

The Royal School for the Blind

SeeAbility - Kingston

Support Service

Inspection report

The Office, 72 Ditton Road
Surbiton
KT6 6RB

Tel: 02083907548
Website: www.seeability.org

Date of inspection visit:
24 August 2021

Date of publication:
27 September 2021

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 - Kingston Support Service is a supported living service providing personal care and support for up to five people with a learning disability. At the time of inspection five people were using the service. The service is a large, detached building close to local shops and other amenities. People who used the service have their own bedrooms and had access to communal areas that include a lounge, extended patio/dining room and an enclosed private garden.

People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for supported living.

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.

The supported living service had been developed and designed in line with values that underpin the principles of Registering the Right support, right care, right culture. This enabled people who used the service to live as full a life as possible and achieve the best possible outcomes.

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

Sufficient numbers of staff were deployed to deliver care and meet people's needs although there had been episodes when some shifts had not been covered. Staff told us this increased work pressures but were aware of the provider's recruitment efforts to resolve the issue.

Risks to people's health were assessed and managed. People's care was delivered in a safe manner that protected them from the risk of avoidable harm. Staff understood their responsibility to identify and report abuse.

Staff received training and support to enable them to undertake their roles. People had sufficient food and drink.

People were supported in a kind and compassionate manner. People and their relatives made positive comments about the leadership and the management of the home. They were happy with the quality of care provided. Checks were carried out on the quality of care provided and improvements made when needed.

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.

We were assured the provider was following national guidance on good infection prevention and control protocols in relation to the COVID-19 pandemic. Staff followed the measures in place to mitigate risks in relation to COVID-19 pandemic and protect people from the risk of acquiring infections.

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

Rating at last inspection

This service was registered with us on 07/01/2020 and this is the first inspection. The service underwent a change in their registration. The last rating for the service under the previous registration was good, published on 6/11/2018.

We looked at infection prevention and control measures under the Safe key question. We look at this even if no concerns or risks have been identified. This is to provide assurance the service can respond to COVID-19 and other infection outbreaks effectively.

Why we inspected

This was a planned inspection of a newly registered service.

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 - Kingston 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one inspector and 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

SeeAbility - Kingston Support 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.

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 announced.

We gave the service 24 hours' notice of the inspection visit because we needed to be sure the registered manager would be available for us to speak with during our inspection.

What we did before the inspection

We reviewed information we had received about the service since they registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with three members of staff including the registered manager, interim deputy manager and one support worker.

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

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

After the inspection

We spoke with four relatives of people who used the service about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- People received support from a sufficient number of staff. Relatives of people who used the service were aware that the provider had an ongoing recruitment programme to ensure there was enough staff to provide care. One relative told us, "They are recruiting more staff since May."
- Staff told us they had experienced occasional shortages of staff and sometimes felt overstretched. They said the workload was shared amongst the team which ensured people received appropriate care. We asked the registered manager about this and they confirmed there was an ongoing recruitment and three members of staff were due to start in September 2021. They highlighted the COVID-19 pandemic amongst other factors had made it challenging to recruit.
- Rotas were covered by permanent staff and regular agency staff. We were reassured people were receiving appropriate support and care records confirmed this. Recruitment processes were safe.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management;

- People were protected from the risk of avoidable harm. Relatives told us they felt staff provided care in a safe manner. Their comments included, "Definitely safe. Staff carry out regular checks and monitor [person]" and "I'm very happy and very relieved that [person] is in such good hands."
- Risks were assessed and managed to ensure people's safety. For example, detailed risk assessments were in place for specific concerns to each person such as epilepsy. Care records showed staff had sufficient guidance which they followed to support people safely.
- The provider's systems and processes were in place and followed effectively by staff to safeguard people from the risk of abuse. Safeguarding referrals were made when needed.
- Staff received safeguarding training and were able to give examples of types of abuse and what they would report. They were aware of the safeguarding policy and procedure and understood how to raise concerns at the service and to external agencies.

Using medicines safely

- People received their medicines when required. Medicines were safely managed.
- Medicines administration records were completed and audited.
- Staff were trained to administer medicines and had their competency tested.
- Medicines policy and procedures were in place and reviewed when needed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- People were supported in a manner that reduced the risk of repeating of past incidents. Relatives' comments included, "I can't remember any recent accidents" and "Staff are very vigilant but sometimes incidents are unavoidable. If it does happen, they would investigate it very closely and let me know."
- Staff told us the registered manager encouraged them to report and record accidents and incidents. Incidents were recorded and monitored for trends.
- The registered manager shared information with staff and ensured lessons were learnt to minimise the risk of a re-occurrence.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 appropriate to their needs. Relatives' comments included, "Yes, [staff] definitely meet [person's] needs" and "I can't fault the staff they are doing the best they can under very difficult COVID-19 conditions." People's needs and choices were assessed. Staff followed the detailed care and support plans in place when providing care.
- People were supported to make choices and to be as independent as possible.
- Staff understood and delivered care in line with the provider's approach to equality and diversity.

