

The Royal School for the Blind

SeeAbility - Woodlands

Residential Home

Inspection report

Woodlands
42 Massetts Road
Horley
Surrey
RH6 7DS

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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

Care service description

Seeability-Woodlands is a residential care home that provides care, support and accommodation for a maximum of seven adults with varying levels of sight loss and some associated learning and/or physical disabilities. The service is managed by SeeAbility which is the operating name of the charity The Royal School for the Blind. At the time of the inspection five people were living at the service.

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.

Rating at last inspection

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated good

People were safe, and staff were aware of how to protect people from abuse. There were sufficient levels of staff on duty to ensure that people's needs were met. Recruitment was robust to ensure that only appropriate staff were employed. Staff had the training they needed to develop their skills and knowledge.

Risks to people's care was managed well by staff and people received their medicines in a safe way. Regular health and safety checks of the premises and equipment were carried out. The provider had up-to date procedures to help ensure people remained safe in an emergency.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Routines were set by people living in the home and they could choose how they spent their days. People were supported with their health needs. People had choices of what they wanted to eat and drink.

Where appropriate people had been consulted about their wishes towards the end of their lives and this was recorded.

The home was adapted to meet the needs of people especially regarding their sight loss. The home was clean, and staff used equipment to prevent the spread of infections.

People's needs had been assessed both before and after admission to the service. Care plans reflected people's needs and preferences. Care plans were evaluated regularly so they contained information about people's current needs. People could take part in a wide range of activities which they choose. Staff worked well together and communicated changes to people's needs to each other.

People told us that they would speak to staff if they had any concerns. There was a complaints procedure should anyone wish to complain. There had been no complaints received since we last inspected.

The provider carried out quality assurance checks to ensure people received a good standard of care. Staff consulted with outside professionals to ensure the best delivery of care. Notifications were sent to the CQC where appropriate.

Further information is in the detailed findings below

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?

Good ●

The service remains Good.

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 - Woodlands Residential Home

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 site visit took place on 3 December 2018 and was announced. The inspection team consisted of one inspector. We gave three working days' notice of this inspection to ensure that the registered manager would be available, and that people would be home.

Prior to the inspection we reviewed the information we had about the service. 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 some key information about the service, what the service does well and improvements they plan to make.

We reviewed notifications sent to us about significant events at the service. A notification is information about important events which the provider is required to tell us about by law.

During the visit we spoke with the registered manager, deputy manager, three people and two members of staff. There were people that were unable to verbally communicate with us; instead we observed care from the staff at the service. We looked at a sample of two care records of people, medicine training and audits, training, supervision and two recruitment records for staff. We reviewed records that related to the management of the service that included audits. We also received positive feedback from a social worker via email prior to the inspection.

Is the service safe?

Our findings

When we last inspected Seeability-Woodlands we found the service was safe and rated it Good. Following this inspection, we found the service was still safe and our rating remains

We could see from the interactions with people and the staff supporting them that people felt safe and comfortable. People told us that staff were kind and patient and they could speak to staff if they were concerned about anything. One person said, "Yes the staff make me feel safe and they help me." Staff understood what constituted abuse and actions to take if they had any concerns. One member of staff said, "I would speak to the manager first or phone head office. We have had training and there is a policy I would look at, I know the manager would do the right thing."

Potential risks to people's safety had been highlighted and assessed. Standard assessments were completed covering risks such as moving around inside and outside the home and nutrition. Additional risk assessments were in place depending on people's individual needs. These described the measures needed to help keep people safe. They had been reviewed regularly and updated as people's needs changed. One member of staff said, "We read the care plans a lot and also discuss them at handover and staff meetings, so we know if anything changes. We know what to do such as making sure people who are at risk have support when eating." Health professionals were involved in assessing people's risk and advising the staff. In one instance a person at risk of falling had moved to a downstairs room which meant they could be more independent as well as safer.

Staffing levels continued to be appropriate to meet people's needs. One person told us, "Staff are there when I want to go out or I need help." Staff also confirmed staffing levels were appropriate. The registered manager told us, "We adjust staffing depending on what people need or if they are going out or to appointments. We cover any absences with staff who know people, staff are always willing to work extra to help people if someone is off sick." During our inspection we observed staff were always available.

The provider continued to operate effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

The service showed wear and tear in places, but it was clean and safe. One area of a bath panel had broken but the registered manager ensured it was made good on the day of inspection. There was a plan for refurbishment and replacements. Staff followed good infection control procedures and supported people to carry out household cleaning especially in their own rooms. We saw staff cleaning and one person was busy doing their own laundry.

