

The Royal School for the Blind

# SeeAbility - Meadowmead Support Service

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be available in the office.

SeeAbility - Meadowmead Support Services provides personal care and support to people in their own homes. At the time of our inspection the agency was providing a service for seven people with a variety of care needs, including people living with sight loss and learning disabilities. Some people had very limited verbal communication skills. The agency was managed from a centrally located office base in Eastleigh.

The home 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.

Staff sought consent from people before providing care and support. However further work was required for a best interest decision.

People felt safe with the service provided by SeeAbility - Meadowmead Support Services and risks to people were minimized through risk assessments. There were plans in place for foreseeable emergencies.

Relevant recruitment checks were conducted before staff started working at SeeAbility - Meadowmead Support services to make sure they were of good character and had the necessary skills. Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

People were supported to take their medicines safely from suitably trained staff. Medication administration records (MAR) confirmed people had received their medicines as prescribed.

People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes and went out of their way to provide people with what they wanted.

Staff received regular support and one to one sessions or supervision to discuss areas of development. They completed a wide range of training and felt it supported them in their job role.

People were cared for with kindness and compassion. Care plans provided comprehensive information about how people wished to receive care and support. This helped ensure people received personalised care in a way that met their individual needs.

People were supported and encouraged to make choices and had access to a range of activities. Staff knew

what was important to people and encouraged them to be as independent as possible.

A complaints procedure was in place. There were appropriate management arrangements in place. Regular audits of the service were carried out to assess and monitor the quality of the service.

## 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 remains good.

### Is the service effective?

Requires Improvement ●

The service is now rated as requires improvement.

Staff sought consent from people before providing care and followed legislation designed to protect people's rights. Where people lacked the capacity to make decisions, best interest meetings were not always recorded.

Staff told us they felt supported, had regular sessions of supervision and received training.

People were supported to access health professionals and treatments.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# SeeAbility - Meadowmead 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 service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is brought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in self-contained flats. The service also provides outreach support to people in the community. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to younger disabled adults who may have a visual impairment.

Not everyone using SeeAbility - Meadowmead Support Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection took place on 05 December 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and a supported living service which provides support for people who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one inspector and a specialist advisor in the care of people with a visual impairment.

Before this inspection, the provider completed a Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at

least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We also checked other information we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

During the inspection we visited and spoke with four people who lived in the self-contained flats. We spoke with one person who received outreach support and three relatives by telephone. We also spoke with the registered manager, deputy manager and six support workers. We looked at a range of records which included the care records for four people, medicines records and recruitment records for four care workers. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection we also received feedback from two external healthcare professionals.

We last inspected the service in August 2015 where no concerns were found. The service was rated as good in all domains.

# Is the service safe?

## Our findings

People and their families told us they felt safe and that the service provided staff who kept them safe whilst providing them with personal care. One person told us, "I have different carers at different times of the day, always someone at night. I can tell my carers anything." A family member told us, "Yes, he's safe because he is so happy there." Another family member said, "My daughter is used to using the emergency button, she knows how to use it and they come quickly." Other comments included, "He is safe there, there's plenty of staff and it's secure."

There were sufficient numbers of care workers available to keep people safe. Staffing levels were determined by the number of people receiving care and support. People and staff told us the number of staff was sufficient to look after people's routine needs and support people individually to access community activities. The allocation of staff working in the community was based on each person's needs. One staff member told us, "No agency staff. If someone went off sick, we have bank workers we can use or ask staff if they want any over time." Another staff member said, "I feel enough staff here, overall okay."

People received a weekly schedule of when staff would be visiting them and knew in advance which member of staff it would be. People told us that they had regular care staff and that staff were on time. However, people told us they felt frustrated if a staff member had been changed on the rota at short notice and they were not informed. We spoke with the registered manager who informed us they would look into this and make improvements.

Robust recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the disclosure and barring service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Staff confirmed this process was followed before they started working at the service. Staff told us people using the service were part of the interview panel. One staff member said, "We get individual's involved in recruitment of staff by asking them to meet and greet candidates and asking questions. We then consult them before offer of employment".

People were protected against the risks of potential abuse. A safeguarding policy was available and support staff were required to read this and complete safeguarding training as part of their induction. Staff members were knowledgeable in recognising signs of potential abuse and the relevant reporting procedures. One staff member said, "I had safeguarding training last week I've had two this year. If concerns I would report to my manager." Another staff member said, "I would talk to my manager first, if serious she would go higher up and the police would be involved."

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations. All the staff we spoke with were aware of how to use the policy.

