The Royal School for the Blind

SeeAbility - Aldershot Support Service

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on 13 July 2018 and was announced.

SeeAbility Aldershot provides care and support to people living with a visual impairment and a learning disability so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of the inspection there were five people living with a visual impairment and a moderate learning disability who were provided with care and support. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At this inspection we found the evidence supported a rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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.

Robust systems were in place to protect people from the risk of avoidable harm and abuse. Staff were aware of their responsibilities and had received the required safeguarding training which was regularly updated. There were sufficient numbers of staff to support people's needs and keep them safe. There were safe recruitment processes in place to make sure the provider only employed workers who were suitable to work in a care setting. Suitable arrangements were in place to store, record and dispose of medicines safely. Medicines were administered by trained staff who had their competency assessed at regular intervals.

People received care from skilled, knowledgeable and trained staff who received regular training support and supervision to help develop their knowledge and skills. People were protected from the risk of acquiring an infection.

The registered manager kept a log of accidents and incidents. Staff were encouraged and supported to reflect on these and take actions to prevent reoccurrences.

Staff were aware of the legal protections in place to protect people who lacked mental capacity to make decisions about their care and support. People were supported in the least restrictive way possible and were enabled to make choices about the care they received.

People were able to maintain a balanced diet. Staff encouraged people to make healthy choices and

supported them to prepare their own meals.

Staff had developed caring relationships with the people they supported. Staff respected and upheld people's independence, privacy and dignity. Care plans accurately reflected the care and support people required and were written in partnership with people and their families where appropriate. Records showed that regular reviews of people's care and support plans were held.

Processes were in place for investigating and responding to complaints and concerns. Records showed that concerns were addressed promptly. People knew how to complain. A complaints policy was available to people in an easy read format.

People who lived in the home were not receiving end of life care, however, records showed staff had considered whether it was appropriate to discuss people's wishes about what would happen as they reached the end of their life.

The registered manager maintained a detailed oversight of the service. Robust systems were in place for monitoring quality within the service to drive improvements.

People had access to care from relevant health and social care professionals. Staff communicated effectively with professionals to ensure that people's needs were met.

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.

People were protected from the risk of abuse and from avoidable harm.

Sufficient numbers of suitable, qualified staff were deployed to meet people's needs and keep them safe.

Medicines were stored and administered safely. People were protected from the spread of infection.

The provider kept records of accidents and incidents and reflected on these to improve care.

Is the service effective?

Good

The service was effective.

People's needs were met by staff who had the appropriate skills and knowledge.

Staff were trained in the Mental Capacity Act 2005 and were aware of how to apply its principles such as seeking consent before carrying out care.

People were supported to maintain their health and wellbeing through accessing healthcare services and eating a balanced diet.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people and supported them to express their views.

Staff understood the principles of privacy and dignity and supported people to maintain this.

Is the service responsive?

Good

The service was responsive.

People received care which reflected their needs and preferences.

People's concerns and complaints were investigated and resolved promptly.

Is the service well-led?

Good

The service was well-led.

The registered manager displayed strong leadership and a visionto deliver person-centred care.

Robust systems were in place for monitoring the quality of the service.

People, their relatives and staff were involved in decisions about the service.

Staff worked in partnership with other professionals to deliver people's care and support.

SeeAbility - Aldershot 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.

The inspection took place on 13 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because the location was a small supported living service for adults who were not accustomed to having strangers enter their home. We needed to be sure that we would not cause them any unnecessary distress. The inspection team consisted of one inspector.

Before the inspection the provider completed a Provider Information Return. 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 reviewed the information included in the PIR along with information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We observed people receiving care and support at SeeAbility Aldershot Support Service. We also spoke with the registered manager, the deputy manager, two members of staff and three people using the service. We reviewed records which included four people's care plans, three staff recruitment files and supervision records as well as records relating to the management of the service. We also reviewed records relating to quality assurance, staffing levels and training, risk assessments, policies and procedures, complaints, and accidents and incidents.

Good

Is the service safe?

