The Royal School for the Blind

SeeAbility - Derby Lodge

Inspection report

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Date of inspection visit:
21 September 2016

Date of publication:
25 November 2016

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 inspection took place on 21 September 2016 and was unannounced. This was a comprehensive inspection.

Seeability - Derby Lodge is a care home providing support to up to eight people with a visual impairment who may also have a learning disability, physical disability, acquired brain injuries or degenerative conditions.

There was a registered manager in post. 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.

Staff understood their role in safeguarding people. They had received training and demonstrated a good understanding of how they would protect people from abuse of potential harm. Staff routinely carried out risk assessments and created plans to minimise known hazards whilst encouraging people's independence.

We found that policies and procedures were in place to keep people safe in the event of emergencies. People had individual plans to keep them safe in the event of an emergency and there were contingency plans in place.

People received their medicines safely. Medicines were stored safely and systems were in place to ensure medicine stock could be monitored and audited.

Staff training was tailored to the individual needs of people who lived at the home. Staff told us that they had good access to training and people and relatives told us that staff were effective in their roles.

Staff provided care in line with the Mental Capacity Act (2005) (MCA). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions. Where people had restrictions placed upon them, these were applied for appropriately.

Staff followed the guidance of healthcare professionals where appropriate and we saw evidence of staff working alongside healthcare professionals to achieve positive outcomes for people.

People were supported to eat in line with their preferences and dietary requirements. We did note that people were not involved in writing menus but the registered manager was already in the process of making changes at the time of our inspection.

Staff treated people with dignity and respect. All caring interactions that we observed were positive and staff provided support to people in a way that promoted their dignity.

Information in care plans reflected the needs and personalities of people that we spoke to. People had choice about activities they wished to do and staff encouraged people to pursue new interests. People were supported to access advocacy services where appropriate and staff understood the role advocates played in promoting people's rights.

Systems were in place to measure the quality of the care that people received. The registered manager had identified improvements and was in the process of making these at the time of our inspection. Improvements had been made to the way in which people provided feedback to improve the quality of their care.

Staff told us that they were well supported by management and were encouraged to make suggestions or raise concerns. People and relatives told us that they had a positive relationship with the registered manager.

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.

Staff were aware of their responsibilities in safeguarding people and understood how to follow procedures to keep people safe.

Risk assessments promoted independence whilst also ensuring people were kept safe from known hazards.

Accidents and incidents were recorded and systems were in place to monitor patterns and respond appropriately.

Contingency systems and emergency procedures were in place in case of emergencies and staff understood how to respond.

Is the service effective?

Good

The service was effective.

People were supported to eat food in line with their preferences. The registered manager had identified that people were not involved in menus and had introduced ways of gathering people's feedback.

People were supported by staff who were trained and knowledgeable about their individual needs.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its' guidance. We noted one instance where records needed to be updated.

Healthcare professionals were involved in assessments and reviews.

Is the service caring?

Good

The service was caring.

Staff were caring and compassionate and demonstrated a commitment to improving the lives of the people that they supported.

People were supported by staff that knew them well.

People were included in decisions about their care and staff encouraged them to be independent. People were supported to access advocacy services.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Assessments and care plans were person centred and reflected people's needs, interests and preferences.

People were supported to engage in activities that were meaningful to them.

A complaints policy and procedure was in place that gave people opportunities to raise any concerns that they might have. Complaints were recorded and responded to.

Is the service well-led?

Good

The service was well- led.

Staff told us that they had support from management and had opportunities to contribute to the running of the service.

People's feedback was sought in order to identify improvements that could be made. The registered manager was improving the way in which people could contribute to the running of the home.

Systems were in place to monitor the quality of care and to ensure that people received good care.

SeeAbility - Derby Lodge

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.

The inspection took place on 21 September 2016 and was unannounced.

The inspection team consisted of one inspector and one 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.

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at a range of records about people's care and how the service was managed. We looked at three people's care files, risk assessments, medicines records and the records of accidents and incidents.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of staff meetings, complaints logs and quality assurance monitoring records.

