The Royal School for the Blind

SeeAbility - Fiennes House Residential Home

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

Fiennes House Residential Home provides accommodation and support for up to 12 adults with multiple disabilities. At the time of the inspection there were 11 people living in the service with varying degrees of visual impairment, moderate to severe learning disabilities and mobility needs.

We were only able to have limited interactions with people because of their language difficulties. We relied mainly on our observations of care and our conversations with people's relatives and staff to understand their experiences.

At the last inspection in December 2014 the service was rated Good.

At this inspection in August 2017 we found the service remained Good.

Why the service is rated Good:

People remained safe at the service. Relatives felt people at the service were safe. There were sufficient staff on duty to meet people's needs and meaningfully engage with them. Recruitment procedures were safe. Detailed risk assessments were completed to help manage identified risks. People received their medicines safely and as prescribed. Regular checking of the service environment and testing of the equipment used within it had been conducted.

People continued to receive effective care. Staff received training to ensure they had the required skills and knowledge to effectively support people. People's healthcare needs were monitored by staff and advice was sought when needed. The service demonstrated a firm understanding in applying the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. People received adequate supported to eat and drink.

The service continued to provide a caring service to people. Relatives commented positively on the staff and the care provided by the service. People appeared at ease with staff and we observed positive interactions when staff communicated with people. Staff understood people well, including showing a detailed knowledge of people's non-verbal communications to express their needs or mood.

The service remained responsive. Care and support was personalised to each person. Care records were detailed and highlighted people's communication methods and ability. People's relatives felt the service was responsive to people's needs and most felt informed about the care and support provided to their relative. There was a complaints procedure in operation and the service had acted in accordance with this procedure when needed.

The service continued to be well led. There was a registered manager in post and people's relatives spoke positively about how the home was managed. Staff told us the management within the service were open

and approachable and commented positively on the current staff team. The registered manager was actively involved in giving care and support to people. There were systems that monitored the health, safety and welfare of people at the service and the service had links with the local community.

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? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

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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 checked 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 was a comprehensive inspection carried out by one adult social care inspector. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We also reviewed the information that we had about the service including statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

During this inspection, we met some of the people living in the service but were only able to have limited communication with most of them. We spoke with three people's relatives. We also spoke with the registered manager and with four other members of the care staff team. We observed how staff supported people and reviewed the information within four care plans.

We looked at a number of records relating to individual care and the management of the service. These included staff recruitment files, records relating to medication administration, staff training records and the safety and quality monitoring of the service.

Good

Is the service safe?

Our findings

The service continued to be safe. Relatives we spoke with told us they felt the service provided safe care. One relative we spoke with commented, "I only have positive things to say. I am really confident that [person's name] is safe, I have no issues at all."

The provider had policies and procedures in place for safeguarding vulnerable adults. The policies contained guidance on what staff should do in response to any concerns identified. Staff received training in safeguarding vulnerable adults and told us they would raise concerns with the management in the service or contact external agencies if needed. Safe recruitment procedures ensured potential staff members barred from working with certain groups of people, such as vulnerable adults, would be identified.

People received their medicines safely. People's medicines were stored in their rooms. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered. The service had been audited in September 2016 by the dispensing pharmacy. The pharmacist's audit did not raise any significant areas of concern. We did highlight to the registered manager that we had identified minor recording errors on people's medicine errors, particularly in relation to topical cream applications.

Care and support plans contained individual risk assessments. Support planning that had identified potential risks to people ensured detailed risk assessments gave guidance to staff on how to support people safely. Risk assessments were completed for all aspects of people's lives, for example for activities they may undertake within the service or out in the wider community. There was a system to audit reported incidents or accidents. This ensured trends or patterns could be identified to help reduce the risk of reoccurrence.

Staff told us that staffing levels were safe and no concerns were raised. We observed that staff had time to sit and support people and spent time engaged with people. The service had a small number of vacancies and were actively recruiting. Where needed, bank staff or agency staff were used to support people. A new staff member was receiving training on the day of our inspection.

We reviewed records which showed that regular checking of the environment and testing of the equipment used within it had been conducted. This ensured equipment was maintained and safe for the intended purpose. Fire alarms and associated equipment were tested to ensure the system was operating correctly and an external contractor was used to complete regular servicing. People had personal evacuation plans that supported staff in the event of an emergency evacuation.

