

The Royal School for the Blind

SeeAbility - Exeter Support Service

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 20 July 2016 and was announced. We gave the service 24 hours' notice because we wanted to make sure we would be able to speak with staff and people who used the service. The last inspection of the service took place on 5 December 2013 when we found the service was meeting all essential standards. During this inspection we found the service was fully compliant and provided people with a good service.

SeeAbility Exeter provides supported living and personal support and care to people in their own homes. Most of the people SeeAbility supports live in self-contained flats that are part of the same complex. SeeAbility maintains office space and a communal area within the complex.

There was a new manager in post who is also registered to manage the Honiton location of See Ability. The management arrangements of the two locations have been changed and the provider proposes to have one registered manager covering both locations with two deputy managers, one in each location. An application had not yet been submitted to register the manager for the Exeter branch at the time of this inspection. 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.

People told us they were entirely happy with the service they received. Comments from some of the people we spoke with included, "I am happy with my service. I have built up a good relationship with the support staff. I have many friends here," "Staff are all nice," and "There are good people who run it very well."

People were safe. The provider followed careful recruitment checks and procedures to ensure only suitable staff were employed. New staff received training, support and supervision to ensure they had the basic skills at the start of their employment to meet people's needs safely. In the last year the service had been through a period of higher than usual staff turnover. However, new staff had been recruited and at the time of this inspection a full staff team was in place. This meant people could be confident they would receive visits from staff at times they had requested. People told us the service was reliable, and flexible.

Staff understood how to recognise and report any concerns or potential abuse. The provider had systems in place to listen to people's concerns and complaints and take appropriate actions to address these.

Medicines were administered safely by staff who had been appropriately trained. Records of administration showed staff took care to ensure people received the support they needed to receive their medicines according to the prescriber's instructions.

Staff received training and supervision on a regular basis. Staff had the skills and knowledge to meet each person's individual needs, including any special communication needs. The provider employed specialist

staff with qualifications and skills in speech and language and supporting people with visual impairment. These staff provided training and support to those staff working directly with people to ensure people were supported effectively.

Staff were caring. We saw staff supporting people in an unhurried and friendly manner, taking time to listen and respond appropriately. Staff offered people choices and supported people's rights to make decisions about all aspects of their daily lives.

People told us they had been involved and consulted about all aspects of the service they received. Each person had been supported to write their own care plan and make sure it was kept up to date. People held their own care plan files and daily reports in their homes and knew what was written in the files. One person told us, "I really involve myself a lot with my paperwork. I know what is written in my care plan file." Another person told us their mother and father had supported them in drawing up their care plan. They were pleased with the outcome, saying "I am happy with the wording."

People were supported to speak out about all aspects of the service and their views were listened to and acted upon. A person told us how they held the position of chairperson of the 'Speak Easy group' which was an opportunity for people who used the service to have their say. People's views were also sought through questionnaires.

The provider and manager had systems in place to regularly monitor all aspects of the service to ensure the service was running smoothly and people's support needs were being met. People who used the service and staff told us the service was well-managed. Comments included, "There are good people who run it very well" and "This is the best place I have worked." A member of staff told us "The (management) team are really good at praising staff."

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

The provider had systems to make sure people were protected from abuse and avoidable harm. Staff had a good understanding of how to recognise abuse and report any concerns.

Risks were identified and managed to help people remain safe.

People received a reliable and consistent service. There were sufficient numbers of competent staff keep people safe and meet their needs.

People received their medicines when they needed them. There were procedures for the safe management of people's medicines.

Is the service effective?

Good ●

The service was effective.

People received effective care and support from staff who had received training, supervision and support to meet their individual needs.

People were supported to access specialist healthcare professionals when needed.

The service acted in line with current legislation and guidance when people lacked the mental capacity to consent to aspects of their care.

People were supported to eat a healthy diet that met their individual preferences.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness, dignity and respect. The staff and management were caring and considerate.

Staff understood each person's choices and preferences, and knew how to communicate with people effectively.

People were supported to maintain family relationships and to avoid social isolation.

Is the service responsive?

Good ●

The service was responsive.

People were supported to draw up their own care plan, and to keep it updated. People held a copy of their care plan and knew what was written in it.

Staff understood each person's individual needs and made sure they were supported in accordance with the person's care plan.

People, relatives, staff and other professionals were able to express their views and these were taken into account to improve the service.

Is the service well-led?

Good ●

The service was well led.

The provider had a quality assurance system, that ensured the service was monitored effectively.