The provider continued to manage medicines safely. Staff completed medicines management training and medicines were stored securely. There had been two medicine errors since the last inspection, but both had not caused harm and there had been thorough investigations into the causes and staff had received extra

training.

Checks were completed to maintain a safe environment. Personal emergency evacuation plans (PEEPs) were written to help ensure people continued to receive the care they needed in an emergency. Staff kept accurate records of incidents and accidents, including details of action taken and lessons learned.

Is the service effective?

Our findings

When we last inspected Seeability-Woodlands we found the service was effective and rated it Good. Following this inspection, we found the service was still effective and our rating remains Good.

People's needs had been assessed both before and after admission to the home to identify the care they needed and wanted. One person was due to move in the week after inspection and their needs had been fully assessed as well as gathering information from family, current staff and professionals. This was then used to develop people's care plans.

Staff supported people to access health care services in line with their individual requirements. Records showed people had input from a range of health and social care professionals. This included GPs, social workers and Speech and Language therapists. People also regularly saw an optician. Where specific recommendations had been made, these were incorporated into people's care plans to guide staff about the most effective ways to care for people. One member of staff said, "We noted one person had deteriorating health and we made sure their GP referred them for tests which showed they needed an extensive course of treatment. We made sure we explained as much as possible to the person, so they could give their consent which they did." Staff had access to information which explained people's health conditions, diagnosis and needs. Each person had a health action passport so that when they needed to go to hospital the vital information was available to all who cared for them.

Staff were well supported and able to access the training they needed. One staff member said, "We do training a lot, I have done positive behaviour support training and safeguarding." Staff were expected to complete the care certificate, this is a standard set of learning appropriate to staff in care. The registered manager confirmed that staff compliance with all mandatory training had risen to 90%. Staff received regular support and supervision as well as senior staff observing their practice to ensure their training was being put into practice. Staff worked well together as a team and they all communicated informally and formally to ensure they delivered consistent care and support. We heard the deputy manager discussing the need for changing a staff's working pattern to be available to support someone and this was done openly and willingly.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw the service continued to work within these principles. There was evidence in people's care plans that consent was obtained appropriately.

People were supported with their nutritional needs. One person told us, "We choose our own food and we shop and cook." We saw staff supporting people to prepare different meals of their choice. People were independent with eating and drinking and had adapted plates where needed. Staff showed a good understanding of people's nutritional needs and described how they supported people to make choices that suited their dietary needs and to maintain their health. However, people could also choose to go out for a meal or to get a takeaway.

The home was suitably adapted, and people had access to the garden and range of communal areas. One person had a special chair and there were large signs and textures to alert people to where they were. At the top of the stairs there was fixed ridged section of flooring to enable people to sense when they were at the top of the stairs. People had been asked to contribute ideas for decoration and furnishing especially in their own rooms. The home layout suited the needs of the people currently living there.

Is the service caring?

Our findings

When we last inspected Seeability-Woodlands we concluded the service was caring and rated it Good. Following this inspection, we found the service was still caring and our rating remains Good.

People told us that they liked the staff that worked there. One person said, "[Staff name] is a very nice, we have a laugh." Another said, "Yes, staff are very kind to me."

Staff described kind and caring relationships having developed between them and people living there. This was due to the home having a stable staff team, who had known the people living at the home, in some cases, for years. You could see from interactions between people and staff that they had developed strong bonds. People and staff communicated well and there was warmth and laughter. The staff knew one person so well they had developed skills in communicating which had led to a reduction in behaviour that challenged or caused a risk to the person or others. This included using basic Makaton signing and knowing when to give the person some space.

Staff listened with interest when people spoke with them and showed that they cared. One member of staff said to a person, "Yes, once lunch is finished you can go back on the computer, I know that is your favourite thing." One person returned from the shops and staff showed interest in what they had chosen. Another person was focussed on their laundry and staff knew they were in their room putting some clothes away, so they telephoned on his mobile to inform him the dryer had finished, this was his preference. He chatted comfortably with staff when he came downstairs.

People were supported to remain independent. This was particularly important due to people's sight loss. The corridors were kept clear of obstacles. One person had a large digital clock that they could read. Others used an electronic tablet or computer. People went out as often as they wanted, and staff supported them to maintain and develop their skills outside and in the home. One person who used to live at the home had developed their independence with support and chosen to move into a supported living flat, the registered manager said they were doing very well and continued to be supported by staff they knew well.