Our findings

People were protected from the risk of suffering abuse and harm. The provider had a detailed safeguarding policy in place which contained contact details for safeguarding authorities. Records confirmed staff had received safeguarding training which was regularly updated. This was always accessible to staff. Staff were able to identify different types of abuse and were aware of their responsibilities and those of other professionals. One staff member told us, "I've just come off a safeguarding course [about] broader aspects of safeguarding, [professionals such as] fire brigade come in and talk about their roles."

Staff completed and reviewed thorough risk assessments to ensure people's safety and wellbeing. Each person's care plan contained detailed risk assessments to support staff in safeguarding them. One person's care plan contained an assessment to support them to access the community independently. Risks were identified through the use of written instructions and photos to ensure that the person could attend activities and visit local shops without staff present. The person was also supplied with a mobile phone to call staff if they felt unsafe. Another person's care plan contained information about how they should be supported if they wished to drink alcohol. Clear and specific guidance contained in risk assessments enabled staff to provide safe care whilst supporting people's freedom.

Staff were trained in providing specialised support to people living with physical and visual impairments. This was confirmed in records we reviewed. People's support plans included specific guidance on assisting people to walk as well as 'Sighted guide techniques' to instruct staff in assisting people with restricted sight to move about the building safely whilst supporting and promoting their independence. Assessments had been completed which included numbers of staff and equipment needed to support people and help them negotiate objects within the building. Each person's care plan contained individualised information for staff about how to support them.

The provider deployed sufficient numbers of staff to keep people safe, meet their needs and promote their independence. Rotas we reviewed showed people were consistently supported by suitable numbers of staff. During the inspection we observed people being supported by their keyworkers who clearly knew them well. Staff were able to spend time with people supporting them with activities they enjoyed and were not rushed.

We reviewed staff recruitment files which contained photographic proof of identification, references from previous employers and a criminal record check from the Disclosure and Barring Service (DBS). The DBS check helps employers make safer recruitment decisions and prevent unsuitable staff from working with people made vulnerable by their circumstances.

The provider effectively used safe systems and processes to store, record, administer and dispose of people's medicines. A trained senior support worker had overall responsibility for the management of people's medicines and staff training. They assessed staff's competence to administer medicines regularly. Records showed weekly medicines audits and twice daily stock checks were completed to ensure errors or omissions were identified and acted upon. Medicines were stored safely in locked cabinets or refrigerators.

Records showed that refrigerator and cupboard temperatures were checked daily and were within safe ranges. People's medicines administration records (MARs) were completed accurately.

People's care plans contained specific information for staff about how to support them to take medicines. Where people were unable to consent to receiving medicines, there was evidence that best interest decisions had been made with suitable professionals and parents or appointed guardians. For medicines which had been discontinued, GPs had signed letters to confirm that these had been reviewed and agreed. If people were away from the service for a length of time this was logged in the MARs and in the provider's overall medicines record. Protocols for giving people homely remedies were recorded and signed by GPs. Homely remedies are non-prescription medicines given to relieve a person's symptoms, such as cough syrup. The provider had also worked in partnership with GPs and other relevant professionals to reduce the overuse of medicines which control people's mood or behaviour.

People were protected from the risk of acquiring an infection. Bathrooms contained personal protective equipment for staff to use when assisting people with personal hygiene. Communal areas were clean and tidy and there were no unpleasant odours. The provider had an infection control policy in place and staff understood the importance of maintaining good hygiene and hand washing practices to prevent the spread of infection. People were encouraged to share regular cleaning tasks to maintain cleanliness in their home.

The provider had a business continuity plan in place. This included emergency plans to support people during severe weather conditions and during disruptions to the service. This contained relevant details about how long people could tolerate periods of disruption and actions for staff to take to maintain people's safety in the event of an emergency.

The provider reflected on incidents to maintain and improve the quality of care in the service. The log of accidents and incidents showed staff had taken prompt and appropriate actions to prevent reoccurrences. One log described how someone had suffered a minor injury during an outing. Staff took actions to ensure the injury was treated promptly by healthcare professionals and records showed that the person's risk assessment was updated to prevent the injury from occurring again.