People were supported by a motivated and dedicated team of management and staff.

SeeAbility - Exeter Support Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 20 July 2016 and was announced. The provider was given 24 hours' notice because the location provides a supported living service who are often out during the day; and we needed to be sure that someone would be in.

The inspection was carried out by one social care inspector.

Before the inspection the provider send us 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 looked at the PIR and other information we had received about the service since the last inspection. This included the results from questionnaires we received from one person who used the service, three staff and two community professionals.

At the last inspection on 5 December 2013 the service was found to be meeting all essential standards.

During this inspection we talked to three people who used the service, four members of staff, the manager (who was new to the service and not yet registered) and the area manager. We also looked at records the service is required to maintain including three recruitment records, staff training records, care plans and records of medicines administered by staff.

Is the service safe?

Our findings

People told us they were happy with the service and said they felt safe. Comments included, "I am happy with my service. I have built up a good relationship with the support staff. I have many friends here," and "Staff are all nice." They told us they knew there was always a member of staff nearby if they needed support outside their normal support times. The Manager told us the supported housing scheme was staffed by SeeAbility overnight providing shared access to support, and there was generally a presence during daytime hours whilst staff delivered support on a 1-1 basis.

Risks of abuse to people were minimised because the provider had a robust recruitment procedure. Before commencing work all new staff were thoroughly checked to make sure they were suitable to work with vulnerable people. These checks included seeking references from previous employers and carrying out disclosure and barring service (DBS) checks. The DBS checks people's criminal record history and their suitability to work with vulnerable people. Staff personnel files showed new staff did not commence work until all checks had been carried out. The manager told us they took care to ensure new staff were entirely suitable for the job. Staff told us their recruitment process had been thorough and they had not started work until all references and checks had been completed.

In the last six months there had been a higher than usual turnover of staff which meant that for a period there had been a reliance on outside agency staff to fill vacant shifts. New staff had recently been recruited and at the time of this inspection there was a happy and stable staff team and the use of outside agency staff was minimal. One person told us "There have been a few staff changes recently but we have got used to the new staff so it's ok."

People told us the service was reliable and they always received support at the times they had requested. Each person received support on a one to one basis. They also told us they were confident the provider had policies and procedures in place to ensure they were safe. One person told us, "There are enough staff. New staff have to read policies and procedures at the start of their employment."

Staff rotas were drawn up four weeks in advance. This meant staff were given plenty of time to let the manager know if there were any shifts they were unable to carry out. This also gave the manager time to find another member of staff willing to cover the shift. We heard there was very strong support within the team and they were always willing to cover shifts to ensure people received a consistent and reliable service. The manager told us "We are lucky we have a good staff team, always ready to jump in and help out." The manager and deputy manager were also able to cover shifts at short notice if necessary, for example if a member of staff went off sick unexpectedly.

Risks to people's health and safety had been carefully assessed. Measures had been agreed with each person on ways of supporting them to remain safe. For example, this included photographic step-by-step instructions, on how to guide a person with visual impairment to use safe routes around the city.

Where people used equipment to help them move, staff had received training and their competence had

been checked to ensure they knew how to support each person to use the equipment safely. Care plans contained detailed instructions on all procedures to be followed by staff.

Each person had been assessed to determine the level of support they needed with their medications. Care plans gave staff instructions on how each person wanted to be supported and any risks associated with the medicines. Each medication currently prescribed was listed, including the dose and the reason for the person taking the medication. Each person had a skin care plan explaining all prescribed creams and lotions, and showing how and where these should be applied. Staff were also given information on any allergies to medicines.

People held their own medicines and administration records in their own homes. The manager visited people on a regular basis to check the medication records and ensure people had received their medicines safely. All staff had received training on the safe administration of medicines. Where errors had been noted these had been investigated and actions put in place to reduce the risk of recurrence. The manager told us these actions may include further training and supervision for staff. All staff had been observed administering medicines at least annually to ensure they were following safe practice.

We looked at the medicine administration records for one person and saw they had been completed accurately. Stock levels of each medicine were counted every day to ensure the correct amounts had been administered.

Where people needed help from staff to manage their day-to-day spending money safely, for example assistance with shopping, bills or cash withdrawals, this was clearly explained in their care plans. When staff supported people with money, for example during shopping trips, they completed a record of all transactions giving evidence of the purchases and balances remaining. Financial records were checked by the manager on a regular basis to ensure people were protected from financial abuse. The service did not hold responsibility for any person's income or savings. Most people were supported by a relative or independent financial advocate where they required assistance with, or did not have capacity to manage their own finances.