Bedrooms were personalised and individual to the people that lived there. Bedrooms were decorated with memorabilia of people's favourite pop stars, hobbies and interests. People took pride in their rooms and often throughout the inspection they would go their rooms to spend time in there. Staff respected people's chosen routines and they did not disturb people unnecessarily.

People were treated with dignity and respect. We saw that staff respected people's choices and treated people in an age appropriate way. Staff told us that they would never discriminate based on sexuality or culture and the organisation had an anti-discrimination policy. Although no one currently living at the home required support for protected characteristics under the Human Rights Act staff said they would treat people according to individual needs. The staff had fought to get access to appropriate health care for one person to ensure they had not been discriminated against due to their disability.

Care records were personalised and provided staff with information about people's life history. This is important, so staff have a better understanding of the needs of the people they care for. As with our last inspection, confidentiality was respected in the home. Although nobody at the home had an independent advocate, advocates had been used in the past and would be available as needed.

Is the service responsive?

Our findings

When we last inspected Seeability-Woodlands we concluded the service was responsive and rated it Good. Following this inspection, we found the service was still responsive and our rating remains Good.

People had personalised care plans which provided sufficient information about the care each person needed. Care plans covered a range of needs and preferences including physical health, daily routines, nutrition and medicines. Care plans were evaluated monthly so that they remained relevant to people's current circumstances. There was detailed guidance in place where a need had been identified for example in relation to people's behaviours. One person required certain support to reduce anxiety which could lead to behaviour that was a risk to themselves or others. There was guidance in place for staff on how to manage this anxiety which had now reduced. One member of staff told us, "Where [person's name] was and where he is now is a real change. They are more settled now." We saw that this person was relaxed and at ease with staff and fellow residents. A member of staff said, "We read the care plans and discuss them together. We know what people's needs are."

People had opportunities to participate in activities if they chose to and to pursue their interests. One person said, "We get up and go to bed when we choose. We go out and to the shops. I am going away to (place name) I have never been on a plane before, I am visiting my brother and staff are helping me." Staff explained they had taken time to consult family and the person and to plan the trip carefully. The person was clearly looking forward to it. There were photographs of people on holidays and taking part in events. The previous weekend there had been a party to celebrate the anniversary of the home opening and family, friends and local dignitaries had come along. One person said, "We had a buffet and it was a nice party."

One person chose to go to church every Sunday and the staff supported them to do so. Families could visit whenever they liked and when it suited people. Families were invited to events at the home and people were supported to visit their family homes.

Where appropriate people and families had been consulted about their wishes towards the end of their lives and these had been recorded. Staff had previously received training from the hospice team when they began caring for someone approaching the end of their life. The registered manager explained what they had all done to make sure the person was comfortable, pain free and received the care they would have wanted.

We saw that there was a complaints policy in place and in picture format for people to understand. There had been no complaints received since the last inspection. People, who were able to, told us that if they unhappy with anything they would speak to staff.

Is the service well-led?

Our findings

There was a registered manager at the service. 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.

There was a friendly and homely atmosphere in the service. One member of staff said, "I have worked here a long time and I really enjoy supporting people here." People felt comfortable to come to the office and we were made to feel welcome by staff and people. One person was not sure they wanted to communicate with us, so we gave them space and avoided asking direct questions. This worked well as they then carried on with their own activity without being upset. Staff told us that the registered manager led the service well. One member of staff said, "I get on well with everyone we are a good team."

Staff knew the goals of the service. One member of staff said, "It is to let people live their lives and to help them be as independent as possible."

There were opportunities for people and staff to provide feedback about the home. For example, people, families and staff had been consulted to gather their views. The last survey had resulted in only positive feedback, so no actions were needed. People could also join a forum run by them with the provider. There was one taking place the day after the inspection where people would be discussing improving the support and information they received around sexuality and relationships.

The provider continued to operate a structured approach to quality assurance. This included regular checks of all aspects of the service by the registered manager who then informed head office. Senior staff visited for further checks once a quarter and this produced an action plan. It had been noted that access could be improved at the rear of the home, so plans were in place to make a ramp. The home was also worn in places and required maintenance, so this was checked regularly, and plans were in place to refurbish and repair these areas. The registered manager worked with other agencies and attended forums to keep up to date with best practices.

Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of significant events including significant incidents and safeguarding concerns.