The Royal School for the Blind

SeeAbility - The Willows

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The Willows 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. At the time of our inspection there were eight people living at the service who had a visual impairment and learning disability amongst other care needs.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

People were protected by staff who were aware of safeguarding procedures. Relatives told us they felt their loved ones were safe, and there were a just enough staff to meet people's needs. Staff were recruited safely, and risks to people were identified and appropriately recorded and managed. Medicine administration and recording was safe, as were infection control practices. Accidents and incidents were recorded and monitored for trends.

Robust pre-assessments were completed to ensure that people's needs could be met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of the principles of the Mental Capacity Act 2005 and people's rights were protected. Staff were up to date with relevant training and had regular supervision with their line manager. People were supported to maintain their health and nutritional needs.

Staff treated people in a caring and kind manner, and staff were knowledgeable about people's needs. People's independence and privacy was respected and promoted. Staff were aware of how to support people to express their opinions, and people attended a representatives group to drive improvement in the service and at Seeability as a whole.

People received care and attended activities that were responsive to their needs. Rooms felt homely from people being able to personalise them with furniture, pictures and decorations. People were supported to maintain their faith and to raise complaints. End of life care plans were detailed and expressed people's individual last wishes. Staff supported people following the recent death of a person who lived at the service.

There was a warm and positive culture in the service. Relatives and staff said that the deputy manager was approachable, and a new manager had been employed who would shortly be starting at the service. The provider actively sought feedback from people, relatives and staff, and there was strong engagement with a

range of external stakeholders. There were robust quality governance systems in place to identify any issues which were resolved in a timely manner.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 November and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small care home for adults who are often out during the day. We needed to be sure that someone would be at the home. The inspection was carried out by two inspectors.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke to one person and four staff members including the deputy manager and regional manager. We carried out general observations throughout the day and referred to a number of records. These included three care plans, two recruitment files, records around medicine management, policies around the running of the service, and how the organisation audits the quality of the service.

Following the inspection, we spoke to three relatives by telephone for their feedback.

Good

Is the service safe?

Our findings

Relatives told us they felt their loved ones were safe. One relative told us, "Yes without a doubt we feel [they're] safe. We're extremely happy with the efficiency there. It puts our mind at rest, we don't have to worry." Another relative said, "Yes, I feel [they're] safe. [They have] been there many years. If [they weren't] safe, we would have seen signs by now."

People were safe from the risk of abuse. The deputy manager said, "I'd record the information and inform the right people such as the local authority. If it would escalate in the meantime and people were not safe, I'd call the police." A staff member told us, "I would immediately tell the manager, although if I did witness something, I might want to intervene first." People's finances were also protected. People's money was checked on a weekly basis for any discrepancies. The regional manager told us, "Every month we look at spend, look for anything suspicious and we check that the items are in the person's room." Staff had completed safeguarding training and were aware of safeguarding policies and their responsibilities to report any concerns. There had been no recent safeguarding incidents in the service.

Risks to people were identified and managed appropriately to prevent avoidable harm. A staff member told us, "I know people's risks as they are in their support plans." People had risk assessments and care plans around their needs such as mobility, personal care, communication and specific medical conditions they were living with. Risk assessments for specific medical conditions included what the condition was, how it affected that person, and what steps needed to be taken to mitigate the risk of the condition escalating to a dangerous level. Positive behaviour plans were personalised so that staff were aware how a person would display anger or anxiety, and what steps should be taken to support that person. Individual personal emergency evacuation plans were also in place, which described how to help people evacuate the service during a fire or other emergency.

There was enough staff to meet people's needs. One relative said, "There certainly seem to be enough staff at the moment. Generally speaking I think they manage it very well there." The regional manager said, "We have support from other services who fill in on bank roles too." However, other relatives and staff felt that more staff would be beneficial. One relative said, "I think they struggle at times. They have trouble recruiting, but they manage to keep things ticking over but it doesn't give them time to do the extras." A staff member told us, "We need one more person I think which would be a great help." Although some relatives and staff felt that there could be more staff, there was no negative impact to people. We observed that people who required assistance throughout the day for personal care and mealtimes received it.