People were supported to receive their medicines safely. One family member told us, "Medicines are administered well, everyone makes notes." Another family member said, "Whenever we take him out they always send his medicines with him." Care plans included specific information to direct care staff as to how people should be supported with their medicines. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

People received their medicines as prescribed. When staff assisted people to take their medicines they signed a medication administration record (MAR) to confirm the person had taken it. All staff received medicine management training, which was refreshed regularly and their competence was assessed annually to make sure they were safe to administer people's medicines. Care plans included specific information to direct care staff as to how people should be supported with their medicines. One staff member told us, "I had medicines training. Then I had to complete an exam afterwards. If we pass the exam we are then observed administering medicines before we can provide medicines on our own."

Staff told us they supported people to take risks in their own home without minimising their independence. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. These included environmental risks and any risks due to the health and support needs of the person. There were also assessments for risks such as if a fire occurred within the extra care living flats. Staff were clear about what action they should take in an emergency and knew who to contact for support. For example for one person due to their visual impairment staff were to support them to wash up by placing dishes in the bowl, but not to put any sharp objects or knives in the washing up bowl. Staff were also required to check the sell by dates on food for some people to keep them safe.

There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

The service had a business continuity plan and a disaster recovery plan in case of emergencies. This covered eventualities where staff could not get to people's homes. For example, if there are any difficulties covering calls due to events such as the weather conditions or sickness.

Staff demonstrated a good understanding of infection control procedures. All had received training in infection control and had ready access to personal protective equipment, such as disposable gloves and aprons. We spoke with the registered manager who told us they had an infection control lead going through training and checking staff by observing care to make sure they were following infection control procedures.



## Is the service effective?

### Our findings

People who used the service appeared happy with the care and support they received. One person told us, "I go shopping on Mondays, I have a built in fridge and I've got five radiators! I'm nice and warm." A family member said, "All the staff seem well trained, they make sure he is clean." Another family member told us, "I know the training is good, if they have a new staff member they have to shadow." A health professional said, "The staff are always professional in their manner and appear to be competent." Another health professional said, "We never receive any complaints about the quality of care."

Most of the people supported by staff had capacity to make their own day to day decisions. People told us that they made their own decisions and that staff respected these and carried out their instructions. Care plans reflected this. Staff told us they had received training in relation to the Mental Capacity Act (MCA) 2005. 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.

Care records showed that one person was unable to provide consent to certain decisions involving their care. In their care plan they had a brief document called, 'making decisions'. This covered decisions involving day to day, food and drink, money and health. However their procedures informed staff about the importance of best interest's decisions. For this person we could not see any evidence of any mental capacity assessment having been undertaken by the service nor of any best interest's decisions. This meant the provider was unable to confirm that care and support was being given in accordance with people's wishes or in their best interests.

We recommend the provider reviews its records of best interest decisions to ensure compliance and adhere to the Mental Capacity Act 2005.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered manager recognised that they were depriving someone of their liberty, by having to put restrictive measures in place to support one person. They were currently waiting for an application which had been made to the court of protection by the local authority for this to be legalised.

Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. One staff member told us, "Consent presume have capacity, check understanding of information and if they can retain. If don't understand the information then can't make the decision. Have to ask the question, make it into a simpler form. Can show pictures as well." Another staff member said, "Consent if they have capacity they can tell us themselves."

People were supported by staff who had access to a range of training to develop the skills and knowledge

they needed to meet people's needs. Staff told us that their training included moving and handling, safeguarding, health and safety, medication administration and first aid. This ensured that staff were competent and had the skills and knowledge to safely deliver care. Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. One staff member told us, "Lots of training helped me in my role. Training has been really useful especially epilepsy and cerebral palsy, sighted guide, visual impairment and understanding the different eye conditions." Another staff member said, "Really makes you think. I recently as part of training had to make sandwiches blindfolded and with one arm. You really learn from role play it was an interesting day."

People told us new staff members were accompanied by a regular staff member and shown how people like things done. New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people. One staff member told us, "My induction was long and I learnt a lot. Shadowed staff for three to four weeks before on my own. After that I as observed so they could see that I could do it on my own and I completed the care certificate."

People were cared for by staff that were well-motivated and told us they felt valued and supported appropriately in their role. Staff had regular supervisions (one to one meetings) with their line manager which provided an opportunity to receive feedback on their performance, identify any concerns, and receive support, assurances and learning opportunities to help them develop.