Good

Is the service effective?

Our findings

People's needs were thoroughly assessed prior to them moving into the home. Before beginning a permanent placement, people were invited to make a visit to the home to meet those already living there. Following this staff spoke to the individual and to people already in the home to determine if the placement was appropriate and that people already living in the home would be happy to live with the new person. A formal assessment was then completed in partnership with people and with family members or appointed representatives with people's consent. The assessment team included a speech and language therapist and vision rehabilitation workers where appropriate. This was recorded in people's care plans.

Care plans we reviewed reflected people's individual needs and contained appropriate guidance to help staff support people according to their preferences, as well as a number of documents to guide staff in communicating with people with a learning disability. These included 'Managing periods of distress', and 'When you talk to me it helps if you…'. Staff used these plans to provide personalised support to the people they cared for. Care plans also included significant details to help staff understand people's personalities and support their needs, for example, important relationships, communication needs, life histories, hobbies and preferences. Care plans were reviewed monthly and people made comments about their achievements. One person's review stated that they had started to go out independently and that they were happy with this.

People were cared for by staff who had the training and support to be able to fulfil their roles effectively. Records showed that mandatory training had been completed by all staff. The provider arranged for staff to complete a bespoke training package which included topics such as 'understanding behaviour', 'reaction to crisis' 'record, reporting, record keeping documentation' and 'health and safety around physical interventions taught'. Staff were equipped to meet the needs of people using the service due to the specific nature of the training provided. One staff member told us about the bespoke training they had undergone to support people's individual needs. They said, "We had to have a bit more manual handling training...suction care…sighted guide training…[training is] very specific to the people we support."

Staff were well supported with their training and development needs and received regular supervisions. One staff member told us the provider was supporting them to complete further qualifications. They said, "We're given opportunities to pursue additional things…I've applied to do the QCF (Qualifications and Credit Framework) level three." The QCF is a nationally recognised qualification for those working in health and social care. Staff were also completing the Care Certificate, which is an identified set of standards that health and social care workers adhere to in their daily working life. It aims to ensure that workers have the same necessary skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support.

People were supported to eat and drink sufficient amounts and staff encouraged people to maintain a healthy diet whilst respecting their right to choose their own meals. Staff also supported people with visual impairments to prepare their own food. During the inspection we observed a member of staff supporting someone to make a sandwich using verbal directions and hand touches.

Staff supported and encouraged people to make mealtimes a social occasion. One staff member said, "They have a takeaway on a Saturday night." Resident meeting minutes we reviewed showed that this decision was made by people living in the home. They had also decided to make mealtimes special by not using mobile phones at the dinner table. Staff reported that this had helped to create a sense of community within the home.

Staff liaised with health and social care professionals to meet people's needs. In-house specialists employed by the provider such as vision rehabilitation workers and behaviour specialists worked effectively with staff to develop their knowledge and ability to provide individualised care. This showed that the provider took a holistic or 'whole person' approach to supporting people to manage their needs and achieve positive outcomes through a multi-professional approach.

People's care plans contained records of appointments with healthcare professionals as well as outcomes of appointments and follow-ups required. Staff were skilled at determining when a person required additional input from health professionals. One staff member said, "if we noticed any decline we would pursue that…or if [people] said their sight's getting worse." This showed that staff acted promptly to identify and meet people's changing healthcare needs.

A number of support documents were included in people's care plans. 'Vision passports' contained specific information about support people needed to manage their visual impairments, such as 'eye gaze' techniques and reading support. People's 'Health action plans' were also included and contained specific information about people's healthcare needs. These were written in partnership with people and their families where appropriate. Where people required support to understand the information contained in the plans, staff used a number of methods to communicate the information in them through reading them to people and using pictures.

Staff had received training on the Mental Capacity Act 2005 (MCA). Staff were observed gaining people's consent before delivering care.

The provider had complied with the requirements of the 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In this type of service, where a person is at risk of being deprived of their liberty the relevant application must be made to the Court of Protection. The local authority was responsible for making the relevant legal application. The registered manager maintained a record of the progress of this application.

