

The Royal School for the Blind

SeeAbility - Kent Support Service

Inspection report

The Office
514 Loose Road
Maidstone
Kent
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Website: www.seeability.org

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

We inspected SeeAbility Kent Support Service on 18 August 2017. SeeAbility Kent Support Service provides care and support for up to six people in a residential setting and those in the local community with sight loss and multiple disabilities, including learning and physical disabilities. At the time of our inspection, six people were living at SeeAbility and one person was receiving support in the community.

This was SeeAbility Kent Support Service first inspection since it re-registered following a change of address on 12 August 2016.

The service had 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 had good knowledge of safeguarding adults and knew what actions to take if they suspected abuse was taking place. The provider had carried out appropriate employment checks to ensure that staff were safe to work with people at the home. There were sufficient numbers of staff deployed to keep people safe. The provider gave staff appropriate training to meet the needs of people. Staff received one to one supervision and appraisals from the registered manager.

People's needs had been assessed and detailed care plans developed. Care plans contained risk assessments for daily living needs that were personalised for the people staff supported. People's food preferences were taken into account and those that required support to eat were supported.

Medicines were stored securely and safely administered by staff who had received appropriate training to do so. People were being referred to health professionals when needed. People's records showed that appropriate referrals were being made to GP's, speech and language therapists, dentists and chiropodists.

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 supported this practice. Mental capacity assessments were being carried out and these were decision specific. Staff and the registered manager demonstrated a good knowledge of the Mental Capacity Act 2005.

Relatives spoke positively about staff. Staff communicated with people in ways that were understood when providing support. People's private information was stored securely and discussions about people's personal needs took place in a private area where it could not be overheard. People were free to choose how they lived their lives. People could choose what activities they took part in, that were reflecting their personal interests.

The provider had ensured that there were effective processes in place to fully investigate any complaints.

Records showed that outcomes of the investigations were communicated to relevant people. People were empowered to manage any personal disputes they had. People and their relatives were encouraged to give feedback through resident meetings and yearly surveys. The provider had ensured that there were quality-monitoring systems in place to identify any shortfalls and the registered manager acted on these appropriately.

Relatives and staff spoke positively about the registered manager. The registered manager had an open door policy that was used by staff and people living at the service. The registered manager was approachable and supportive and took an active role in the day-to-day running of the service. Staff were able to discuss concerns with the registered manager at any time and had confidence appropriate action would be taken. The registered manager was open, transparent and responded positively to any concerns or suggestions made about the service. The registered manager was informing the CQC of all notifiable events detailed in the regulations.

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.

The provider had ensured that there were sufficient numbers of staff deployed to provide care and keep people safe.

People were protected against abuse by staff that had the knowledge and confidence to identify safeguarding concerns.

Risk assessments were personalised to individual need.

Medicines were being stored securely and administered by staff who had received appropriate training.

Is the service effective?

Good ●

The service was effective.

The principles of the Mental Capacity Act 2005 were applied in practice.

Staff received appropriate training to give them the skills and knowledge required to support people living at the service.

People were supported to attend routine appointments. People were being referred to healthcare professionals in a timely manner when needed.

Is the service caring?

Good ●

The service was caring.

Relatives spoke positively about staff and told us they were happy with the service that they were receiving

Staff demonstrated good knowledge of the people they supported. Staff treated people with dignity and respect at all times.

Care records were clear on how people preferred to communicate.

Relatives told us they were involved with the planning and reviews of their care plans.

Is the service responsive?

Good ●

The service was responsive.

People's care plans were detailed, personalised and contained information to enable staff to meet their identified care needs.

Activities were chosen by people based on their own interests. People were supported and empowered to make meaningful decisions about how they lived their lives.

People had an active role within the community. People were supported to find employment and volunteer in areas they were interested in.

Is the service well-led?

Good ●

The service was well-led.

Relatives and staff spoke positively about the registered manager. Staff told us they felt supported and could approach the registered manager with any concerns.

The culture of the service was focussed on the people living there.

The provider had ensured that all policies were up to date and that these had been appropriately communicated to staff.