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. A health professional told us, "They [staff] ensure he comes to his appointments when they are due and always accompany him to these appointments." Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. Health plans were comprehensive and covered people's vision, hearing, dental, falls, epilepsy, mental health, weight, and skin care. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. People also had a 'Vision passport' in place to support staff. For example for one person it stated to help the person by verbally saying hello and announcing who you are, talking clearly and personal items to stay in the same place.

People were supported at meal times to access food and drink of their choice. The support people received varied depending on their individual circumstances. A family member told us, "She's allergic to dairy, they're very careful with her and she always gets nice fresh food." Another family member said, "We take him out for a meal once a week, he doesn't go hungry. He has a fridge in his flat, it's all fresh food." People were supported to eat and drink and maintain a balanced diet. A health professional told us, "I have delivered a couple of training sessions for the staff regarding diabetes and diet, and this was at their request as they wanted to know that everyone was giving the same advice."

People's plan of care included information about their dietary needs, which included information as to their likes and dislikes. For example for one person due to their sight impairment included important information on where to place items as the person requires them for meal times. This included photograph's so staff could see exactly where to place bowls, apron etc. on the table.

Special equipment was in place to promote peoples independence for example people had in their homes talking microwaves, one cup machines, talking clocks and watches and a liquid indicator which would beep

to say when to stop.

## Is the service caring?

### Our findings

People were treated with kindness and compassion. All the people we spoke to were happy with the staff and felt they were caring. One person told us, "Last year my Carer won an award from SeeAbility for looking after me. My Mum did a letter saying how fantastic they are." Another person said, "Yes, they are all very caring." A family member told us, "They are all very kind. There's no appointment needed to visit but I do give notice." Another family member said, "Last Christmas she was rushed to hospital and the Carers went in off their own back so she wasn't alone. They even went in the night – they're lovely." A health professional told us, "I am impressed by the way that staff strive to deliver care. For example, I was once asked to write an email to support our mutual client when his funding for help was due to be reduced. SeeAbility recognised that this would be detrimental to the patient and fought on his behalf for the support that he needs."

People experienced care from staff who understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff told us that information was contained in the person's care plan, including their personal likes and dislikes. Staff would knock on people's doors and identified themselves before entering. They ensured doors were closed and people were covered when they were delivering personal care. One staff member told us, "Make sure curtains are closed and towel over. Everything how they like it and at the pace they like it to be done."

People said care staff consulted them about their care and how it was provided. One person told us, "I have control over what I want to do and when I want to do it." Care plans were detailed and showed people were involved in the planning and reviews of their care as they had signed these. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Care plans also included information about people's wishes and any worries they may have. Care staff respected people's rights to refuse care. For example for one person they liked to attend church. Their care plan informed staff that the person will inform staff if they would like to attend and staff are to inform them of the weather as this can influence their decision. Their plan informed staff of where they would like to sit and that they may like to talk to the vicar after the service.

We observed a lot of genuinely caring behaviour in staff interactions with people, which demonstrated person-centred care in their familiarity and the ease of communication with each person. For example, we went to visit one person in their home and observed the staff member supporting them. It was obvious they had known them for several years, and were aware of their preferences and spoke to them gently and supported them.

We observed staff encouraged people to maintain their independence in their day to day lives. One person told us they could do some things for themselves but staff were on hand to help when needed. People's independence was promoted in their care plans which described the things they could do for themselves and what they required help with. A staff member told us how they promoted independence, by supporting one person with their food shopping. They would assist to put a list together. Then the person went round and put their items in the trolley and on the conveyer belt.

Information regarding confidentiality, dignity and respect formed a key part of induction training for all care staff. Confidential information, such as care records, was kept securely within the registered manager's office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected. Daily records were collected monthly and stored securely in the relevant care files.

## Is the service responsive?

### Our findings

People received individualised care from staff who understood and met their needs. One person told us, "I've been living here three years and it's absolutely lovely." A family member told us, "Some staff have been there a long time and I'm on good terms with. I can speak with them anytime." Another family member said, "Her care plan is always on the table, everything is in there and they write down what they've done with her." As well as, "I've never had cause for complaint."

Staff at SeeAbility - Meadowmead Support Services were responsive to people's needs. Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. Care plans were comprehensive and detailed, including physical health needs and people's mental health needs. Recorded at the front of people's care plans contained information on what was important to people. For one person it was important when staff arrived in their home to play their diary tape to remind them of their day's activities.

Copies of care plans were available in people's homes allowing staff to check any information whilst providing care. Care plans gave instructions about how people liked to receive care and had an assessment of needs. These identified key areas of needs, such as, personal care, daily living activities, mobility and meal preparation. There were also care plans for end of life with details on who to contact and funeral arrangements.