Staff did not enter people's accommodation unless they were invited to do so. In the last year the management team had emphasised the importance supporting people to maintain independence. They encouraged people to open their own front door when staff rang the doorbell rather than allowing staff to let themselves into the person's flat using the person's door key. If the person was unable or unwilling to open the door, people had been supported to install a key safe outside their flat that could be opened with a security code. Staff followed the providers' policies and procedures to ensure the key safe codes were held securely. People were encouraged to change their key safe numbers on a regular basis. This showed the provider and management team had taken actions to support people to maintain as much independence as possible in their own homes, while at the same time maintaining security.

Is the service effective?

Our findings

People were supported effectively by suitably skilled and experienced staff. We asked people if they were confident the staff were well-trained. Comments included, "Yes, and their training is updated all the time," and "All staff have visual impairment training."

New staff received induction training at the start of their employment to ensure they had the basic skills and knowledge to support each person effectively. This included training on supporting people with visual impairment designed to help staff understand what it is like to have a visual impairment. New staff also carried out a number of 'shadow shifts' where they observed experienced members of staff supporting people. New staff also received training to enable them to gain a nationally recognised training qualification for care staff known as the Care Certificate. This qualification gives care staff a basic level of knowledge on all essential areas at the start of their employment in a care service.

Nearly half of the staff team held a nationally recognised qualification such as National Vocational Qualifications (NVQs) or equivalent. New staff were given the opportunity to gain further qualifications once they had completed their probationary period.

The manager gave us a copy of their training matrix which showed the level of on-going training and updates each member of staff received. This showed all staff had received training and regular updates on health and safety related topics including manual handling, medication administration, first aid and infection control. In addition many of the staff had also received training on topics relevant to the needs of the people they supported, including Mental Capacity Act (MCA), equality and diversity, sign language skills, dysphagia, challenging boundaries and person centred thinking. A member of staff told us they had been taught some sign language skills by a person who used the service.

Staff told us they were well trained. Comments included, "We have lots of training. It's really interesting". "It's nice to learn new things." They also told us they were very well supported and supervised. Staff received regular supervision and support. Supervision sessions took place every six weeks. Staff could also visit the office or call one of the on-call managers for advice or support at any time.

The provider employed specialist staff including a qualified speech and language therapist and staff trained in supporting people with visual impairments. These staff provided training to staff, and also worked with service users to ensure they received a package of support tailored to their individual needs.

People had access to other health and social care professionals such as doctors, consultants and community nurses. Staff told us they had very good communication with health and social care professionals and received information and support from them. Comments included, "It's a really good place to work. Calm, relaxing. Nurses give good feedback." Records of medical appointments were held in each person's care plan file. These included doctor's and dentist appointments, and hospital appointments such as eye examinations and treatment.

The manager and staff understood the principles of the Mental Capacity Act (MCA) and the importance of supporting people to make choices about all aspects of their lives. 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. 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 plans included MCA assessments and clearly stated if the person had capacity to agree and give consent. For example, a statement seen in one care plan said "I need to be in control of my own decisions. This may mean that I may appear to be making unwise decisions. I may need support to test my capacity on big decision making. It can be helpful for my support staff to make suggestions to me in a way which helps me make choices, rather than telling me what to do." One person told us they had written a letter giving consent to the staff to speak with their mother and father about all aspects of their support needs. The person told us they wanted the staff to communicate as much as possible with their parents.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw legislation had been followed. Where people were restricted due to their disabilities, for example if they were unable to go out without support of staff, the manager understood the need to seek authorisation from the Court of Protection.

We observed staff interacting with people during their support sessions. Staff offered people choices, for example what food or drinks they wanted, or how they wanted to be assisted. Staff told us they were confident staff understood the importance of allowing people to make choices. One member of staff told us, "Staff listen, ask the right questions. Staff take the time to listen." This was also confirmed by the people we met, who told us they were definitely in full control of all aspects of their lives. One person said "Staff are not bossy at all."

Each person was able to plan their own meals, shop, cook and prepare their meals with assistance from staff if necessary. Support plans contained information about each person's dietary needs and preferences. Daily records were completed by staff explaining the support they had given the person, for example with meals, shopping, cleaning, laundry or activities. The records also included information about the person's health or well-being that day.

Is the service caring?

Our findings

The providers' web site says the service is caring because "Trust, integrity and respect are at the heart of our work and we do what we say." This was confirmed by the people and staff we spoke with. People told us, "I like my support staff. They are very good," "The support staff are wonderful here," "I am grateful for the support," and "It feels like my home."