The provider had ensured that quality-monitoring systems were in place to identify any shortfalls and make improvements to the service.

SeeAbility - Kent Support Service

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.

We inspected SeeAbility Kent Support Service on 18 August 2017, and announced the inspection. We gave the service 48 hours' notice of the inspection to ensure that people we needed see were available at the time of inspection. One inspector carried out the inspection. This was the service's first inspection since it had re-registered following a move of address on 12 August 2016.

Prior to the inspection, we gathered and reviewed information we held about the service. This included notifications from the service and information shared with us by the local authority. 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. We took the PIR in consideration.

During inspection, we spoke to three relatives, three care staff, three people living at the service, the registered manager and deputy manager. We looked in detail at care plans and examined records that related to the running of the service. We looked at six care plans and three staff files, staff training records and quality assurance documentation to support our findings.

Is the service safe?

Our findings

People and relatives told us they believed that the service was safe. One person told us, "I feel safe here as the staff are very good." One relative told us, "I have no concerns over the safety of anyone living there. Another relative told us, "Yes [X] is safe. They are all 'on the ball' when it comes to health and safety."

People were protected against abuse by staff that had received safeguarding training and could identify the types of abuse and how to appropriately react. One member of staff told us, "It is identifying the forms of abuse such as neglect, physical and financial and how we report it. I can go to the management, as I would expect them to deal with any concern appropriately. However, I can also report to senior management or social services." The provider had policies and procedures in place for investigating any safeguarding concerns and this was embedded within the practice.

Risks to people's personal safety had been assessed and plans were in place to minimise risk. People had risk assessments that were personalised to their needs, that were reviewed on a regular basis and adjusted if a person's needs had changed. Staff were provided with clear guidance on how to reduce the risks. There were risk assessments that included bathing, choking, falls, moving and handling, and for activities that people enjoyed participating in. For example, people had a trampolining risk assessment in their care files for safe use. There were individual risk assessments in place for independent travel that included participation in mobility training. One person had a jogging risk assessment that included that staff be trained in the sighted guide technique to support the person. This technique enables a person who is blind to use a person with sight as a guide. Training files showed that all staff had received the relevant training.

Environmental risk assessments were carried out along with annual servicing to ensure that people living at the service and staff were safe. The provider had ensured that all servicing of gas and electrical equipment was up to date. Gas safety checks and portable appliance testing were completed annually and electrical installations were checked. Fire equipment, alarms and emergency lighting were being checked through weekly and monthly health and safety auditing. Fire drills took place and it was clearly reported how individual people would react in the event of an emergency. Each person had a personal evacuation plan that identified how they may react in an emergency and the support they needed.

People's medicines were being managed and administered safely. Medicines were stored at the service in a safe way and only trained competent staff would assist people with their medicines. Where people were self-medicating, this was clearly recorded in their care plans. Where medicines were prescribed to be taken as and when needed (PRN), there were protocols in place to identify what the medicine was and when it should be given. Staff had recorded when PRN medicines were given to people and why in the care records. We checked people's medicine records and these were appropriately completed. Medicine audits were carried out by staff to ensure that medicine stock for people was correct and to identify any shortfalls within the service. The provider had an up to date policy for medication and management and staff were adhering to this.

There were enough staff on duty to support people with their care and personal activities. The registered

manager told us, "There are two staff members on duty in the morning and in the evening. There is a mid-shift and the amount of staff depends on what activities people are participating in on the day. We also have one sleeping night member of staff." The staff rota showed consistency in the staffing numbers and changes during the day to adapt to people's required needs and activities. The provider had ensured that staff were safe to work with the people they supported. We looked at three staff files which included completed applications forms, two references and photo identification. Staff records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure staff were suitable to work with vulnerable adults.

Is the service effective?

Our findings

People's relatives told us staff knew people well and provided them with the care they needed. One relative told us, "They (staff) are doing a really good job. We have not come across a member of staff that we are not happy with. They know her really well." Another relative told us, "They have gotten to know [X] personally and completely understands her needs."