Good

Is the service effective?

Our findings

The service continued to provide effective care and support to people. Throughout the inspection we observed staff had the skills required to effectively support people. One relative we spoke with told us, "We are very content as parents, all the staff are very good."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. We saw good examples of where best interest meetings had been held. For example, one person required significant dental treatment and we saw a meeting had been held with the person's parents, staff from the service and the senior dental practitioner to ensure the proposed procedure was in the person's best interest.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Three people at the service were currently subject to DoLS and a further seven applications were being processed by the relevant supervisory body. There was a system to monitor current and existing applications.

People had their nutritional needs assessed and monitored. A speech and language therapist was involved in people's care and support to ensure nutrition and hydration needs or risks were managed. People's care records detailed the support they required, for example what texture of modified diet they may need to reduce the risk of choking. Additional information within the records included the aims and goals of any relevant plan, information about food fortification and calorific intake and an action plan if needed. People were observed to be supported in line with their assessed needs during the inspection.

People continued to have access to healthcare professionals according to their individual needs. Relatives we spoke with told us they were confident staff at the service would refer people to see the relevant healthcare professionals when needed. We observed this was reflected in people's records. For example records showed where a person's GP, a reflexologist, a rehabilitation worker or a dentist had been involved in people's care provision.

There was an internal induction programme for new staff aligned to the Care Certificate. The Care Certificate is an identified set of induction standards that health and social care workers should adhere to when performing their roles. There was a system to ensure staff received performance supervision and an annual appraisal where performance and learning objectives for the coming year could be set.

Records showed staff received the training they required to keep people safe and to meet people's assessed needs. Staff received training in topics such as administering medicines, safeguarding, moving and handling, infection control and first aid. Additional training was provided in key matters such as autism awareness and Non-Abusive Physical and Psychological Intervention (NAPPI) training for when people's behaviour may challenge. Staff we spoke with all told us they felt they received sufficient training and could

meet people's needs effectively.

Good

Is the service caring?

Our findings

The service continued to provide a caring service to people. Interactions we observed between people and staff were kind and caring and demonstrated that staff knew people very well. People's relatives spoke positively of the staff that provided care. One relative told us, "The care is second to none – the care staff are excellent."

We observed that staff had good relationships with people and knew people well. Staff spoke with people in a friendly and calming way. When moving around the service, staff communicated well with people to ensure they knew what was happening. This can offer support to people with a visual or sensory impairment. We observed a member of staff supporting someone to move in their mobility equipment. They explained to the person which room they were in, which room they were going towards and who else was in that room. The person then seemed at ease listening to music.

People's privacy was respected. Where people had chosen to spend their day alone this was respected. Staff we spoke with explained how one person had their own preferred routines during the morning and afternoons. Staff told us how the person may display behaviour that may challenge should routines or activities not be done in accordance with this person's wishes. A member of staff told us about this person's behaviours and how staff supported them in a way least likely to cause the person's behaviour to escalate or challenge. This demonstrated care was delivered in accordance with the person's preferences.

We observed caring interactions over the lunch period. We observed staff supported people in accordance with their assessed needs. Staff demonstrated during the lunch period they understood people well. For example, we observed that one person used a specific manner of non-verbal communication to indicate they were ready for another spoonful of food. The staff member understood this and supported the person by guiding the cutlery into their hand to allow them to feed themselves. People's dignity was promoted during lunch, with staff regularly wiping people's face and mouth when required.

Staff we spoke with demonstrated a person centred approach to care. They understood the needs of the people they supported. They were able to tell us how people preferred to be cared for and were able to tell us people's different non-verbal communications that they used to express if they wanted something or if they were happy or distressed. Staff were able to describe people's preferences in the sensory room and which equipment they preferred. This showed staff had a good detailed knowledge of the people they supported.

People were supported to maintain contact with family and friends. Relatives we spoke with commented positively on the communication with the service. This meant that people living in the service were not isolated from those closest to them. It was clear from conversations we had with relatives that they knew the staff well.

Good

Is the service responsive?

