

The Royal School for the Blind

SeeAbility - Denecroft

Residential Home

Inspection report

Denecroft
1 Denmark Road
Guildford
Surrey
GU1 4DA

Tel: 01483301315
Website: www.seeability.org

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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

About the service:

Denecroft Seeability is a residential care home for people with learning disabilities. The home can accommodate up to six people. At the time of the inspection there were five people living at the home. People at the home had a range of learning disabilities.

People's experience of using this service:

People were cared for by sufficient staff to meet their needs. The management team were still in the process of improving the service in different ways. Staff and relatives all agreed that the home had gone from strength to strength in how it supported people living there. People were interacted with and engaged throughout the day by staff who knew them and made them smile. One relative told us, "I think its an excellent home for my daughter."

The management team ensured that they worked in line with 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure that people with learning disabilities can live as ordinary a life as any citizen. The size of service met current best practice guidance. This promotes people living in a small domestic style property to enable them to have the opportunity of living a full life.

People's needs were consistently met and assessed to enable improvements and progress in their lives. Risks to people were assessed and managed to balance people's safety and right to lead a non-restricted life. There were enough well trained staff to ensure people were supported safely at all times.

People were supported to communicate with their relatives and the managers when they were not happy or wanted to change their support. Staff cared about the people they supported and enjoyed working at the home.

People, relatives and staff were engaged by the service via meetings so that everyone could contribute to the development of the service. There was a credible strategy in place with plans for staffing improvements at the service. This was being implemented by the registered manager who was pro-active in considering how the service could be improved.

Rating at last inspection:

Good (July 2016)

Why we inspected:

This was a scheduled comprehensive inspection. We inspect all services rated as 'Good' within 30 months to ensure that we regularly monitor and review the quality and safety of the service people receive.

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 - Denecroft 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

Denecroft Seeability is a residential care home for six people. On the day of our inspection, five people were living in the home. The home supports people with severe learning and physical disabilities. 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:

We carried out this unannounced inspection on 2 April 2019 at the home.

What we did:

We reviewed the information we held about the service. This included the previous inspection report, notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about.

During the inspection, we spoke with two people, three relatives and five staff. Due to communication challenges we were unable to take direct quotations from people. We did obtain general feedback through observations of people and staff throughout the day. We also carried out phone interviews with three

relatives. We reviewed care records and policies and procedures. We reviewed three people's care records, and three staff files around staff recruitment, training and supervision. Records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider were also reviewed.

Is the service safe?

Our findings

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

At our last inspection in July 2016, we rated this Key Question as 'Requires Improvement'. This was because of high room temperatures found in the conservatory. Since the last inspection an air conditioner had been put in the conservatory to ensure comfortable temperatures were maintained. At this inspection we found that the service had improved. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse by knowledgeable staff. Although there had not been any safeguarding concerns since the last inspection there was a clear process for staff to follow should any allegations be made.
- One relative told us, "My daughter wouldn't be there if it wasn't safe." A second relative told us, "It's a safe home because he can't wander off alone or get lost." One staff member said, "If I saw any verbal or physical abuse then I would report the matter to the police and or the CQC."

Assessing risk, safety monitoring and management

- Risk assessments were followed by staff to ensure people's known risks were managed and monitored safely. For example, one person was at risk of scalding or drowning in the bath. Staff recorded the temperatures and stayed with this person to ensure the risks were mitigated.
 - One relative told us, "They carried out a personal risk assessment to ensure (Person) was safe in her wheelchair. Staff were very accommodating with this."
- One staff member said, "I always make sure that they don't trip over anything at all. If they choose to go out in the town then we always go one to one with them."

Staffing and recruitment

- People were cared for by a sufficient number of staff. There were always staff present in the kitchen, conservatory and around the house to keep people safe and have company.
- One relative said, "I do think there are enough staff." One staff member said, "We have enough time for cleaning and cooking. We have plenty of time to interact with people properly."
- The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.

Using medicines safely

- People were supported to take their medicines as prescribed. People received the medicines they required and medicine administration records (MARs) were correctly filled out with no gaps. People had guidance in place for staff to understand how much medicine could be given to them.
- One relative told us, "Her medication is simple and they manage it well." One staff member told us, "We sign in all medicines and record them on MARs. We check and count all of the stocks of medicines. With medicine we also have a checker who looks through all of the medicines that I give to people."