Staff told us they were well supported and had received the training they needed to be effective in their role. For new staff an induction programme was in place to ensure new starters received the appropriate training, support and guidance to enable them to provide safe and effective care to meet people's needs. New staff were able to shadow a current staff member until they were deemed competent and confident to provide care. New staff had to be assessed as being competent by management before being able to work alone. An induction checklist was in place to ensure that all areas were covered and signed off by the new member of staff and registered manager. The induction pack included observations of working practice and the introduction of the care certificate for this to be completed within the probationary period. The care certificate is a set of standards that social care and health workers must abide by in their practice. All staff we spoke with told us they were happy with the induction process and training that they received. The training schedule showed that all staff had received mandatory training that included medicine administration, safeguarding and moving and handling. Staff had received additional training that was specific to individual people's care such as dysphagia. Dysphagia is the medical term for swallowing difficulties.

People's rights were protected as the provider acted in accordance with the principles of the Mental Capacity Act 2005 (MCA) when assessing people's capacity to make specific decisions. Staff had received appropriate training and could identify the core principles of MCA. The 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 make 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 when it is in their best interests and legally authorised under MCA.

People had access to a good, balanced and nutritional diet. People had support in place for their diet if this was required. For example, it had been identified that some people were gaining weight and had voluntarily joined a weight loss programme. At the service, there was a cookbook provided by the weight loss programme and there were options on the menu for these recipes. Where there was identified risk in relation to food and drink, assessments were completed when required. For example, it was identified that one person had difficulty with swallowing and a risk assessment included all the guidance required to ensure that the person ate safely. Records also showed that there was involvement from speech and language therapists. Staff were seen to be using SALT guidance for individuals during meal times.

People were supported to have access to healthcare services and maintain good health, as staff were proactive in referring people to appropriate professionals. Referrals had been made to health professionals

when required, such as GPs, district nurses, dentists and chiropodists in a timely manner.

Is the service caring?

Our findings

People and relatives spoke very positively about the caring nature of the staff. One person told us, "They (staff) are very friendly." Another person told us, "They (staff) are amazing." One relative told us, "The staff are exceptional, dedicated and very nice people."

Staff were seen to be kind and caring towards the people they supported. We saw staff engaging positively with people and that this approach created a happy environment for the people that lived at the service. When one person had a specific question regarding their day, this was responded to immediately in a manner that was completely understood by the person. We observed staff singing and dancing with people throughout the day. On the day of inspection, one person living at the service was feeling unwell; staff were seen to be approaching the person throughout the day to ensure that they were pain free and check whether they needed anything. It was clear that this approach reassured the person whilst feeling unwell. When one person had a period of hospitalisation, it was recorded in their care plan that staff continued to visit them in hospital so that there was continuity of care and the person could keep in touch with their friends. The person told us, "Staff were fantastic," during this period.

People and their relatives were involved in the planning of their care. One relative told us, "We are involved; they contact us when there are changes." Another relative told us, "We get together for review meeting with [X] and staff." People living at the service and their relatives were invited to reviews of care plans and it was documented who was involved. The provider had a keyworker system in place to ensure that people's records were being updated and that people and their relatives were involved in the planning and reviews of their care. A key worker is a member of staff dedicated to ensure a person has what they need. One member of staff told us, "I am [X]'s keyworker and in this role I assist her with her goals and updating the care plan."

Staff demonstrated that they had good knowledge of the people they supported and fully respected their privacy and dignity. One member of staff told us, "With [X] we stand back as she likes to do as much as she can for herself." Another member of staff told us, "[X] can get worried around new people and loves pizza hut." A third member of staff told us, "We have to make sure there are bananas available as X likes these a lot but does not like most other fruit and veg. On top of bananas she only seems to like aubergine, courgette and peas". These preferences were recorded in the person's care plan. People's communication methods were clearly outlined in care plans and staff had good knowledge of these. One person's care plan stated that they like talking books and music and that the person's hearing loop should be used as this helped them hear better. One person was a level two brailist. It was observed that Braille was being used at the home for this person. The registered manager told us, "The person was having trouble getting around and so we used Braille to identify to the person where they were." It was recorded that another person at the service wanted to learn Braille and this was being supported.