We reviewed two recruitment files for staff that had recently joined the service. They had been recruited safely as the service had completed the required recruitment checks. This included gathering information on employment history, references and completing a Disclosure Barring Service DBS) certificate check. DBS checks allow employers to check the criminal record of someone applying for a role and that they are safe to work with vulnerable people.

Medicine recording and administration procedures were safe but could be simplified for staff. One relative

said, "[They] always receive their medication. It's never been missed." Another relative also told us, "As far as we're aware, all of that seems to be in hand." Medicine Administration Records (MARs) for prescribed medicines were completed with no gaps meaning that people were receiving them consistently, and there was a clear protocol for 'as and when medicine' (PRN). Due to people's visual impairment, staff ensured that they spoke to people throughout administering their medication to guide them through the process.

However, practice could be improved in some areas of medicines administration. People's medicines were securely stored in their rooms, and were usually administered here too. However, staff worked from a large folder containing everyone's MARs which was kept in the kitchen. Staff signed people's MARs at the end of the medicines round rather than at the time of administering. We suggested to the deputy manager that the process could be simplified and made safer by keeping people's individual MARs in their room with their medicines, which could be signed at the time of administration. She informed us that they would look to implement this change immediately and we saw that she was looking to update staff members of the new process on the day of the inspection.

People were cared for by staff who practiced safe infection control practices. One relative said, "I see them wearing the protective clothing." A staff member said, "I wear gloves, and we all had flu jabs. There are gloves in every room. Hand sanitizer too. We had training about this too." Another staff member told us, "When I'm assisting someone I always see the other staff member wearing it and they see me wearing it so we know were both doing the right thing." We observed staff wearing aprons and gloves for tasks such as administering medicines. The premises was clean, tidy and free from any malodours.

Accidents and incidents were recorded so lessons could be learned and monitored for trends. For example, one person had recently fallen. An accident and incident form was completed and the outcome reached was to refer to a podiatrist for an assessment for specialist footwear. Each incident was added to a monitoring sheet to gather information on trends as well as record the actions taken for each event. This meant that people were kept safe from the risk of reoccurring incidents.

Good

Is the service effective?

Our findings

Pre-assessments were thorough to ensure that people's needs could be met. A relative told us, "The transition was managed extremely well." Pre-assessments included information such as people's medical conditions, cognition and nutritional needs. This information had been used to complete people's care plans.

People were cared for by staff who had received the appropriate training and support for their role. A relative said, "Yes I feel they are well trained. They've had specialist training over [my relative's] needs. A staff member told us, "I get supervision every three months." In between if we have concerns we can speak to the deputy manager." The regional manager said, "We're really hot on training." All staff were up to date with their training and had received additional training around specific needs of the people they cared for. This included topics such as autism and epilepsy training. Supervision was regular and allowed staff to discuss their own development, any concerns, and updates about people they cared for. All staff had received their yearly review in October 2018.

People's nutritional needs and preferences were met. A relative said, "They went into [their] diet in quite some detail when [they] first moved in, in particular, the portion size. It appears to be satisfactory." Healthcare professionals involved in people's nutrition felt that people's individual needs were being met. The service had received a compliment from a Speech and Language Therapist which said, "Thank you for following the guidelines appropriately, raising queries promptly if you have any concerns as and when they arise. Each person is treated with respect and dignity and given time to eat their meals and drinks at the pace which they choose and need." Staff were aware of people's dietary needs and care plans reflected how people should be supported at meal times. For example, one person required a fork mashable diet. We observed that the person received this and was supported to eat it. Food temperatures were taken to confirm that food was thoroughly cooked, and food charts were completed to ensure that people had eaten an adequate amount during the day.

Communication amongst staff was effective. A staff member said, "We have a half hour overlap between the day and night shifts so staff can communicate then, but there is also a communication book. Staff will read the communication book and then there will be a verbal staff handover." There was also effective communication between organisations. Care plans included care passports. These documents gave a summary of a person's physical and emotional needs which could be used by health professionals in the event of a person being admitted to hospital.