- Where people were given covert medicines, the correct guidance, records and risk assessments were in place to assist staff.

Preventing and controlling infection

- People were protected against the risk of the spread of infections. The home environment was clean and well maintained. Staff were observed cleaning the home during our visit. Staff washed their hands and wore protective equipment when it was needed.
- One relative told us, "They certainly have gloves for when they are needed."

Learning lessons when things go wrong

- Staff responded appropriately to accidents or incidents to ensure people were kept safe and the records supported this. Each care plan contained a record of every person's accidents and incidents for the past year.
- There were no major accidents or incidents in the last year. Given the low number of people living at this service, staff knew each specific incident that had occurred. When someone had suffered a fall, staff had been swift to respond and called the doctor if a thorough check up was needed.

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support which met their needs. People's needs and choices were assessed before they came to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs associated with these.
- One person had severe mobility limitations when they came to live at the home. Since living at the service they have been supported by staff to move about more. This had resulted in significant improvements. Their relative told us, "He needs a lot of help with his mobility generally with staff. Now this year, he has come on leaps and bounds and I think that's because of staff care and involvement."

Staff support: induction, training, skills and experience

- Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. Staff told us that they were consistently updated and refreshed with relevant and useful knowledge around caring for people with learning disabilities.
- One relative said, "The staff are well trained. They think about how they can support people with profound learning disabilities." One staff member told us, "The training here is very good. I recently took autism training. I loved it. I never come away without learning something."

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

- People were supported to eat healthy food and snacks throughout the day. People told us they liked the food. Staff supported people to make their own snacks or meals. Where necessary, staff recorded and monitored people's nutrition and hydration to ensure they were healthy.
- One relative said, "The food has always been good. (Person) has a great appetite." A second relative told us, "He likes the food and they watch his diet. They do this so that he can take part in sports. They make sure he eats well and healthily." One staff member told us, "We ask the residents what they want to eat for that week. We give them options. We know their preferences and their phases. We read their body language to understand their decisions."

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

- People were proactively supported by staff to maintain good health and had access to external healthcare support as necessary. One staff member told us, "I recently referred one person for a reassessment for their wheelchair. Their wheelchair has deteriorated and so she needs to have a new one."
- One relative said, "They are excellent at getting in touch with medical professionals when they are needed. When (Person) had a disease they have been good at arranging check ups."

A second staff member said, "If there's something urgent then we can communicate in the communication book or tell each other. We also tell each other at handover."

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

- People lived in a house that had been designed to meet their needs. Each person's bedroom was personalised to suit them. One person liked to have a lot of sunlight and so staff had arranged their furniture so that the window was as clear as possible. Only people who were able to use stairs lived upstairs.
- The conservatory was open to the garden which had been adapted with walking aids and sensory areas for people. Some of the bedrooms were still in the process of being refurbished at the time of the inspection. The colours and furniture chosen had been through a detailed process involving the people who lived there.

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

- People's legal rights were protected because staff followed the principles of the MCA. Where appropriate, staff had completed decision specific mental capacity assessments along with best interest decision considerations. For example, one person who lacked mental capacity had strong medicines which could have side affects and restricted that person. Staff had followed the correct process to assess, record and consider the decision and its impact on the person. Staff had also completed a DoLS for this.
- One staff member said, "Capacity here is mixed. People have capacity to make choices on small matters. We give them informed choices."

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were supported by kind and caring staff. Staff patiently waited for people and changed their plans, meal times and clothes based on what people wanted to do in the moment.
- One volunteer told us, "There is always a warm welcome and good atmosphere." One relative said, "(Person) enjoys a lot of physical contact and frequently I have walked into the house to find staff interacting in a very caring manner with her. They really respect her and are considerate with her needs."
- Care records included information about people's sexual, religious or cultural wishes. The majority of people had decided not to provide information other than their religious preferences. Where people had made decisions about their sexual wishes, staff had supported and enabled them to safely do this.
- Staff communicated with people using Makaton throughout the day to ensure they were happy and could express themselves. Makaton is a form of sign language. All staff had a friendly and well humoured rapport with people during lunch and throughout the inspection.