People living at the service were encouraged to be as independent as possible. Staff told us that it was important that they encouraged people to be as independent as possible by providing the correct support. One member of staff told us, "People here want to be independent so we support them to be that. When people make decisions, we give them choices. This can be what activities they want to do or try, what they

want to eat to where they want to work." The registered manager told us, "We have been supporting the people living here to choose a bank so that they can open a house bank account that they can all contribute to, for the things they want collectively. This started because they wanted a water cooler." On the day of the inspection, one person went to open up a bank account at their chosen bank. The member of staff who went with the person told us, "She absolutely smashed it, I am so proud of her. I did not have to get involved at all, I just sat back and she went up to the counter and sorted it all out herself."

People's private information was respected and kept secure at all times. People's personal information was kept in a locked cabinet that only staff had access. Staff were seen to discuss people's individual needs in confidential areas. The handover of information took place in a private area of the home to ensure it could not be overheard by people, relatives or visitors.

Is the service responsive?

Our findings

People's rights and freedom were maintained as staff supported them with choice. People were encouraged to actively choose how they wanted to live and what they wanted to do. The registered manager created positive risk assessments to ensure that people's rights and freedom were maintained. For example, some people's goals were to move into independent living. Staff and management had resourced training for that person for certain aspects such as travel to and from places of interest and work. One relative told us, "They travelled-trained [X] on all her routes. When [X] went too far they revised this so that she knew to get off at the supermarket and walk to us (relatives home) from there." Staff supported people until they felt ready to do this for themselves. We saw pictures of people achieving these goals in their care plans. One person told us, "It felt amazing (to achieve their goal)." People had been encouraged to vote during the 2017 general election. The service had ensured that people had been given all the information required to make an informed choice. The registered manager had invited all the local candidates to the service and two party candidates had arranged a visit. One major party candidate tweeted from the service to relay her excitement about the visit, with a picture of people living at the service (with their permission).

People were free to pursue any activity they wanted to participate in. People were also supported to look for employment and this was integrated into everyday life. All people we spoke with who were in employment told us that they enjoyed their work. People were actively involved with fund raising for the service. People set up charity web pages for people to donate to and recent activities included going over the O2 to fund raise for new summerhouse. There was one person who was nervous about this activity but wanted to take part. This person was given full support by staff and other people living at the service and they assisted the person to gain confidence for combatting their fear. People went out for day trips and holidays. People were supported by staff to make these decisions. Two people at the service were arranging a holiday to Disneyland Paris. Another person told us of the fun that they had on a recent holiday to the Isle of Wight. One person expressed an interest in gardening and that they would like to volunteer to do this. The person was supported by staff to find a suitable gardening scheme. We saw in the person's records that they had recently received a thank you letter from the service they volunteered at for all their hard work. It also included comments from visitors about how nice the gardens were and an invitation to a special event specifically for people who were volunteering.

Staff responded well to people's changes in need. Where some people's weight had increased, staff gave people choices about how they could lose weight through diet or increased activity. Where people opted for diet some chose to go on a diet programme and specific meals were incorporated into the weekly menu plan. If people wanted to pursue additional physical activities this was also actively encouraged and supported by staff. This included swimming, jogging, walking and trampolining. Care plans were detailed and informative. They included records of initial assessment completed prior to individuals moving into the service.

Care plans were split into three detailed sections, main care file, medical file and a file that included additional support options provided by SeeAbility, that included specialist rehabilitation practitioners for the visually impaired. The main file included parts on how to accommodate a person's autistic tendencies.

This element of support ran throughout the care plan, and this made these highly personalised. The registered manager told us, "It is all about them and how their conditions have an impact on their everyday life." care plans clearly indicated people's individual needs, such as needing visual clues or the importance of following a particular routine. Guidance was given to staff on how to respond to people's individual needs. This included providing information in bite size pieces and ensuring that questions and statements were delivered differently as this may cause confusion for people. People had a routine for their days clearly written in their care plan. This gave staff guidance on how people preferred to start and end their day. We saw that these had been changed when required. Each person had a budget plan that clearly stated how a person's finances were managed and these were audited on a weekly basis. There was a section called 'what is important to me,' that included what people liked and disliked. For example one person enjoyed films and specifically Harry Potter and another person liked being outside and going shopping. The person's care records showed that people were doing the activities they liked on a daily basis. The section also stated people's dislikes such as being in crowded places; these dislikes were supported where needed as staff followed the control measures in people's individual risk assessments.