Care plans contained records of best interests decisions made on behalf of people for consent to treatments and to share information with relevant professionals. There was evidence that appropriate professionals and the person's family members had been involved in the decision making process.

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring. One person said, "They're really nice, they're just kind, never nasty. We give each other hugs." People living in the home were treated with respect, kindness and compassion. Each person had a keyworker who knew them well and we observed people being supported by their keyworkers during the inspection. One person had specific mobility needs and was being supported to move about their home as independently as possible. This helped maintain the person's dignity through promoting their independence. Their keyworker was sensitive to their needs and understood them well. Another person's keyworker described how the person liked a particular radio station to be played in the communal dining area at breakfast time. We observed that this radio station was being played during the inspection.

Staff were patient and attentive to people's emotional needs; supportive touch was used appropriately and staff took time to communicate with people in a way which was suitable for them. People were supported to engage in activities which interested them and were enabled to do things at their own pace without being rushed. This was confirmed by people we spoke with. One person said, "I like to get guided."

There was a calm and relaxed atmosphere within the home. Staff had developed bonds with people and understood and celebrated their personality traits and abilities. Staff took time to plan activities which brought people together. At the time of inspection the home had just celebrated their first birthday and people had dressed up for a themed activity day. Photos of the celebrations had been framed and placed in the quiet room. Staff were able to identify each person's hobbies and talked about how they
Staff enabled people to express themselves, develop their independence and fulfil their potential.

Staff had spent time with people, exploring their interests and aspirations. One staff member told us about how they were supporting a person into employment in a bakery. They said, "[She] was supported with going to a tea room once a month…[she] would get involved with that, serving customers…she expressed that she would like to do more…making them independent…realising their potential." Another person had been supported to develop their independence when taking medicines. As the person was visually impaired they had been given and alarm watch so they could request their medicines at the right times.

During the inspection we observed that staff interacted with people in a reciprocal and respectful way, giving them time to express their needs preferences. Care plans emphasised people's abilities and reminded staff to promote people's independence. People were treated as individuals and staff valued their talents and abilities. One person's keyworker described how they were very interested in music and loved to take part in the weekly music sessions.

Good

Is the service responsive?

Our findings

People received personalised care which met their individual preferences and needs. Care plans were detailed and personalised and reflected people's choices, aspirations and personalities. Records showed that these were continually reviewed and had been read by all staff.

Care plans were written in a way that people could understand. At the person's request, staff would talk through care plans to help them understand the content. People's preferences for receiving information were recorded. This showed that the provider had complied with the Accessible Information Standard (AIS) 2016. The Accessible Information Standard was introduced by the government to ensure people with a disability or sensory loss are given information in a way they can understand.

People's personal histories, abilities, hobbies and important relationships were explored and documented in their care plans to help staff understand people's personalities and provide person-centred care. Information around people's communication abilities was specific and detailed to enable staff to support people to express themselves fully.

People received responsive care which supported their needs and interests. As the home was close to the town centre people were able to easily access community activities. This was confirmed by people we spoke with. One person said, "I do like living here, you do what you want; go to the cinema, shopping, eating out, swimming and walking." Staff were highly responsive to the challenges people faced. For example, one person found change difficult to accept, so their keyworker had supported them with this. They told us, "If she says she doesn't like something we'll sit down together…work out a way to do it that isn't too rushed."

A nail salon had been installed after a request from people and they were supported to paint their own nails by staff. There was also a quiet room with a piano. The deputy manager told us this was used for music activities or as a relaxation space.

During the inspection we observed staff supporting people to take part in activities which interested them. One person particularly enjoyed playing the piano; the provider had purchased a piano which the person was able to access as they wished. We observed them playing during the inspection. The deputy manager told us the person had a keen interest in music and enjoyed the weekly group music sessions. Another person had asked to keep a pet. Staff had made arrangements for the person to have pets in the home and supported them with their care. Staff we spoke with told us that they were able to promote people's independence and support their interests through accessing local facilities. One staff member said, "We've got access to quite a lot of amenities…the idea is to help them…realise their potential, improving their life skills and …their independence [like] going into town and buying your toiletries yourself."