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

- People were involved in their care and supported to express their views. In the morning staff asked people what they wanted to do that day and responded to peoples' requests. When these requests changed, staff were patient and consistently waited for people to make a decision.
- One volunteer told us, "The staff always give her the time and the space to choose her handbag and bring it with her." A staff member said, "We have residents meetings each month. We listen to them at these meetings."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One staff member told us, "We make sure their doors are closed for personal care. If they have had a bath then we make sure they have a dressing gown."
- People were encouraged to be independent and to do as much for themselves as they could. One relative told us, "He does more for himself now. He does the dishes and brings the cup for a drink." A second relative said, "They are very conscious of her privacy and dignity." A second staff member said, "We enable them to have the independence they can have. We encourage them to stretch their abilities."

Is the service responsive?

Our findings

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

At our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred. Each care plan had a summary page which enabled anyone to quickly understand and know them. This was clearly effective as all staff understood and knew peoples' needs. A staff member told us, "The care plans are good here. We are going digital at the moment." The registered manager explained that the plan was to move to electronic care planning within the next two years.
- When people wanted to be left alone in their room, staff were accommodating and gave people space. One person liked to listen to music on their own and play music along to it. Staff supported that person to have a keyboard and enjoy their time.
- People had access to a wide range of activities, holidays and trips into town. One relative said, "They arranged for him to go out kayaking because he wanted to do that. He also really enjoys horse riding and they enable him to do that." A second relative said, "This year (Person) is having two holidays to Spain. (Person) loves the sun and the water and they have made sure they can meet those needs."
- One volunteer told us, "(Person) went on holiday to Butlins last week. They had a great time with her key worker."

Improving care quality in response to complaints or concerns

- There was a clear complaints policy displayed in reception at the home. When one relative had complained about a bedroom, the bedroom had been refurbished as a result.
- One relative said, "They are also open and accepting of my feedback. They also don't have a problem with comments or negative feedback." A second relative said, "I have raised concerns in the past and that has been listened to and changes have been made."

End of life care and support

- Although there was limited end of life details in people's care plans, there was sufficient information to enable staff to provide person-centred end of life care should the need arise.
- Following the inspection, the registered manager implemented new end of life details for everyone at the home. No one was on end of life care at the time of the inspection.

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 our last inspection in July 2016, we rated this Key Question as 'Good'. At this inspection we found that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and relatives spoke positively of the management team, the quality of service and felt confident to approach them with their views. One staff member said, "The manager is lovely he is a great guy. His door is always open."

- One relative told us, "The home has gone from strength to strength on the quality of the manager. The current manager is really excellent." A second relative said, "The manager is really good with the people and the staff. He is a good leader and has a positive attitude."

A third relative said, "The manager is brilliant. He's a lovely man to talk to, he's very down to earth. If (person) wanders into the office, they can chat to the manager and the whole team. Its lovely to see."

- The registered manager was aware of his responsibilities about reporting significant events to the Care Quality Commission and other outside agencies and ensured these were done in a timely way.

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

- Quality assurance processes were effective at checking quality and driving improvements at the service.

There was accurate and contemporaneous record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. There were comprehensive audits being completed regularly to monitor the overall quality of services provided.

- For example, the last health and safety audit had found issues with risk assessments not being updated.

An action plan was drawn up immediately with deadlines set for all risk assessments to be updated. We found all risk assessments were recent and relevant at the inspection.

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

- People, staff and the local community were engaged by the management of the service. One staff member said, "We all get asked for our suggestions and ideas. We know who to talk to. We are all equal."

- Residents and staff meetings were held every month or so for people to contribute to the running of the service. A relative said, "I go down to the house often but if I didn't they are good at keeping me updated and informed of changes."

- The meetings had agendas which covered areas such as refurbishment in the home, menus, trips and holidays. The manager met with each person individually so that they would be able to communicate using their own unique approach.

Continuous learning and improving care

- The manager completed feedback surveys with people, staff and volunteers. These were collated and analysed by the manager. One of the relatives mentioned that holidays would be good. This was then put into plan by the registered manager. One relative said, "We have satisfaction surveys from our perspectives and from (person's name) perspective. We then see the results of these surveys and the outcomes."
- The management team were proactive at keeping their knowledge and training up to date. This was done with the provider who gave them access to a range of training, learning and development resources.

Working in partnership with others

- The management team ensured that many agencies were engaged with by the service in order to provide opportunities for people using the service. Other organisations which were connected to the home included the local rotary club and the MP.
- In 2018, the management arranged for the home's inclusion in a local garden competition. This brought in members of the public, local funding and involved people in the necessary gardening activities. The home was also involved in the local christmas lights event in 2017.