We observed eight people being supported by staff. Two people were able to provide us with verbal feedback and we spoke to one relative. We spoke to seven members of staff and the registered manager.

We last inspected this service in January 2014 when we had no concerns.

Good

Is the service safe?

Our findings

People told us that they felt safe. One person told us, "Yes, I feel safe." A relative told us, "It is safe. There's enough staff, they get one to one."

People, relatives and staff members told us there were enough staff working at the service to keep people safe. On the day of our inspection enough staff were present to meet the needs of the people who lived at the home. We observed people being supported by staff to attend appointments whilst people who remained at the home were supported by sufficient staff to keep them safe. Staff were able to spend time with people and care that we observed was not rushed. The registered manager calculated the numbers of staff needed based on the needs of the people living at the service and the activities they had scheduled that day.

Staff told us that there had been shortages earlier in the year. This had impacted on people's activities and meant that people who wanted to stay up late could not always do so. New staff had been recruited since then and staff told us that they had noticed an improvement. Staff said that this meant that people could go to bed at the time that they chose. Records demonstrated that this was the case.

Safe recruitment practices were followed before new staff were employed. A staff member told us, "Everyone who works here is assessed. There is no chance the people could be unsafe." Checks were made to ensure staff were of good character and suitable for their role. The staff files contained evidence that the provider had obtained a Disclosure Barring Service (DBS) certificate for staff before they started work. DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services. Staff files also contained proof of identity and references to demonstrate that prospective staff were suitable for employment.

People were protected against the risks of potential abuse. Staff demonstrated a good understanding of safeguarding procedures and knew their role in protecting people from abuse. Staff had attended safeguarding training and it was discussed at one to ones. Safeguarding incidents were being referred to the local authority and notifications were being sent to CQC. People were given information on how to stay safe and how to contact outside agencies if they were concerned about their safety.

People were supported to take risks to retain their independence whilst any known hazards were minimised to prevent harm. One person was at risk of choking when eating due to their posture and the speed at which they ate. A risk assessment clearly identified this risk and what staff should do to minimise it. The person was supported to sit correctly whilst eating with a straight posture. Staff cut food into small pieces and supported the person to eat at an appropriate speed. Another person had epilepsy and had a risk assessment for if they suffered seizures. The assessment was detailed and contained lots of measures to manage this risk, such as staff ensuring that the person did not have any head injuries, and for staff to record and monitor previous seizure activity. Records showed that staff were recording seizures but the person had not had a seizure for some time.

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. In their PIR, the provider told us that incidents, 'are discussed within management meetings to heighten awareness.' The accidents and incidents log included a record of all incidents, including the outcome and what had been done as a result to try to prevent the same accident happening again. For example, one person had become agitated and started to self- harm. Staff intervened and used a distraction technique to calm and divert the person. This was recorded on the incident and was later discussed at a team meeting in order to share this technique that worked in calming the person so other staff could also prevent a similar incident for this person. There had been no similar incidents since.

People were protected in the event of a fire. The fire alarm system had been serviced this year and fire alarms were tested weekly. The provider had carried out a fire risk assessment of the premises and a personal emergency evacuation plan (PEEP) had been developed for each person. These give staff the knowledge they need to safely support each person in the event of a fire and how they should be helped to evacuate the home. One person's PEEP stated that they will would require support from staff due to their visual impairment and staff should provide reassurance to them. The provider ran a local day centre which was nominated as a place of safety in the event of an emergency.

Staff administered people's medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test before being able to support people with medicines, these were documented in all staff records. This demonstrated that the provider made sure that staff who administered medicines were skilled and competent enough to do so.

People's medicines were stored, administered and disposed of appropriately and securely. Medicine Administration Records (MARs) were up to date and showed who had administered medicines or the reasons for medicines not being administered if applicable. People's medicine records contained photographs of them; this ensured that staff knew who they were administering medicines to. We observed staff administering a person's medicines through a percutaneous endoscopic gastrostomy (PEG) tube. A PEG is a feeding tube for people who cannot swallow foods or medicines. Staff had been given training in how to do this and demonstrated a good understanding of this person's needs.

Good

Is the service effective?