The provider involved people's families in decisions about their care and invited them to attend regular reviews. Records showed that families were involved in making decisions about their loved one's care and support. Relatives were welcome in the home at all times and were encouraged to visit their loved ones regularly. One person told us, "My parents come and see me on a Sunday."

There was a complaints policy in place which was available in an easy read format. The provider kept a log of complaints and responded to concerns promptly. One person had complained about a poor television signal in their room. Records showed that the provider had quickly resolved this by replacing the television aerial. People told us the registered manager was very responsive to their concerns. One person said, "I tell [registered manager] she's a very good manager, she's superb."

People were given regular opportunities to express their opinions about the care provided. Records showed that residents meetings were held frequently to gather people's opinions about changes they wished to see. One meeting record detailed that afternoon activities had been rescheduled so that people were able to watch their favourite television programmes.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The management team outlined staff roles and expectations. The deputy manager told us, "Responsibilities are very clear…the staff here are great." Staff told us that the management team had a clear vision to provide personalised care for people so that they could develop their interests and fulfil their aspirations. This was shared by the staff team. Staff were clear about their responsibilities

Staff we spoke with were clear about their responsibilities and worked effectively as a team to deliver care for people. They told us that they were well supported by the management team and senior support workers. One staff member told us, "[She] is very approachable, we can go to her [registered manager] with anything...she'll take it on board. [She] might not be able to do something about it, but will always explain why."

The registered manager demonstrated effective leadership through making herself available to staff. Records showed the registered manager completed regular spot checks of staff in practice to offer guidance and support as well as ensuring that a positive, inclusive culture was maintained within the home. Staff felt they were provided with ample opportunities to express their opinions and that these were valued. One staff member said, "We have regular staff meetings which [registered manager] is involved with we can give feedback and propose ideas."

The registered manager effectively used robust systems for monitoring quality within the service and maintained a detailed oversight of service developments. Required improvements were recorded in the service improvement plan. This included dates for completion of actions and was regularly reviewed by the registered manager, senior manager and deputy manager. Regular quality assurance visits were also completed by senior staff such as health and safety managers. This helped to maintain high standards of quality and safety within the service and covered topics such as mental capacity assessments, risk assessments and monitoring of people's contracted support hours. Records showed the provider maintained an accurate, up to date record of service provision and made continuous assessments as a means of improving people's care and safety. This helped ensure that positive outcomes for people were achieved.

Staff sought regular, structured feedback from people living in the service and their relatives. Records we reviewed showed that satisfaction surveys were completed by people and their families. The results of the survey were collated to give an overall satisfaction score. Results from a recent survey showed that 97% of friends and relatives would recommend the home to others. The provider maintained open communication with people and relatives about how their feedback would be used. In a letter to relatives they stated, 'Your feedback will be shared with our Senior Leadership Team and our Trustees who will use what you have told

us to inform our work.'

All services registered with CQC must notify us about certain changes, events and incidents affecting their service for the people who use it. Notifications tell us about significant events that happen in the service. We use this information to monitor the service and to check how events have been handled. The service had notified us about all incidents and events required.

There was a culture of learning within the home. Records showed staff reflected on accidents and incidents and identified preventative measure to prevent reoccurrences. Staff also reviewed people's needs regularly so that appropriate changes could be made. The registered manager had planned person centred reviews to gather people's opinions to provide more personalised care. This included devising creative methods to support people to express their views.

The registered manager had implemented a 'Community participation and leisure assessment' to measure the frequency of people's involvement in community activities. The information collated contributed to overall data for the provider and was used to inform service improvements such as increased involvement for people in the community.

Staff at the home liaised effectively with a range of professionals to support people's health and care needs. This included speech and language therapists, learning disabilities specialist nurses, GPs and social workers. Records showed that people received visits from relevant healthcare professionals and were supported to attend hospital and GP appointments as needed. This was recorded in people's care and support plans. People's health and wellbeing needs were met because staff had the skills and knowledge to advocate effectively on their behalf whilst enabling people to maintain and develop their independence.