and wellbeing. We saw evidence of the staff and management having taken action in the past to ensure people were safe.
- Recruitment practices were safe and included pre-employment checks to ensure staff were suitable to work in a care setting before starting work.
- There were enough staff to ensure people had access to care that met their needs and protected them from risks. For instance, people received dedicated one to one staffing when this was required. One person commented, "There are always enough staff, there's no problem supporting outside activities."

Assessing risk, safety monitoring and management

- People were protected from risks associated with their care needs. Risks had been identified and action had been taken to minimise these. For example, a specific risk assessment had been completed for each person's identified risk and potential risks associated with activities they undertook.
- Staff had clear guidance to follow to support people. Staff knew people's needs well and knew how to keep them safe. Staff were knowledgeable about identifying risks to people and knew to raise this with the registered manager and healthcare professionals where needed.
- Where necessary specialist advice from healthcare professionals was sought and incorporated into people's risk assessments.
- People were fully involved in their own risk management. Plans to minimise risks had been drawn up with their input and agreement wherever possible.

Using medicines safely

- Where possible people were encouraged to participate in their medicine management.
- Medicines were managed safely, and people received their medicines as prescribed.
- Staff conducted audits and reviews of people's medicines and medication administration records (MAR) and responded to any issues identified.
- Only staff who had been trained in the safe management of medicines administered medicines to people. Staff competency was regularly assessed through tests and spot checks.

Preventing and controlling infection

- Staff were trained in the prevention and control of infection and we observed them using appropriate protective equipment when performing care tasks.
- People and relatives told us the service was always clean, fresh smelling and welcoming. Our observations during the inspection confirmed this.

Learning lessons when things go wrong

- Where incidents had occurred, action had been taken immediately to minimise the risks of any reoccurrence. For example, where an incident had occurred involving one person's eating, staff had involved external professionals and had created a specific plan to follow to ensure the risks were minimised. This was done with the person's involvement and agreement.

Is the service effective?

Our findings

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

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

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

- People's care needs had been assessed and support plans had been created to guide staff on how best to meet people's needs.
- People spoke highly of the care they received and made comments including; "I'm glad this home is very good at all things to do with health" and "This is a superb home." One relative said, "I'm very happy with this home. I think the care here is of good quality."
- People's needs were regularly reviewed and where changes had occurred their care plans were updated. For example, when a person's mobility needs changed their care plan had been updated to reflect this and staff knew how best to support them.
- People had been involved in the planning and reviewing of their care wherever possible and people's wishes were respected. People made comments including; "I have an annual meeting about my support plan. My parents come as well, and the day centre sends someone. It's held in the quiet room. So, I think I am very involved", "I'm very involved with my support plan, it's all agreed with me" and "I've agreed the contents of my plan and helped write my communication guide."
- Best practice was sought and communicated to staff to ensure people's care was of high quality.
- The staff and management at Barclay House were focused on achieving best outcomes for people and improving their independence. For example, one person told us how they had been supported to independently use taxis. They told us how much freedom this had given them. They made comments including, "They've helped me be able to get a taxi on my own with someone meeting me on the other end. I love being able to go on my own. Now I feel free to come and go." Another person had been supported to develop their mobility skills and this had brought them, their family and staff a great amount of joy.

Staff support: induction, training, skills and experience

- Staff undertook a thorough induction to the organisation. Staff new to care work completed the Care Certificate, which is a nationally recognised course in Induction for care workers. There was a comprehensive training programme to ensure staff had the necessary skills to meet people's individual needs.
- Staff knew people and their needs well and were skilled in caring for people. People told us they had confidence the staff were skilled in supporting them. Comments included; "All the staff are trained in what to do when I have seizures, they understand it perfectly well" and "Recently we had two new staff. They don't work directly with us for the first two weeks, as they have to learn all about the job first. It seems to me the staff are all well trained and supported."
- Staff had the opportunity to discuss their training and development needs at regular supervision and yearly appraisals. Staff felt supported by this process and made comments including; "I love working here."

It's lovely. I feel very supported."

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

- Where people needed help with cooking and eating this was provided. Staff had sought guidance from speech and language therapists where required to assist people with their eating.