Our findings

The service continued to be responsive. People received care and support which was responsive to their needs and respected their individuality. One relative we spoke with commented, "I have mentioned about a [specific request] being done. It was implemented and kept up to date."

We found people's needs were assessed and each person had care and support plans that were tailored to meeting their individual needs. We saw these were reviewed on a regular basis so staff had current guidance to provide support relating to people's specific needs and preferences. For example, this included detailed guidance on providing personal care, supporting the person at meal times, mobility needs and preferred morning and evening routines.

Relatives said they felt involved in the care of their family member on a regular basis and that the staff kept them informed when anything happened. A relative told us, "They always contact me if there's any health concerns, they are really good at that." One relative we spoke with did feel there could be improvements made in the frequency of some aspects of communication. There were surveys sent out to seek the views of relatives. The last survey in 2016 showed positive results were received by the service. Demonstrating relatives were satisfied with the care and support people received.

Care records contained personalised information about people to support staff in providing individualised care. People had a 'One Page Profile' which detailed information about them. For example, this profile showed sections entitled, "What's important to me", "Great things about me" and, "What you need to know to support me." We saw the information was unique, for example in one person's profile it stated, "It's important that you talk to me before you approach, so that I am not surprised when you suddenly appear."

People who did not communicate verbally had their non-verbal communications recorded to ensure staff understood how the person was feeling or if they needed something. For example, within people's care records there was a 'One Page Pain Profile.' This gave staff detailed information on the behaviours the person may display when distressed or in pain. This would support staff when establishing if an 'As required' medication, for example paracetamol, may be needed. Other non-verbal communications people may display were also listed within their records, for example if they were happy, distressed or anxious.

People, where possible, were supported to maintain hobbies and interests and lead an active life. The service was currently recruiting for a new activity coordinator. Within the service, people benefitted from activities including a trampoline both inside and outside of the building, swings, wheelchair swings and a sensory room. External events were also available, for example people at the service could attend a weekly disco. Recent trips included a trip to Cadbury World. In the immediate future, arrangements had been made for a visit to Bristol Zoo and Longleat Safari Park.

We found the provider had a process in place for people, relatives and visitors to complain. There was a complaints policy available for people or their relatives to use. The policy detailed how to make a complaint, the timescales the complaint would be addressed in and how to escalate to the ombudsman should this be

required. There was one formal complaint for 2017. All informal complaints or concerns were logged, investigated and where necessary discussed with staff as lessons learned to ensure on-going improvements to the service.

Good

Is the service well-led?

Our findings

The service continued to be well led. People's relatives spoke of the management positively and told us the registered manager was very open and approachable. It was evident the registered manager was actively involved in people's care and support and knew people well. One relative said, "The last two or three years with [registered manager name] in charge have been very good. She listens and you can see anything you've raised has been done."

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

Staff spoke positively about their employment and the leadership at the service. Staff told us they received support through supervision and training. Staff also told us they received support from the registered manager and all said they were happy in their employment. One staff member said, "[Registered Manager name] is really approachable if you have a problem."

Staff were positive about their colleagues and teamwork, with all telling us there was a good staff team and that had a positive impact for people at the service. The provider had a staff survey that was last completed in April 2017. The results of the survey were positive in general. Where suggestions had been made, for example more time to complete records and more activities in the community, this had been noted and changes implemented.

There were effective governance arrangements in place. We saw that care records were reviewed bi-monthly to monitor the health, safety and welfare of people. There were also business continuity plans and major incident plans in place if required. A four monthly quality audit was completed by a senior member of the provider's staff. This included a review of many aspects of the service from care provision to record keeping. The last quality audit had been effective in identifying some risk assessments that needed an urgent review. These had been completed by the registered manager.

There were good links with the local community. The service had 15 volunteers who helped support people and community volunteers were currently helping in the creation of a new sensory garden. The service was actively involved in fundraising in the community through auctions, bingo and other means. Fundraising events had benefitted people at the service by funding a new outdoor trampoline, the wheelchair swing and days out for people in the local community and at other tourist attractions.

The registered manager understood the legal obligations in relation to submitting notifications to the Care Quality Commission and under what circumstances these were necessary. The Provider Information Return (PIR) we requested was completed by the registered manager and the PIR was returned in the required timeframe.