A member of staff told us "This is the best place I have worked. People are not restricted. We help people fulfil their lives. There are no restrictions on time." They explained if a support session went over the planned length of time it was not a problem. Support sessions were adjusted across the week; some sessions were longer, others short to accommodate each person's needs and wishes.

We observed staff supporting people before or after their support sessions. A member of staff walked behind a person, allowing the person to move at their own pace. There was friendly conversation between them. The member of staff gave the person time to speak and express themselves.

Staff told us they were confident every member of staff was caring and respected people's privacy and dignity. They described how they had seen other members of staff offering people choices, and taking time to make sure the person got what they wanted. For example, a senior support staff told us they regularly observed staff working alongside people to monitor their practice. They were confident staff always promoted choice and independence by asking the person "Would you like...?" or "How would you like...?" When staff supported people with tasks such as cooking a meal they always paid attention to detail to make sure the task was carried out exactly as the person wanted.

We were given examples of how staff 'went the extra mile' to enable individuals to undertake chosen activities or receive support beyond their contracted hours. We heard about plans to support a person to a theatre performance in Bristol. As this extends beyond the person's contracted support hours, the member of staff was willing to support the person in their own time to ensure the person enjoyed themselves. We also heard how staff supported a person when they were admitted to hospital, both on the day of their admission and returning to visit the following day, choosing to do this in their own time to provide company and support.

Staff told us they worked with the same people each week, and this meant they were able to get to know each person really well. A member of staff said "We get to know them. They get to know you." They told us how the support people received from the speech and language therapists had helped people with communication difficulties to improve their speech. They also understood the importance of giving people time to speak, and to listen carefully to what they wanted to say. Staff were aware of each person's individual communication needs and told us how they had learnt sign language to enable them to communicate with those people who had difficulties with speech.

People were given opportunity to say which members of staff they wanted to support them. The manager and staff described how they matched staff to people with similar interests and personalities. For example,

where people required staff to accompany them to activities such as swimming or rock concerts, they chose a member of staff who enjoyed swimming or rock music. A member of staff told us "Staff are matched to people really, really well."

Staff told us they had really good relationships with the people they supported. A member of staff told us staff are "Right there" for people. They also described how they supported people to maintain close relationships with families and friends, for example by helping people visit or keep in touch with their families.

Is the service responsive?

Our findings

The providers' website explains how they provide a service that is responsive to people's needs. 'Our experience shows that people feel a real sense of achievement when supported to do more for themselves. Here the trained staff team including Rehabilitation Practitioners and Speech and Language Therapists assess each individual to create tailored support plans and work together to maximise people's abilities, teach new skills to enable greater confidence and ultimately independence'. During our inspection people who used the service confirmed that this statement was correct.

People told us they were fully involved in all aspects of the service. They held regular meetings known as 'Speak easy' meetings, chaired by one of the service users. This was an opportunity for people to have their say about the service, raise suggestions and ideas and make sure the staff and provider listened and took action. For example, one person said there were sometimes problems caused by other people living in the building who were not supported by SeeAbility. We spoke with the manager and area manager about this. They told us they had discussed the problems with the landlord who had agreed to take a range of action to try to address the problems.

The views of people who used the service, relatives, friends, and staff were sought through annual surveys. The results of the survey were collated and an action plan put in place to address any areas where improvements were needed, for example by supporting people to maintain communication with their family. People who used the service were also involved in staff interviews. This showed the provider enabled people to have their say about the staff team who supported them

Each person received a package of support that was tailored to their individual needs and wishes. They were consulted at every stage of the service to help them draw up and agree their own care plan. Each person held their own care plan file in a suitable format, for example Braille, large print or using signs and symbols. A copy of each care plan was also held in the office. One person told us, "I really involve myself a lot with my paperwork. I know what is written in my care plan file." Another person told us their mother and father had supported them in drawing up their care plan. They were pleased with the outcome, saying "I am happy with the wording."

The care plans were well laid out, detailed and easy to read. They provided a wide range of information on every aspect of each person's care and support needs. The plans included a one-page profile which gave a summary of their support needs. These summaries were designed for agency staff or staff who did not regularly support the person to give them a quick overview of the person's needs. Staff who regularly supported a person were expected to read the full care plan. Staff told us the plans contained all the information they needed. Comments included "I find them really helpful" and "The care plans are really good. People write their own care plans."

