

The Royal School for the Blind

SeeAbility - Horley Support Service

Inspection report

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Date of inspection visit:
02 September 2016

Date of publication:
11 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

This inspection took place on 2 September 2016 and was unannounced.

SeeAbility Horley Support Service provides domiciliary and specialist support to young people with visual impairment and complex needs. The service is provided at Bradbury House, which is a building that provides supported living accommodation. Staff also provide an outreach service to people living in the community.

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.

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.

The registered manager had a system in place to ensure appropriate numbers of staff were working to meet the needs of people. Checks were undertaken to ensure staff were suitable for their roles.

People were administered their prescribed medicines by staff who had received medicines training. Medicines records were up to date to ensure medicines were administered safely.

Staff training was tailored to the individual needs of the people that they supported. 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). Records demonstrated that people's rights were protected as staff acted in accordance with the MCA when being supported to make specific decisions.

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

People were supported to eat in line with their preferences and dietary requirements. People were involved in preparing their meals and staff encouraged people's independence in preparing meals. The kitchen area was suited to people living with a visual impairment and contained assistive technology to allow people to be independent.

Staff treated people with dignity and respect. All caring interactions that we observed were positive and staff demonstrated a good understanding of how to respect people's dignity.

Information in care plans reflected the needs and personalities of people. Staff had a good understanding of people's needs and backgrounds as detailed in their care plans. People had choice about activities they wished to do and staff encouraged people to pursue new interests.

People were given the opportunity to provide feedback on the care they received through residents meetings and keyworker sessions. Issues raised by people were responded to by management.

The registered manager had systems in place to monitor and ensure quality at the service.

Staff told us that they were well supported by management and had regular supervision.

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.

There were sufficient staff deployed to meet the needs of people. Checks were undertaken to ensure staff were suitable for their roles.

Medicines were administered safely by staff who were trained to do so.

Is the service effective?

Good ●

The service was effective.

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

People were supported to eat in line with their preferences and dietary requirements. Staff encouraged people to develop skills and independence in food preparation.

Staff understood the Mental Capacity Act (2005) and people were supported in line with its' guidance.

Healthcare professionals were involved in assessments and reviews.

Is the service caring?

Good ●

The service was caring.

People were supported by staff that knew them well.

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

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 they might have.

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 by the registered manager in order to improve the care they received.

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

SeeAbility - Horley 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.

This inspection took place on 2 September 2016 and was unannounced.

The inspection was carried out by one inspector due to the small size of the 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, three staff files, training records, complaints logs and quality assurance monitoring records.

We spoke to two people who use the service and one relative. We spoke to three members of staff and the registered manager.

We last inspected this service in March 2015 when we had no concerns.

Is the service safe?

Our findings

People told us they felt safe. One person said, "The staff keep me safe." A relative told us, "As far as I can see it is very safe here."

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 enjoyed attending a local sensory centre. A risk assessment clearly identified a number of risks and what staff should do to reduce them, such as ensuring staff sat with the person in the back of the taxi whilst travelling to the centre and ensuring they had sensible shoes on to reduce the risk of falls. Risk assessments relating specifically to people's visual impairments as well as regarding activities such as walking or swimming were in place. This showed us that the staff promoted people's choices whilst minimising any risks to their safety. A relative told us, "They do this well, they've got to be exposed to life. I don't mind if they go out somewhere late, for example."

Accidents and incidents were documented and staff learnt from these to support people to remain as safe as possible. 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 started to choke whilst being supported to eat. Staff responded quickly to ensure that the person was safe, a referral was made to healthcare professionals and the person's records were updated to guide staff on how to support this person in a way that avoided choking.

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 building. Fire drills were carried out so that staff and people would know how to react in the event of a real fire. The local fire service had visited and found that the building was safe. They intended to feature the service in their magazine as an example of a supported living care setting with good fire prevention measures in place.

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 service. The registered manager calculated the numbers of staff needed based on the needs of the people living at the service and people's time tables. During our inspection we observed people being supported by staff to go out whilst people who remained at the service were supported by sufficient staff, with one to one staffing needs met.

Safe recruitment practices were followed before new staff were employed. 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.

Staff administered people's medicines safely. Staff had been trained to manage medicines and they were required to pass a competency test and shadow an experienced member of staff before being signed off as competent to administer medicines.

People told us that staff talked to them about their medicines. One person told us, "They tell me what they're for." Medicine Administration Records were completed to show that people had taken their medicines. People's care records contained information on how they liked to take their medicines. As a supported living service, people's medicines were stored in their rooms. Staff ensured that these were stored safely.

Is the service effective?

Our findings

People's needs were met by staff who had access to the training they needed. One person told us, "They're really good." A relative told us, "You can't raise any fault with the staff."