Our findings

People told us that they liked the food on offer. One person said, "I like the food." However, a relative told us, "I don't know if they can choose much with food. There's (not much) vegetables and fruit."

People were supported to have meals in line with their preferences and the registered manager was developing ways to involve people in writing menus. On the day of our inspection the menu on the wall of the kitchen did not match the meals that were served at lunchtime. The kitchen assistant was on leave on the day of our inspection, and staff informed us that when they were working, the food served would match the menus. However, people were supported individually to have meals in line with their preferences, which were detailed in their care plans. A recent audit had also identified that people did not have any input into the menu. The registered manager was introducing one to ones between people and staff, which were scheduled to begin on the week of our inspection. As part of these, people's feedback on food would be gathered by staff and used to inform menu choices.

Staff told us they had all the dietary information they needed and were aware of people's individual needs. People's needs and preferences were also clearly recorded in their care plans. The provider had an in house speech and language therapist (SALT) who worked with people who had difficulties swallowing. One person was using a PEG tube and could not take food by mouth. The SALT was working with this person to identify if there were 'tasters' they could eat in order to experience the taste of food whilst minimising the risk of choking. People had mealtime mats, which contained guidance for staff on how to support people. One person enjoyed eating at McDonald's twice a week. The registered manager was introducing travel-sized mats that could be taken with people to ensure they could eat safely whilst going out and accessing the community. Another person was unable to eat independently when they moved into the home. Through working with staff, the person had developed their skills and were able to eat independently. We observed them doing so during our inspection.

Care records showed that healthcare professionals were attending reviews and staff supported people to get quick access to healthcare professionals when required. A staff member told us, "You can detect when they are not well. (Person) was taken to A&E and diagnosed with constipation." Another person had developed a chest infection. Staff noticed changes in the person's presentation and quickly contacted the GP and community nurse teams. Working with them, they were able to meet this person's needs at home. This meant that they avoided a hospital admission for this person who had complex physical needs.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and

hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether staff were working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the registered manager and staff understood their responsibilities in relation to the MCA and DoLS. The provider had delivered training in this area and staff understood how the principles of the legislation applied in their work. In their PIR, the provider told us, 'Where individuals lack capacity to make decisions about treatment, (we) involve appropriate others to make a decision in their best interests… this process (was) used for one person to reach a best interest decision about installing a peg feed system.' Records showed that this was the case. We saw numerous examples of people's legal rights being protected by staff following the MCA.

The registered manager ensured that mental capacity assessments were carried out to determine if people had the mental capacity to make specific decisions. Where people did not have capacity then best interests meetings took place. If people were being restricted in their best interests, for example by being unable to leave the home unaccompanied, then DoLS authorisation applications had been submitted and received by the local authority. For example, one person lacked the mental capacity to make the decision to stay at the home. A mental capacity assessment had been carried out specific to the decision. A best interest decision was recorded that the person would need to remain at the home for their safety. An application had been made for a DoLS authorisation. The person's records also stated, "I can make day to day decisions. Please give me opportunity to make decisions and do not assume that I lack capacity." This demonstrated that the provider was committed to protecting people's rights. Another person was assessed as lacking the mental capacity to make financial decisions. This person did not have relatives to be involved in best interests decisions, so staff had involved an Independent Mental Capacity Advocate. This demonstrated a further commitment to protecting people's rights by ensuring that their views were taken into account when making best interests decisions.

Relatives told us that they felt staff were competent in their roles. One relative told us, "They are very competent." All staff had an induction and undertook mandatory training. Mandatory staff training included safeguarding, health and safety and the Mental Capacity Act. A new member of staff told us, "I am having an induction, I'm really enjoying it." Another staff member told us, "We get a two week induction and are being observed. We receive ongoing training." Staff had training specific to people's needs. Staff had completed training in Non-Abusive Psychological and Physical Intervention (NAPPI). One person's care records stated staff should use NAPPI techniques when they self- harmed. Records showed that incidents of self- harm were infrequent which demonstrated that staff interventions were effective. Staff had specific training from healthcare professionals in how to use PEG feeding equipment and hoisting equipment that had been introduced to meet people's individual needs.