The care plans were reviewed with each person at least every six months, or more often if their needs had changed. A person said, "I did a presentation for my review. I drew up all the pros and cons of living here." They showed us the presentation which showed they were entirely happy with the service. They wanted to

remain living there and wanted to make sure staff and professionals understood the possible negative impact on their life if for any reason they were asked to move. Another person showed us a poster on their wall showing a procedure they wanted staff to follow. The instructions contained photographs as well as clear and easy to follow text. They told us they had designed the instructions saying, "I can't do it myself but I can write down how to do it."

People told us how the staff supported them to gain as much independence as possible. For example, one person told us "I don't have shopping done for me. I like to do my own shopping." The care plans explained each person's goals and aspirations and how they wanted to be supported to achieve these. People with visual impairment received specialist support to help them move around their environment and in the local area with as much independence as possible.

People were supported to carry out a wide range of activities, interests, work and learning opportunities. They were also able to go on holidays with support of the staff if they wished. One person told us about a rock concert they had visited the previous evening. Another person talked about shopping trips, and visits to cinemas, pubs and restaurants. One person had been to a college where they had done some photography which they had printed. Another person told us they were a member of a band. People told us they could plan their support according to the places they wanted to go and the things they wanted to do. They were given a timetable showing when staff were expected to arrive and told us staff were flexible and willing to adjust the times of their support sessions according to their wishes. They could request a change of time for their support visits at short notice and staff would always try to accommodate the request.

People told us they were confident they could speak with the manager, deputy manager or area manager if they wished to raise any concerns or complaints. One person said "They are listening to me." Another person said "I have confidence in my ability to raise any concerns. I do not have any grievances. That's the way I want it to stay." Staff also told us they were encouraged to speak out and raise any concerns or complaints.

Is the service well-led?

Our findings

The providers' web site says their mission is to enrich the lives of people with sight loss and multiple disabilities across the UK, aiming to support them through six key areas: looking after their eyes and vision; staying well; developing life skills; making choices; living in a place which meets their needs, and being a valued part of their community.

During our inspection we heard from people who used the service, staff and the manager about how this mission statement had been adopted and promoted. The manager also gave us information in the Provider Information Return (PIR) about the provider's five year strategy. They aimed to involve people in developing their own service in a variety of ways, including person-centred reviews, and through user forums through user forums such as the 'speak easy group' (formerly known as a quality action group). They supported people to communicate effectively through the use of technology, and by providing documents in formats suitable for each person, such as Braille, or through the use of contrasting paper and suitable font sizes to help people speak out, and make informed choices. Care plans provided evidence of how staff supported people to stay healthy.

People told us the service was well-run. Comments included, "I like (the new manager's name)," and "There are good people who run it very well."

Staff also told us the service was well run. The staff we spoke with were entirely positive about their jobs and about the organisation. They told us they were well supported and there was very good communication between the managers and staff. Comments included, "I really enjoy it" and "I do love working here." One member of staff talked about the management team saying, "They are so understanding." Another member of staff told us "The (management) team are really good at praising staff."

Staff meetings were held every month. This was an opportunity for staff to raise suggestions and comments as well as receive updates about any changes to the service either nationally or locally. Staff had been invited to complete an annual survey carried out by an independent organisation which ensured staff anonymity. The results of the most recent survey showed a high percentage of staff would recommend SeeAbility as a good place to work. Where the survey identified areas for improvement action plans had been put in place to address these. There was also a staff forum where staff could raise issues or suggest improvements to the service or to their terms and conditions of employment.

The manager and providers had systems in place to regularly monitor the quality of the service and take action where necessary to make improvements. A representative of the provider visited the service at least every three months where they carried out spot checks on the records such as medication, staff supervision and health and safety. They also spoke with people who used the service and staff. Action plans were drawn up following each visit and these were followed up at the next visit to ensure they had been completed.

They also promoted a culture of praising and sharing good practice. They ran a staff excellence award scheme. For example, in September 2015 a member of staff received a recommendation for work they had

undertaken with individuals and their circle of support to review care plans. The provider sent out bi-monthly newsletters to staff in which they shared and recognised good practice.

The manager had only been in post at this location for a very short time, but told us they had begun to implement the same range of checks they regularly carried out in the other location they also managed. These checks included regular visits to people who used the service to check the records completed by staff, including medication administration records, financial transactions and daily reports. The manager kept their skills and knowledge updated by attending local forums and training events.

Where incidents or accidents occurred these were recorded and investigated. The service ensured lessons were learnt and preventative measures put in place to reduce the risk of recurrence. As far as we are aware the provider has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.