

The Royal School for the Blind

# SeeAbility - Horley Support Service

## Inspection report

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## Ratings

Overall rating for this service	Inspected but not rated
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Is the service safe?	Inspected but not rated
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Is the service well-led?	Inspected but not rated
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# Summary of findings

## Overall summary

### About the service

SeeAbility - Horley Support Service provides support to people in two supported living 'houses in multi-occupation', Bradbury House and Woodlands. The service also provides outreach domiciliary support in the community. At the time of our inspection, there were six people living in Bradbury House and six people living in Woodlands. Four people were receiving outreach support in the community. The service is registered to provide personal care to people living with visual impairments and other complex needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

### People's experience of using this service and what we found

People told us they felt safe and that staff were kind towards them. Staff had received safeguarding training and knew how to report concerns.

Staff were aware of risks associated with people's care and took steps to reduce the risk of harm. Care plans including the management of risks were recorded and staff knew how to support people.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Staff told us their responsibilities were clear and they knew what was expected of them. The provider had completed regular quality assurance audits and appropriate actions had been taken.

People using the service, relatives and staff were complimentary about the management of the service. They told us they could approach the leadership team with feedback and suggesting ideas on how the service could improve.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good (published 3 July 2019).

### Why we inspected

We undertook this targeted inspection to check on a specific concern we had about the moving and handling practices at the service. The overall rating for the service has not changed following this targeted inspection and remains Good.

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns.

They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

### **Is the service well-led?**

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

**Inspected but not rated**

# SeeAbility - Horley Support Service

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act.

This was a targeted inspection to check on a specific concern we had received relating to the moving and handling practices at the service. This was due to concerns about moving and handling practices the provider had identified and reported to CQC.

#### Inspection team

The inspection team consisted of one inspector. The inspection was supported remotely by a second inspector.

#### Service and service type

This service provides care and support to people living in two 'supported living' settings, 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. The service also operates a domiciliary care agency and provides personal care to people living in their own houses in the wider community.

#### Notice of inspection

We gave short notice of the inspection in order to be sensitive to people's needs and choices relating to visitors to their home. This gave staff time to prepare people for our visit.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with six members of staff including the service manager, deputy managers and care workers.

We reviewed a range of records. This included three people's care records and three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We looked at training data and quality assurance records. We sought feedback from people using the service, relatives and external professionals who visit the service. We received feedback from one person using the service, three relatives and two external professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had relating to the moving and handling practices at the service. We will assess all of the key question at the next comprehensive inspection of the service.

### Assessing risk, safety monitoring and management

- We reviewed records including those relating to the risk of choking, malnutrition, the management of seizures and the risk of falls. In one instance, a person at risk of becoming distressed when being assisted with the transfer hoist had a clear moving and handling care plan in place. Staff confirmed this and one member of staff told us, "We've all had moving and handling training. We have enough time to hoist [person]."
- Care plans were in place to identify and manage known risks. Risks had been assessed and there was information for staff on the steps they should take. One member of staff told us, "There is a risk assessment for falls and we encourage [person] to use the rollator." Another member of staff said, "[If a person has experienced unplanned weight loss] we would weigh them regularly with their consent and request a SALT [Speech and Language Therapy] referral from the GP."
- We reviewed records relating to the risk of developing pressure ulcers and saw that there were clear instructions for staff to follow such as contacting a healthcare professional, to apply barrier creams to the areas at risk and record the progress in the daily notes.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff. One person said, "They help me when I need help. I feel safe." A relative told us, "We are so grateful for the support, we have never had a bad experience with them, they have been so supportive."
- Staff understood what constituted abuse and the actions they would take if they suspected abuse. One member of staff said, "[Abuse can be] financial or physical. [People can become] withdrawn or have unexplained bruising. I would look at the whistleblowing policy and go to higher up [the provider] or safeguarding."
- Staff received safeguarding training and held regular team meetings to discuss potential safeguarding incidents. These included meetings held in the mornings and daily handovers.
- We saw that when concerns had been raised, the service had reported these to the local authority and investigated appropriately.

### Staffing and recruitment

- The provider followed effective and safe recruitment practices. This included checks with the disclosure and barring service (DBS) and requesting references from previous employers. A DBS check is a record of a

prospective employee's criminal convictions and cautions.

- People told us there were enough staff and they did not have to wait. One person said, "I don't have to wait [for staff]. If I feel wobbly, the staff help me out."
- People using the service and relatives told us staff were kind and caring towards them. One person said, "The staff are amazing here." A relative told us, "I am very satisfied with the way SeeAbility run the unit, and with the level of care that the staff at the unit provide in meeting the day to day needs of my son."

#### Preventing and controlling infection

- The provider had an infection prevention and control (IPC) policy in place and staff had undertaken IPC training. Staff told us they always had access to adequate supplies of Personal Protective Equipment (PPE) throughout the pandemic. A member of staff told us, "We've had donning and doffing [of PPE] and infection control training. We don't have to worry about PPE."
- Staff were tested weekly for COVID-19 to check if they were safe to work. This was done using tests that were sent away for analysis and rapid tests that returned results on site.
- Staff were observed using Personal Protective Equipment (PPE) in line with current guidance throughout the inspection. One person using the service told us, "[Staff] wear masks and we wear them when we go out."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check on a specific concern we had relating to the moving and handling practices at the service. We will assess all of the key question at the next comprehensive inspection of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Where the provider had identified an instance of poor practice of moving and handling, they had taken steps to reduce the risk of recurrence such as reviewing the number of staff working and ensuring that all staff received a training refresher in the relevant areas. The provider had plans in place for the longer term which included providing staff with further Positive Behaviour Support training.
- There was a clear structure in place for staff to follow and staff had received regular supervisions. One member of staff told us, "I enjoy my supervisions now." Another member of staff said, "We've got more structure now. [Service manager] leads us well. I can raise a concern with the manager or the seniors on shift."
- Staff told us that the communication with the management team is clear on what is expected. One member of staff said, "I know what is expected of me. The induction training is done very well. It is structured and around SeeAbility's values."
- Where we pointed out any areas of concern during the inspection, the manager communicated with us when these had been addressed. For example, where we identified that risk assessments had not been reviewed in the folder, the manager took steps to ensure the records stored on the computer reflected those stored in the folder.
- Audits of care had been carried out by the manager and the provider and looked at a variety of areas including medication, health and safety, care records, infection prevention and control, incidents and safe recruitment. Where actions could be completed immediately following the audit this was done. Where actions were more complex, these were added to the home's long-term action plan.
- Daily handovers took place to discuss changes in people's needs and what care was required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service, relatives and staff had the opportunity to attend meetings and complete surveys to feedback on the service. In one instance, feedback from people had identified that they wished to access the community more often. As a result, staff had found a way of doing this safely due to the COVID-19 pandemic. One person told us, "I ask them [staff] and they take me out. I love it here." Another person said, "We have meetings here. They get me what I like."

- Relatives told us they felt involved in the care for their loved one. One relative commented, "We always feel happy they contact us with any concerns (which are few) and we can contact them anytime."
- Staff told us they felt valued and supported. One member of staff said, "[The manager] is brilliant. We have not felt like this for a while." Another member of staff said, "[The manager] wants everybody's views at the meetings and it makes you feel valued and part of the team."
- People using the service had been included in the recruitment process. People were able to ask prospective employees questions via video call and their opinions were considered as part of the interviewing process in deciding who to employ.