The care plans were updated regularly to ensure a true reflection of the person's current needs. They provided comprehensive guidance to staff about the person, and provided them with clear instructions on how to manage specific situations. One staff member told us they had just introduced keyworkers. A keyworker is a member of staff who is responsible for working with certain people, taking responsibility for planning that person's care and liaising with family members. Another staff member said, "Support plans review them and if any changes will alter them to suit them."

From 1st August 2016 onwards, all organisations providing publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. People we spoke to were happy with the way information is recorded and available to them. Information was also available in CD format for people to listen to.

Staff were aware of people's interests and how people liked to spend their time. One person told us, "I do drama on a Friday, it's really good fun." A family member said, "They've helped him get little jobs, he was delivering leaflets but it's difficult to find things for him. He goes to a garage on Monday, takes a packed lunch, he really enjoys it." Staff told us, they ask people what activities they would like to attend and try to encourage as many activities as possible. These included, swimming, cycling on specially adapted bikes, clubs, day centres, shopping trips and days out. One staff member said, "Always ask on the day what people would like to do, don't presume."

People told us they were happy with the equipment which was available to them. One person we spoke to told us about their lease car which staff used in order to provide them with transport. They had a mobility vehicle which staff can use to drive them where they wished to go. For instance, they are supported to go shopping. The service also supported volunteers to participate in community events. At the time of inspection volunteers were supporting some people to attend professional football matches at a local stadium so they could support their team and enjoy their interests.

The provider had regional group meetings for people using the service called 'taking control' to engage feedback from people to improve the service. We spoke to one person who participated in these meetings and they told us they were being supported to attend a forthcoming Seeability conference in Brighton where they will meet with other people from different Seeability services, which they were looking forward to.

The provider also sought feedback through the use of an annual quality assurance survey questionnaire send to people using the survey and their families. The feedback from the latest quality assurance survey, in January 2017 showed people were happy with the service.

People knew how to make complaints about the service. We spoke to one person about how they would make a complaint about the service if they felt they needed to. They were clear that they would talk to the registered manager in the first instance and then to the Care Quality Commission in the event that their concerns had not been addressed. They also told us they have never had to go beyond the registered manager. A family member said, "I don't have any complaints." Records showed complaints had been dealt with promptly and investigated in accordance with the provider's policy.

# Is the service well-led?

## Our findings

People and their families told us they felt the service was well led. One person told us, "I wouldn't say anything bad about SeeAbility. I like going out best." A family member told us, "I'd recommend Meadowbanks." Another family member said, "I just call the office if I need to – no problem." A health professional told us, "From what I have seen I would say that the staff seem to have the qualities and skills required to deliver safe and effective care and it seems to be a well led service." Another health professional said, "The Manager [person's name] is often difficult to get hold of, my experience is you normally have to send at least a couple of emails before you get a formal response."

There was an open and transparent culture in the service. The provider notified Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. Staff were supported and encouraged to raise incidents. One staff member told us, "[Managers name] runs an open door policy can see her about personal life or work, really good like that." Another staff member said, "Love it here look at it as one big family enjoy it."

The registered manager and deputy manager working at the service used a system of audits to monitor and assess the quality of the service provided. These included medicines, complaints, finance, supervisions, training and staffing. Where issues were identified remedial action was taken.

External audits were also in place to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed with the registered manager. Where actions had been identified most of these had been completed. However, better recording on MCA and best interest's decisions were noted and needed to be enhanced further.

Staff were positive about the support they received from the registered manager and management within the service. One staff member told us, "I've been here for seven years, it's a very good company to work for, I'm happy. Any problems I can go to the Manager or my Line Manager." Another staff member said, "Management are supportive, don't want for anything. If I have a problem it gets sorted straight away." Other comments included, "Management are amazing really amazing if you have a problem, always help you." As well as, "If you ever need help management are always here to help, always."

Staff meetings were carried out once a month. One staff member told us, "Staff meetings need to attend six in a year. One a month can pick which ones to attend." Minutes from staff meetings showed limited information was recorded. This meant staff that missed the meeting might not be aware of any important issues surrounding the service. We spoke to the registered manager who told us lately they have included training sessions in meetings and there were some minutes waiting to be typed up.

The registered manager informed us they kept up to date by attending training. As well as attending manager development days to share best practice and manager meetings share best practice. The service produced a local newsletter which included stories about the services and peoples achievements.