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person told us, "The people (staff) are nice." A relative told us, "The staff are good with people."

Throughout the day we observed staff having good, caring interactions with people. Staff talked to people, asked consent and gave instructions whilst supporting people. One person was being helped out of their chair and staff gave them a 'high five' when finished which the person enjoyed. Staff spoke to people kindly and took time to allow people to express their needs or wishes.

Staff knew the people that they were supporting. Staff were knowledgeable about people's preferences and life histories and the information they told us clearly matched with the information recorded in people's care records. One person had relatives in another home nearby. This information was very clear in their records as it was important to them. Staff were aware of this person's family situation when we spoke to them. One staff member told us, "I love working here.
I know the individuals here, I enjoy every minute of it." Another staff member said, "'I have worked here almost a year, you get attached to the people. I want to feel how they're feeling, then give them the support they need."

People were supported to complete life stories and care plans contained detailed information about their preferences and how they liked to be supported. Each person also had a smaller record that summarised important information about people for new staff or agency workers. This contained important information on how to communicate with people and their preferences. People had been involved in writing these and they contained pictures of things people felt were important to them. This ensured that staff got to know people even when they had been supporting them for a relatively short time. One person had completed an audio book, accessible for people with visual impairments, that staff had worked with them on and new staff had listened to and read to get to know the person's preferences and background.

People had different ways of communicating which staff were aware of. One person communicated their needs using body language. Staff were aware of what different movements meant and responded to them appropriately. Another person carried a communication book in their wheelchair with details for staff on how they wished to communicate. It also told staff how to speak to the person to ensure they understood. Images alongside speech bubbles indicated what to say, how to say it and when to say it. During the inspection one person got up and took one member of the inspection team by the hand. Staff knew immediately that this person wanted to show us their favourite chair, which they then did.

Information about advocacy services was available to people and people had been supported to access advocacy. In their PIR, the provider told us, 'There is currently an advocate involved in supporting two people at Derby Lodge who has been engaged with them over a period of time to ensure their needs are met and views represented.' One person was going through a complex reviewing process with the placing authority. They had been supported to access an advocate to ensure that their voice was heard throughout the process. The registered manager told us that through working with a local advocacy group with two

people living at the home, staff had raised awareness of advocacy and when it could be used to support people. We saw evidence that other people had access to advocacy and staff demonstrated an understanding of local services that people could access. This demonstrated that staff recognised the need for people to be involved in their care.

Staff encouraged people to be as independent as possible. People's records contained information about goals or tasks that they wished to complete. One person's records stated that they wished to, 'put my own washing into the machine and switch it on'. Another person's records stated that they liked to feed themselves where possible. We observed staff providing this person with enough support that they could feed themselves, placing their cup into their hand so they could drink and helping them to pick up cutlery.

People's privacy and dignity was respected by staff. Our observations throughout the inspection demonstrated that staff respected privacy when carrying out personal care. One person made a specific movement with their hand when they needed to use the toilet. Staff responded to this discreetly and sensitively by speaking quietly into the person's ear to confirm they needed support with personal care. A staff member told us, "For example there are two female carers who support (person). We close the door when we wash and dress. No-one enters until we finish."

Good

Is the service responsive?

Our findings

Relatives told us that they knew how to complain. One relative told us, "I have had no complaints but they welcome feedback."

The registered manager kept a log of complaints and actions taken as a result. The complaints records showed that complaints had been dealt with. At the time of our inspection records showed that there had been very few complaints from people and relatives. Relatives had raised concerns about activities that one person had been missing. Records showed that the complaint had been investigated and escalated to an area manager who had met with the relatives. Reduced staffing had affected the person's activity plans but this had been resolved by the time of our inspection.

People were encouraged to take part in activities that suited their interests and hobbies. Records contained details of people's interests and everybody had their own activity planner. Activities included group activities at a local day centre and also one to one activities where people were supported to do things of their choosing. One person enjoyed playing skittles, playing the drums, dancing and arts and crafts. They were also learning Makaton. Their records contained a timetable of these activities and daily notes confirmed they were taking part in them. Throughout our inspection people were either supported to go out or take part in activities indoors. People spent time in the sensory room and another person enjoyed listening to music with staff. Staff had the use of adapted vehicles to take people out. There were regular day trips and holidays arranged by the provider. People had recently been to Brighton and had been on holiday to Jersey.