People were referred to healthcare professionals where required. One relative told us, "They call the GP out quickly if [they] need it." Another relative said, "They managed to get her registered at a local doctor's surgery, so everything is in place if needed." People were supported to maintain their health and wellbeing. We saw evidence in people's care plans that referrals and appointments with GPs, dentists and physiotherapists had been made in a timely manner.

The premises were suitable to meet people's needs. Adaptations had been made to support people to live

as independently as possible with their visual impairment. The staircase included hand rails and voice recordings on the landings to inform people which floor they were on. The edge of stairs were painted yellow in order to stand out for those who had partial sight. People had accessible bathrooms, and rooms and corridors were large enough to incorporate a wheelchair. We observed people mobilising independently throughout the building with the use of the adaptations in place.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's rights were protected because staff were aware of the principles of the MCA. One relative told us, "They always ask [their] permission before they do anything." A staff member said, "If a person lacks capacity, we always ensure that there's family or an independent mental capacity advocate (IMCA) input, or dentists or GPs where clinical decisions need to be made." The deputy manager told us, "In giving choice we are making sure they have value. You have to listen to them and gauge how best to support them. We have a system where you can leave the building at any time but we have to support them to make decisions, such as if it's dark and raining. The principle is there for the individuals, not for us." Mental capacity assessments were decision specific and best interest meetings had included all the people involved in a person's care such as staff, relatives and the GP. DoLS applications included details of all the restrictions placed on people such as keypads on doors. There was a monitoring form which noted the status of DoLS applications so they could be followed up if needed.

Good

Is the service caring?

Our findings

Relatives said that staff were kind and caring. One relative said, "A few of them go the extra mile. When [my relative was] not feeling [their] best, staff made sure they made [them] smile which is very commendable." Another relative said, "I think they are very caring." The regional manager said, "I honestly can trust staff to do the right thing. Even the administrator is brilliant and chats with people on the floor." Staff were kind and respectful to people. Staff made people feel important and took time to talk to people individually rather than focusing on the task. For example, one staff member sat with a person after administering their medicines and spoke to them while stroking their hand. Staff kept people informed of what was going on around them. For example, a staff member noticed that a person's hair clip had become loose. They informed the person and checked that they would like the staff member to fix them. The person was very grateful for the staff member noticing and sorting the issue for them.

People were supported to express their views. One relative said, "They included [them] with the putting together of [their] care plan. We always attend as a family too. They plan ahead very well. They give all of us a chance to work out the best time." Another relative told us, "We have been asked to attend the review. It's very reassuring. That care plan in [their] room definitely covers the majority of [their] needs and syndromes. It's just filling in the extra little bits as they get to know [them] now." There were communication care plans in each person's room so staff were aware how to support them to express their views.

People were encouraged to be independent where possible. A staff member told us, "We promote their independence very well. We're trying to keep them as independent as they can be. We try to reinforce what independence they have so they keep it for as long as possible." People had allocated days to complete their laundry with support, unless there was a need for it sooner. They were also encouraged to participate with food preparation at mealtimes and mobilise independently around the building possible.

People's privacy and dignity were also respected. One relative said, "They do respect [my relative's] privacy. They shut the door during personal care." We observed staff knocking on people's doors before entering their rooms. The deputy manager introduced us to people and said, "These are visitors, are you happy to have them in your home?" This demonstrated that staff were aware that we were visiting people's home and that this should be respected.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. A relative told us, "They've gone out of their way to accommodate [my relative] as best they can and its going very well. "A staff member said, "We acknowledge who they are as individuals. They are individuals with separate disabilities." Staff were knowledgeable about people's likes, dislikes and needs. For example, one person's mobility needs meant that a ground floor room would be more suitable for them. The deputy manager told us, "We identified what [they] needed and this meant the move to a new room for [their] physical and social needs. I remind staff that care plans are moving living documents that can always be updated as people's decisions and likes and dislikes change". Staff had been supporting people to do their Christmas shopping in a way that was responsive to their personal likes. For example, staff knew that one person preferred to shop at a certain high street store so a trip to it had been organised. People's rooms were personalised and made to feel homely. A relative told us, "[Their] room is excellent, [they have] her own furniture, [they have their] own pictures and decorations."