- People spoke highly of the food and their ability to be as independent as they wanted in this area.

Comments included; "The tea time meals are very good. We give our preferences for the menu through residents' meetings and specific menu meetings. There is always a choice. I don't get involved in preparing meals, but I could if I wanted to" and "I've started trying new things to eat, I never used to want to. There's a good variety of food and I make a choice from the menu. Staff cook the main meal, but we do our own breakfast and lunch, and get drinks whenever we want them."

- In order to ensure people had access to the options available, an audio menu announcing device was used in the home. People could press the button and it told them what day it was and what was on offer. This enabled people to be informed when they wished without needing to rely on staff telling them.

Staff working with other agencies to provide consistent, effective, timely care

- Staff sought guidance and support from external healthcare professionals when necessary to ensure people's health was maintained. People made the following comments; "I see the dentist regularly" and "They always make doctor's appointments quickly if you need one."

Adapting service, design, decoration to meet people's needs

- Barclay House was adapted to meet the needs of people with visual impairments. All walkways were clear of obstacles and easy to navigate.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was acting within the principles of the MCA and appropriate recording of whether people had capacity to make decisions was evidenced. Where people had legally authorised decision makers this was also clear from the records.

- Staff and the registered manager had good knowledge of the MCA framework and encouraged people to make choices wherever possible.

- People told us they were in control of their lives and enabled to make as many decisions as possible.

Comments included; "All staff ask your consent before they do anything."

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

- People were supported by staff who knew their needs, personalities, likes and dislikes well. Each person had a key worker who was matched to them using information about their interests and character.
- People told us they enjoyed staff's company with comments including; "The staff are brilliant. They know me well" and "I get on well with all of them."
- People's individual equality and diversity needs were identified, valued and respected. Care plans included information about people's personal, cultural and religious beliefs. For example, one person told us they had a strong faith. They said, "They have helped me build a community here with the Church and I absolutely love it. They respect my need to be involved in the Church and support me."
- People told us staff always treated them with respect and one relative said, "They always speak to (Name of relative) with respect and kindness."
- Staff and the registered manager were passionate about people's happiness and wellbeing. We were provided with examples which demonstrated how the service and staff had gone 'above and beyond' for people. For example, one person's dress had ripped a shortly before going to an important social event. The registered manager had stopped their tasks to sew the dress back up to ensure the person was not late and looked their best. The person told us they were very grateful for this and had had a wonderful time at the event.
- The registered manager and staff had recently worked very hard to clear an area in the garden of the home to give a person the vegetable garden they wanted. The person had access to two raised beds and highly enjoyed tending to them. Staff had felt this person would benefit from more space and had therefore organised for this to happen. The person was very excited about being able to do more gardening and grow a bigger variety of produce.
- During our inspection we heard lots of laughter and positive interactions. We heard members of staff joking and chatting with people who enjoyed these interactions.

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

- Each person living in Barclay House lived with visual impairments. The service had sought specialised equipment to enable people to be as involved as possible and made decisions. For example, people had access to speaking laptop programmes which enabled them to use email and social media and technology to help them read personal mail.
- People were fully involved in all decisions about their care and support wherever possible. Each person was involved in their care planning and attended their reviews.
- People attended regular meetings to share their views and the service had a forum which was attended by

people living in the home four times a year. This enabled people to share their views and have a voice about different aspects of the way the service was run. For example, the forum had helped devise the current care plans being used.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. One person said, "My room is my safe private space. I have a key and I use it." One relative said, "They always discuss (Name of relative) in private with me."
- People's independence was encouraged and promoted. Care plans highlighted what people could do for themselves and how staff should assist with this. Specialised equipment was used to ensure people could be as independent as possible. For example, the kitchen was equipped with a talking microwave and cup fullness implements to assist people in making their own meals and drinks.

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 received care and support in a way that was flexible and responsive to their needs.
- People's care plans contained detailed routines for staff to follow to ensure people had the personalised support they needed.
- Care plans provided staff with descriptions of people's abilities and how they should provide support in line with people's preferences. Care plans were regularly reviewed with people and their relatives to ensure they remained current and provided accurate information.

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.