Staff training included safeguarding, health and safety and the Mental Capacity Act (2005). Staff also received training in supporting people with visual impairments. All staff had attended 'Getting to Know Me' visual impairment training which enabled them to support people safely outside of the service. We observed staff using guiding techniques learnt on this training whilst supporting people to go out. Staff told us that training was individualised to each person. One staff member told us, "I normally take (person) out, I had training in guiding people which makes me confident when we go out together."

All staff had access to training to further their development. All staff completed the care certificate and staff had access to diplomas and specialist training. All staff received regular one to one supervisions and records showed they could discuss training needs as well as to discuss the care that they were providing to people to ensure that they were always following good practice. One staff member told us, "I have supervision monthly and I can talk about something if it's bothering me. I can ask about training too and get reminded when it needs refreshing."

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). In a supported living placement, the local authority must apply to the Court of Protection where people may be deprived of their liberty.

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. There was evidence that people's best interests had been considered when decisions that affected them were made. For example, one person sometimes put their feet on the ground whilst being supported in their wheelchair out in the community, which could cause injury. A mental capacity assessment was carried out and it was found that they lacked the mental capacity to make this decision not to do this. A best interest decision was recorded with input from relatives and healthcare professionals and the decision was made to use straps to prevent this person injuring their feet.

As it was a supported living service, the registered manager told us that they had carried out a scoping

exercise recently which had identified that four people lacked the mental capacity to consent to their care. Mental capacity assessments were undertaken and best interest decisions recorded. The local authority had been notified if a deprivation of liberty may occur as they would need to make an application to the Court of Protection. Staff had also been discussing DoLS with social care professionals whenever they visited to carry out reviews.

People told us that the food at the service was good and people were involved in the sourcing and preparing of meals. One person told us, "I make all my own meals." Another person said, "I like pasta, I make it myself." We observed people preparing their own meals with support and drinking their own drinks that they had prepared. Staff worked alongside people, with assistive technology, to encourage independence with food preparation. The kitchen area was designed for people with a visual impairment. There were a number of pieces of equipment, such as a talking microwave and level indicators, designed to allow people to use it independently.

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. One person was registered blind and had limited hearing. Their records contained information to staff to support them to smell and to feel the textures of food. We observed staff supporting this person as directed in their care plan. Other people had been assessed by the in-house Speech and Language Team (SALT) and the dining area had information available to staff on how best to support these people to avoid the risk of choking.

Staff supported people to access healthcare professionals and provided input where needed. A relative told us, "(Person) was quite ill last year and staff supported in hospital." Every person had a 'Health Action Plan' which contained detailed information on their health needs input from healthcare professionals involved in their care. People had hospital passports which contained vital information for healthcare professionals, should they be admitted to hospital.

Care records showed that healthcare professionals were attending reviews and staff worked closely with people to support them to make choices about their healthcare. For example, one person had epilepsy and records contained clear instructions for staff on how to support them. Staff knew when to provide this person with PRN emergency medicine and how to identify when this person may be more likely to have a seizure. Appropriate information was recorded for healthcare professionals to make decisions about this person's care.

Is the service caring?

Our findings

People told us that they felt that staff were caring. One person told us, "They are friendly." Another person said, "They chat to me and stuff." A relative told us, "The staff are nice."

Throughout the day we observed staff having good caring interactions with people. Staff chatted with people about their plans for the week, they shared jokes together and staff gave people choices about what they wanted to eat or where they wanted to go that day. People spoke freely with staff which created a homely atmosphere.

People were supported by staff who knew them. Each person had a member of staff who acted as their keyworker. A keyworker is a member of staff allocated to work closely with a person. A staff member told us, "We really get to know people as keyworkers." Care records contained notes from keyworker meetings and action points or outcomes. We could see from records that people could discuss things that they were concerned about. People could choose their own keyworkers if they wanted a change. A relative told us, "(Person) had the same keyworker for a while. We felt it was time for a change and they were easily able to arrange that." This showed that staff took time to include people as well as creating environments where people could speak up and have their voices heard.

People's care plans contained detailed information about their preferences and how they liked to be supported. Each person also had a smaller 'Communication Passport'. This 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. On the day of our inspection we observed an agency staff member supporting someone and they had a good understanding of the person's needs and wishes.

People lived in an inclusive atmosphere. A relative told us, "It is a home for (person) for life and they (staff) make it very homely." Residents meetings happened weekly and minutes from these were recorded and actions to be taken were documented. A recent meeting had been used to discuss holidays. Some people were already going away and others had not yet made arrangements. It was documented that keyworkers would discuss choices with people before the next meeting. People told us that this had happened.