People and their relatives were encouraged to give feedback on the service they received. There were surveys completed by people and their relatives. The relatives we spoke with told us that they completed the surveys when asked. Records showed that responses were being received. People took part in house meetings that were designed to communicate any events that were due to take place and discuss the running of the home. This was also an opportunity for people to put forward any ideas for activities, events, fund raising and menu choices.

The provider had a clear up to date complaints policy that was communicated in a way that was easy to understand and made available to all people living at the service and their visitors. Relatives we spoke with told us they would know how to complain if the need arose. However, the registered manager and staff empowered people to resolve their concerns in a civil diplomatic way, developing skills that would further assist them when moving into independent living. One relative told us, "They are empowered to sort out problems for themselves. Obviously if it is something serious, the management team takes the lead."

Is the service well-led?

Our findings

People, relatives and staff spoke positively about the registered manager at the service. One person told us, "The manager is great." One relative told us, "The manager is very friendly, approachable and supportive. She always helps." Another relative told us, "The manager responds well to us." One member of staff told us, "I love working here; the manager is always there for you. We are a good team." The registered manager had an open door policy that meant that anyone could approach them any time they had a concern or a matter to discuss. One member of staff told us, "I can walk to the office at any time with a concern or anything for that matter and she will help." Staff and people were seen approaching the manager throughout the inspection.

Staff and relatives told us that the service was centred on supporting the people who lived there. People's specific conditions ran through their care plans to make them specific to the individual's needs, guidance was reflective on these, and how staff should support people in a way that was best suited to them. Staff were aware of the specific guidance and we saw staff supporting people in a way that they preferred.

The registered manager had ensured that all notifications required as per the Health and Social Care Act 2008 legal requirements were made to the Care Quality Commission. A notification is information about important events that the provider is required to tell us about. The registered manager was open and transparent and was happy to discuss the notifications made and any improvements from them. The provider had ensured that policies and procedures were being updated and the registered manager communicated these policies to staff through staff meetings. Staff demonstrated a good understanding of the policies and procedures that included safeguarding, whistleblowing, moving and handling and medicine policy. The registered manager was aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support.

There were processes in place to check the quality of the service and identify any shortfalls. There was a quality and compliance inspection completed by a quality and compliance manager with the registered manager. The quality-monitoring visit covers all areas that would be investigated on a Care Quality Commission inspection. It highlighted previous actions and whether these had been met. The audit went through all people's records to ensure that if there were any gaps these were completed or investigated as to why they were there. One action from the previous quality assurance audit was to ensure that all records relating to people supported were systematically reviewed, this had been completed. At the time of our inspection, there were no identified gaps in people's records. The registered manager with staff support completed audits on medicines, care plans, people's money, petty cash and health and safety. The registered manager told us that she was fully supported by senior management at the service. This was thorough quality assurance visits from the quality assurance manager and weekly reports. The manager told us, "Every week we have to write a short report highlighting things that have gone well and anything that continues to be a concern. This is sent to senior management who do assist where they can."

The registered manager used surveys as methods for gathering views of people that used the service, their relatives and staff. The most recent survey was completed January 2017. The survey showed that people

were happy with the service they had received. It identified that all those that responded said that the people living at the service had a high quality of life. The registered manager investigated where there were points to consider these and improvements were made. For example, exploring a wider range of activities for people. It was clear from people's records and what we were told by people, staff and relatives that people were supported to pursue any activity they wanted.

Team meetings were used to give staff an opportunity to discuss the service and identify any areas for improvements. Staff told us that meeting as a team was important to them as it gave them a platform to discuss the service. Part of the team meeting was to discuss reflective learning and development. This gave staff an opportunity to discuss anything they learnt working with people at the service and consider how they could work differently if needed.