- People's communication needs were identified and guidance for staff was provided to ensure they could understand people and be understood. The service was able to provide information in different formats for different people, such as speaking technology.
- People were encouraged to use their preferred methods of communication. For example, the registered manager told us one person preferred to use their computer to send them emails to share their views instead of talking to them in person. This was respected and promoted.
- Efforts had been made to ensure people understood as much information as possible. For example, one person was unable to understand speech and therefore staff had devised a system whereby they communicated with them by giving them objects to handle. Passing the person certain objects let them know it was time for lunch, time to go swimming, time to visit their relatives and various other activities. This enabled this person to understand what was happening and alleviate anxieties.
- Another person experienced difficulty with their speech. They showed us a book they had helped staff design which gave guidance on structuring sentences and questions to ensure a most productive interaction. It also contained some background information about the person, including the football team they supported, to establish connections. This book was very effective in helping us speak with this person and ensuring we were able to understand them clearly.

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

- People were supported to take part in a wide range of activities to provide them with stimulation, entertainment, socialisation and ensure they were part of the community. People regularly attended a day centre run by the provider as well as taking part in external activities such as going to the pub, going shopping, swimming, horse riding and sailing. One person said, "I go to a few football matches in the season, I love the excitement. I have weeks away with staff; we book up a site and take a camper van. I wouldn't want to live anywhere else." Another person said, "I go out a lot, get taken to things I like doing, especially music and dancing. I also like spending time with others in the home, I've got some good friends here."
- People told us they were encouraged to develop and maintain friendships and become part of the community they lived in. One person said, "I meet my friends for coffee and in the pub. I'm going out to meet them tomorrow in fact."

Improving care quality in response to complaints or concerns

- People felt comfortable raising complaints and were confident these would be listened to and acted on. Comments included; "There was a complaint about slamming doors and that has improved" and "They listen. I'm not backwards about coming forward."
- People were encouraged and enabled to share their views where possible to improve on their care. Regular meetings took place where people were asked for their opinions.
- Systems were in place to address any concerns raised. We looked at copies of responses to complaints and saw the service had acted to address any concerns. Learning had taken place as a result to avoid any repetition.

End of life care and support

- People's care wishes at the end of their lives were recorded in their care files wherever possible.
- Staff had received training on how best to support people at the end of their lives.
- At the time of our inspection nobody was receiving end of life care and nobody had passed away in the service for some time.

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

- People told us the service was well managed and spoke highly of the registered manager. One relative said, "I would just ring [registered manager] up if I had any complaints. It's a very open place. She's very easy to talk to. She's friendly."
- The service had a clear, positive and open culture that was shared both amongst the management team and care staff. Staff told us how passionate they were about providing a high quality and personalised service to people. People were at the heart of the service. The registered manager said, "It's their home. We just work here. All staff are on board with that."
- Each staff member told us how positive they felt working for an organisation that shared their personal values about delivering high quality personalised care. Staff were proud to work at Barclay House.

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

- The service informed relatives of any concerns, such as if an accident had happened, and fulfilled their duty of candour. One relative said, "They always tell me if there's anything I need to know about."
- The registered manager was aware of their responsibilities to provide CQC with important information.

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

- Barclay House had a registered manager in post. The registered manager oversaw the running of the service and undertook audits to monitor the safety and quality of the care provided.
- The management team was made up of the registered manager, the deputy manager and four senior care staff. There was a senior management team within the organisation who was involved in the oversight of the service and undertook regular visits and audits.
- There were thorough quality assurance processes in place to ensure the registered manager had the information they needed to effectively monitor the service and identify areas for improvement.

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

- Staff told us the service's management team were caring and supportive and that everyone worked well as a team.
- The registered manager was committed to involving people in the service. They regularly sought views

from people, their relatives and external healthcare professionals.

- Regular staff meetings took place to ensure information was shared and expected standards were clear.
- Staff told us they felt listened to and had input into the service.

Continuous learning and improving care; Working in partnership with others

- The registered manager was continually working towards improvements and looking for new ideas. The provider shared learning and knowledge between all their services to ensure improvements were made. For example, following an incident at one service where financial abuse took place, the provider updated their financial processes and risk assessments to protect people in all the services.
- The registered manager told us they attended local meetings in the community to improve the accessibility locally for people.