Staff support: induction, training, skills and experience

- People received care from staff who were supported and trained for their roles.
- New staff underwent an induction which ensured they developed an understanding of their role and the specific needs of people who used the service.
- Staff received regular supervisions and an appraisal in line with the provider's policy. Staff told us they felt supported and encouraged to develop themselves via one to one meetings with the registered manager, team meetings and attending training and refresher courses.

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

- People received sufficient food and drink which met their nutrition and hydration including those with complex needs. Relatives told us, "There is a good and varied diet" and "[Person] is encouraged to eat and drink."
- Staff supported people with meals and made referrals to a dietician and other healthcare professionals when needed. Some people received nutrition through percutaneous endoscopic gastronomy (PEG), which meant they had a feeding tube inserted surgically in their stomach to help maintain their nutritional intake. Staff were trained to manage PEG systems and supported people to make as many choices as possible about this.
- Staff had detailed and up to date records of assessments of people's nutrition and hydration intake, allergies and each person's likes and dislikes. Records showed staff followed guidance to support people with their eating and drinking.

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

- People were supported to maintain their health and well-being. One relative told us, "[Person has a G.P and the staff help her/him to make an appointment to see them if unwell".
- People had detailed health action plans which provided guidance for staff about how they should meet

each person's health care needs.

- Staff and people's relatives where appropriate ensured people attended regular health care check-ups with a range of community health care professionals, including GPs, dieticians, dentists, opticians and chiropodists. Records confirmed people received health care services when needed.

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, 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. Any application to do so for people living in their own homes must be made to the Court of Protection.

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.

- People and their relatives were involved, consulted with and agreed the level of care and support provided. Staff had completed training and were knowledgeable about MCA. The provider had arrangements to help protect people's rights.
- Staff told us, and care records showed they supported people to make decisions about their care. Staff followed the requirements of MCA and carried out assessments and recorded capacity clearly for people who were unable to make certain decisions about their care. Staff had access to a policy on MCA and DoLS.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This means we looked for evidence the service involved people and treated them with compassion, kindness, dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People's care was delivered in a manner that promoted their dignity and privacy. Relatives comments included, "[Staff] are respectful. They respond appropriately to her wishes", "Privacy is fine. [Person's] bedroom door is closed during personal care. Staff knock first before going in" and "The staff know him. It's like a family."
- Staff told us ways in which they promoted people's dignity such as knocking on doors and waiting to be invited before entering people's rooms, closing bathroom doors and curtains when providing personal care. Staff received training in privacy and dignity.
- People had positive relationships with staff, who took time to get to know them. People looked at ease and comfortable in staff's presence. We observed staff spoke with people in respectful tones and called them by their preferred names. Staff demonstrated warmth, respect and empathy in their interactions with people they supported. We also observed staff on various occasions ask people if they needed anything and were happy to attend to their needs.
- Staff provided care in a manner that respected people's equality and diversity. Staff understood and responded to people's diverse cultural and spiritual needs and wishes. For example, people were supported to attend church when they wanted. Records showed people's spiritual needs. Staff were aware of each person's history, cultural heritage and spiritual needs and wishes. Records indicated staff had received equality and diversity awareness training. This helped them to protect people from discriminatory practices or behaviours that could cause them harm.

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

- People received the support and encouragement to make decisions about their care. Relatives told us where possible they were involved in planning people's care. For example, people had regular meetings with their keyworkers in which they were encouraged to express their views and make decisions about their care. This enabled people to communicate how they wanted their care delivered, how they felt about their progress and what they wanted to change about support. Staff respected and valued people's views even if they did not agree with them.
- Staff also held regular meetings involving people and their relatives to ensure they were happy with the care and support being provided.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. 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 person centred care. People and their relatives told us they were involved in care planning. Care plans and people's health needs were reviewed and updated regularly. This ensured staff had up to date information about people's care and support needs.
- We saw a person take part in activities that helped them improve their daily living skills. Staff told us and records showed people were encouraged to take part in domestic routines such as cooking and laying the table.
- Staff told us handovers and team meetings were effective in ensuring they received information about people's changing needs and the support they required.
- Care plans considered people's preferences and the support people needed to maintain relationships with those that mattered to them. People received the support they required to work towards attaining goals that were meaningful to them. People's relatives told us people were provided with opportunities to participate in meaningful social, educational and vocational activities. For example, records confirmed people attended day centres, community centres and college.

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 met. Staff had information about people's communication needs, preferences and understood how to support them to make decisions about the care and support provided. For example, records showed staff communicated with people by using facial expressions, gestures, eye gaze and supported people to use gadgets to indicate the care they required. We observed staff supporting people to engage in activities using these various means of communication
- The provider and registered manager understood their responsibility to ensure people were able to access information in a format suitable for them. Information was available in easy read and pictorial format.