Assessments were undertaken before people moved into the home to make sure their needs could be met. A relative told us, "We had an assessment meeting before (person) moved in." People's assessments were detailed and they included information staff would need to understand their needs. These also included preferences such as what food they liked and how they liked to be addressed. Where people moved from other homes, information from the previous placement was in their notes to help ensure a smooth transition. This showed us that when people were new to the home, staff had as much information as possible to meet people's needs.

Care plans were personalised and information on what was important to people was clear. The front page of people's care plans contained information of what they liked and disliked. One person's plan stated that they liked intensive interaction, playing with water and sensory time. We observed staff supporting this person to spend time in the sensory room. Care records contained pictures, such as pictures of people engaging in activities and artwork to represent activities. Records demonstrated people's input. One person's records stated that the things most important to them were music, having a rest in their chair and being able to touch objects. This demonstrated that despite this person not being able to verbally tell staff what was important to them, staff had spent time to identify things that the person enjoyed which had been made clear in their records.

People's care plans were kept up to date and adjusted when things changed. Regular reviews were

documented in people's care records. Review documents showed input from people as well as from relatives and healthcare professionals. Reviews looked at people's needs as well as what was important to them. At a recent review for one person staff working with them had identified that they wished to get into contact with relatives they had not seen for a long time. Staff had since been working with them to find their relatives in order to find out if a reunion was possible. The review also identified that the person wished to arrange a holiday. Following the review this was arranged and the person went away with staff support.

Good

Is the service well-led?

Our findings

Relatives told us they got on well with the registered manager. One relative told us, "They take time to call us, all staff do." People also indicated to us that they liked the manager. We observed people interacting with management during our inspection.

Staff told us that management was visible in the home and they were approachable. One staff member told us, "I see the manager nearly every day. The door is always open." Another staff member said, "There's always someone here to ask."

Records showed that team meetings took place regularly and staff were encouraged to have their say about any concerns they had or how the home could be improved. One staff member had raised a need for new pedal bins in people's rooms. The registered manager acted upon this following the meeting. Another staff member had identified that improvements could be made in communication between shift leaders and staff. A new communication sheet and task list was formulated, with input from staff, to help ensure the home ran smoothly. We observed staff referring to this during a handover meeting, they told us it helped them in their roles. This demonstrated that there was an open culture amongst staff and management that meant staff felt comfortable voicing concerns or making suggestions that would improve people's lives.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The provider carried out a quality monitoring visit every three months and documented their findings and any actions taken. The last audit identified that verbal complaints were not always being documented. One the day of our inspection, verbal complaints were documented and the complaint identified by the audit had been documented appropriately and responded to by the registered manager.

In another audit, the registered manager had identified that more could be done to involve people in the running of the home. As a result, one to one meetings between people and staff were starting on the week of our inspection in order to try and gather people's feedback. Due to people's communication needs, the registered manager recognised that one to one work with staff who knew people well was the best way to gather their feedback. They had previously trialled residents meetings and these had not been successful.

The registered manager sought the feedback of relatives in the running of the home. One relative told us, "They have asked us for feedback before." Feedback was pulled together so that it could be analysed and actions identified. Limited feedback was provided by relatives, due to the small number of people living at the home. One relative had provided negative feedback which had been recorded and responded to as a complaint.

The registered manager understood the challenges facing the home and had taken steps to address them. During a time of staff shortages, the registered manager had understood the importance of rewarding and retaining existing staff, as well as recruiting. Staff who had covered shifts or done overtime had been rewarded. Records showed that management had used staff meetings to keep staff updated on recruitment and also told staff how appreciative they were of the effort they had put in during a time of staff shortages.

People's care records were kept up to date and stored securely. Systems were in place to ensure that reviews were carried out within the timescales set out by the provider. Information from healthcare professionals was added to care plans and records were clear which meant that staff had quick access to information that they needed in order to support people.