People were supported to attend meaningful activities and outings. A staff member said, "Yes I think there's enough activities for people. They all go out a lot for meals and pantomimes have been booked for Christmas. We always do seasonal events for Easter and Halloween." Another staff member said, "Everybody goes out once a day at least." People were asked what activities they would like to do during regular review meetings so that these could be arranged. One person told us, "I am going out for lunch next week." It was evident from their care plan that they enjoyed going out and that this was arranged as much as possible for them. Another person had said during a meeting that they would like to see the local pantomime. The deputy manager had bought tickets for it following the meeting. People were supported to maintain their faith. Staff assisted people to attend a place of worship if they wanted most weeks.

Relatives were aware of how to raise a complaint. One relative said, "We've raised a couple of things informally. We received a resolution that we were happy with though." Another relative said, "No I've never had to complain. To the contrary in fact. We're amazed at the efficiency there." There was a complaints policy available for relatives if required. Any complaints received were recorded and had been resolved to a level that the complainants were happy and within the timescales set out in their policy.

At the time of our inspection, no one was receiving end of life care. However, people had thorough end of life care plans where they had wanted to make their wishes known. This included details of sensory items such as music or flowers. One person had recently died after a time in hospital. The deputy manager had organised a vigil and staff had provided emotional support for people through this time. The deputy manager said, "We felt it was important for them to understand that people do come home from hospital most of the time."

Good

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. A new registered manager had been recruited and would start to work at the service the following month. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The provider confirmed that the new manager would be registering with the Care Quality Commission.

The deputy manager provided management oversight in the absence of a registered manager.
Relatives and staff felt the deputy manager was approachable. One relative said, "[The deputy manager] is very good. She carries more than her fair share. She'll bust a gut to get things done." Another relative told us, "They're very approachable. [The deputy manager] is marvellous." A staff member said, "The deputy manager and regional manager] are approachable. We're getting a new manager next week and were all feeling confident about it. [The deputy manager] has been doing so much it would be good for her to have some respite."

There was a positive and inclusive culture in the home. The regional manager told us, "We have an open-door policy. We understand that their families should be involved. And staff still turn up to work happy." The service had received a compliment from a social care professional which said, "Whenever I visit The Willows I always find the atmosphere and the staff very welcoming. My client's life has improved dramatically since being a resident there. [They] now [have] quality of life."

People, relatives and staff were involved in the running of the service. House meetings occurred monthly, where staff discussed topics such as menu plans with people. People and their relatives had received a survey at the beginning of the year to complete asking for their feedback on the service. The results from this were positive apart from one person requesting more outings. The service had acted on the feedback received and this person now had an activity planned outside the home daily. Two people who lived at the service were part of a representative group with people who used Seeability services. This group discussed areas for improvement for the provider as a whole, and were involved in recruiting the new Chief Executive Officer as well as creating new quality statements for their service.

There were robust systems in place to monitor the quality of the service. The regional manager said, "I think we're very responsive as an organisation. As soon as something happens, we're on it." Audits around medicines, infection control and health and safety were completed regularly. Issues that were identified were rectified in a timely manner. For example, an audit had identified that there were no risk assessments around flammable creamed medicines in people's care plans. We found that this had been completed on our inspection. Regional managers from different locations within Seeability carried out quality audits, including at The Willows. This allowed for best practice and knowledge to be shared amongst services and areas.

The service worked in partnership with other agencies to support improved care provision and access. The

regional manager said, "We have shared training with Sight for Surrey and Sense.". The deputy manager also told us, "I went to a Mencap meeting a couple of months ago to see if we could link in with them and to see if any of our individuals could benefit. One person is now using their services." There was regular engagement with the local day centre. People attended an activity at the day centre on most days.

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