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 access the local community by staff or their relatives to undertake activities of their choice. This included going for walks, theatre, horse riding, swimming and attending music festivals. Records showed people engaged in a variety of individual and group activities.
- People had individual support bubbles and visitor plans to ensure their social contact and wellbeing

needs are met.

- Staff planned and led on a variety of activities for people living in the home. We saw photographs of how people celebrated special occasions and the activities and outings they undertook.
- Care records contained information about people's hobbies, interests, likes and dislikes.

Improving care quality in response to complaints or concerns

- Relatives of people who used the service were happy in the manner their concerns were resolved. They told us the registered manager responded in a timely manner when they raised a concern and were satisfied with the responses. Comments included; "Any concerns, they will sort them. Staff and [registered manager] act very promptly" and "[Registered manager] is proactive and very quick to resolve any concerns".
- People who used the service and their relatives received the complaints policy and procedure to ensure they knew the process to follow if they were unhappy with the care provided.
- The registered manager told us they worked closely with family members and addressed "niggles" before they escalated.

End of life care and support

- People and their relatives were given opportunities to discuss their end of life care and their wishes recorded. No one was receiving end of life care at the time of our inspection.
- The registered manager knew the action to take if a person who used the service became unwell and needed end of life care. They told us an assessment of the person's needs would take place followed by a referral to relevant health and social care professionals including seeking guidance from a local hospice.
- The service had an end of life policy in place, which detailed the expectations around this.

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.

This is the first inspection for this newly registered service.

This key question has been rated 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 which is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

- People received care in a service where the provider and registered manager promoted an inclusive and empowering culture. Comments included, "[Registered manager] is always available and engaging. I'm very pleased. I've no issues", "It's a very well-run service" and "Any worries or concerns, the manager deals with them well."
- Relatives told us they were encouraged to speak up about any practice that may result in discrimination. They told us the registered manager was approachable and open to ideas to improve the quality of care provided.
- Staff told us they enjoyed their roles and working at the service. They spoke positively about the management and leadership. Comments included, "It sounds cliché, but we are really like one big family", "We work as a team and support each other" and "[Registered manager is very supportive, a good listener and takes great pride in the care we give to our residents]".
- Staff felt well supported by the provider and registered manager and during the COVID-19 pandemic. They were happy about an occasion when the chief executive officer visited them at the height of the pandemic to check on their welfare.

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

- Relatives told us the registered manager was open and honest with them when things went wrong. The registered manager discussed incidents and concerns with people who used the service and their relatives so they were aware of what the provider was doing in response.
- Staff told us the registered manager encouraged them to be open and honest when things went wrong. They told us this enabled them to be transparent without fear of reprisals.
- The registered manager discussed and shared with staff incidents at the service and completed lessons learned from these, to ensure continuous learning took place.
- The registered manager reported accidents, incidents and concerns to the Care Quality Commission and the local authority in a timely way.

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

- People received care in line with our regulatory requirements. The provider and registered manager

informed their quality assurance on the regulations they were required to comply with. The registered manager and staff were clear about their roles and understood the importance of providing safe care.

- The registered manager undertook team meetings to ensure staff understood their roles in relation to risk management and meeting people's needs. Staff told us the meetings were engaging and included discussions about managing risks, policies and procedures, medicines management and record keeping.
- Risk assessments and policies were reviewed and updated when required. Audits were undertaken and shortfalls identified were addressed in a timely manner. Confidential information was stored securely.

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

- People who used the service and their families were engaged in how the service was run. Relatives told us there was effective communication between them, staff and the registered manager through regular telephone and face-to-face contact. The provider obtained feedback from people and their relatives about their experiences of using this supported living service.
- People took part in regular in-house meetings with other people who lived in their home which enabled them ideas and requests for things they would like to do.
- The registered manager and staff had regular meetings and records confirmed their involvement. Staff told us they were actively involved in developing the service and encouraged to propose new ways of working. Staff told us the registered manager welcomed their views and received regular updates about changes to the service.
- Staff, relatives and people who used the service completed satisfaction surveys. There was evidence the provider made improvements based on people's feedback. The 2021 relatives survey showed positive comments about the service about the management and leadership of the service.

Continuous learning and improving care

- The provider used a range of audits and checks to monitor the quality of the service and identify anything they needed to improve.
- Staff told us the provider and registered manager sought their views on how to improve the service. They were encouraged to discuss at handovers and staff meetings how to develop the service.

Working in partnership with others

- The service worked in partnership with the local authority, various other agencies and health professionals to ensure people received appropriate support.
- The service had links with other agencies around the local community which they used to ensure people lived normal lives.