Staff encouraged people to maintain independence through preparing meals and also through going out shopping. People were able to leave the service and we observed this during our inspection. We observed people preparing meals and drinks with minimal staff support. Every person had their own cupboard in the kitchen and they chose what food they wanted and went shopping to purchase it. People could go out when they wished and care records contained information on what people could do independently and what things staff would need to support them with.

People's privacy was respected by staff. Staff demonstrated a good understanding of how to support people

in a way that promoted their privacy. One staff member told us, "There's basic things like shutting people's doors for personal care, and I always make sure staff know what I'm doing so they are careful." During the inspection we observed staff knocking on doors and asking permission before entering people's rooms. When talking to people about medical appointments, staff ensured conversations happened away from other people. All personal information was kept safe in a locked cabinet.

Is the service responsive?

Our findings

People were complimentary of the activities they took part in. One person told us, "I like going to the pub." A relative told us, "They do a lot with people. (Person) has a car and they go out with them."

People were able to choose what activities they took part in and everybody had an individualised activity plan. One person told us, "I like going to war museums and car boot sales, I get taken to them a lot." Their timetable included visits to boot sales and trips to museums. This person's door was decorated with wartime memorabilia. Two people enjoyed attending hydrotherapy. Their records contained information on how staff should support them when going to these sessions. Both records also stated that these people enjoyed going to these sessions together and were developing a friendship.

Care plans were personalised and information on what was important to people was clear. For example, one person used objects of reference to communicate through touch as they were registered blind. Staff placed a spoon in their hand when it was time to eat. This information was clear in their care plan and staff described the objects used which demonstrated that the information was easily accessible to them. Care records contained pictures. For example, one person's care records contained pictures of them in various environments and situations to show staff how they liked to be supported. Records contained pictures of outings and holidays. People told us that they had been involved in writing care plans.

Thorough assessments took place when people moved in to the service to ensure a smooth transition. One person had moved from a different service and their records contained both a thorough admission assessment and a lot of information from the previous placement. This showed us that when people were new to the service, staff had as much information as possible to meet people's needs.

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. At a recent review for one person a decision was made to try a new taxi firm as the one they had been using was often late. The person, staff and relatives had all agreed on the decision which had been implemented. A relative told us, "Their systems are there to control things. If there's an event they always review things and it's usually satisfactorily solved."

The registered manager said staff ensured people knew how to make a complaint or raise a concern if they were unhappy about any aspect of their care. The complaints policy was discussed at all residents meetings, as people may not have been able to see the written displays around the building. This was recorded in the minutes of meetings. We saw evidence that keyworkers discussed problems with people at one to ones. Complaints were recorded and any actions taken as a result were documented. One person had complained that another person was quite noisy at night time. The person making the complaint had been supported by staff to write a letter and a response had been given to them. The other person had been informed that their noise was affecting another person and night staff were aware to be more vigilant. The person was happy with the response and there had not been any further noise problems at night.

Is the service well-led?

Our findings

People told us that they got along well with the registered manager and could easily speak to them. One person told us, "(Registered manager) is nice." Another person said, "I often see (registered manager)." A relative told us, "(Registered manager) always contacts us if there's any issues."

Staff told us the support they received from management and the provider was good. One member of staff said, "Seeability is a really good organisation to work for." Another member of staff told us, "I feel well supported, I never feel afraid to ask and they're really considerate."

Staff said team meetings took place regularly and they were encouraged to have their say about any concerns they had or how the service could be improved. A recent meeting had discussed a recent good fire report and staff were congratulated on their work. Meetings were used to discuss people's needs and used as an opportunity to share good practice. This helped create an inclusive culture which staff told us meant they could contribute ideas and make suggestions when necessary.

Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service. The provider carried out a quality monitoring visit every three months and documented their findings and any actions taken. The last audit identified a need for clearer recording of outcomes of appointments with healthcare professionals. A new recording sheet was added to people's files and information from healthcare professionals was easy to find in records.

The registered manager also gathered the feedback of people and relatives every year in order to identify ways they could improve. In the most recent feedback, one person had asked to go and see more musicals. This was arranged with the person's keyworker. All other feedback was positive. One person's relative had stated that the communal areas had a, "lovely atmosphere" and praised the responsiveness of staff in contacting them.

The registered manager understood the challenges facing the service and was taking steps to address them. The registered manager felt recruitment was their biggest challenge and they told us how they were addressing this. They identified the retention of staff as important. The provider offered staff good opportunities for career development; this meant that staff would move into post from other services due to their desire to remain employed by Seeability.

Staff received appraisals each year and told us that they found them useful in identifying development opportunities. Records of discussions showed that career development and learning opportunities were discussed. All staff were completing some form of qualification and they told us that they were given regular opportunities to develop.