The Royal School for the Blind

SeeAbility - The Willows

Inspection report

1 Wesley Road
Leatherhead
Surrey
KT22 8ET

Tel: 01372383286
Website: www.seeability.org

Date of inspection visit:
20 April 2016

Date of publication:
09 June 2016

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 Willows is a residential care home for eight people. There were eight people living at the home at the time of inspection. The home supports people with sight loss, learning disabilities, mental health diagnosis and physical disabilities. Some people's behaviour presented challenges and was responded to with one to one support from staff.

People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language or makaton (type of sign language) and PECs (picture exchange system) to communicate their needs.

The service was run by a registered manager, who was present on the day of the inspection visit. '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 and associated Regulations about how the service is run.

People were protected from avoidable harm. Staff received training in safeguarding adults and were able to demonstrate that they knew the procedures to follow should they have any concerns.

There were sufficient staff to keep people safe. There were robust recruitment practises in place to ensure that staff were safe to work with people.

Staff had written information about risks to people and how to manage these. Risk assessments were in place for a variety of tasks like personal care and the environment and were updated frequently.

People's medicines were administered stored and disposed of safely. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 was followed. Where people were assessed to lack capacity to make some decisions, mental capacity assessment and best interest meetings were evidenced. Staff were heard to ask peoples consent before they provided care.

Where people's liberty may be restricted to keep them safe, the provider had followed the requirements of the Deprivation of Liberty Safeguards (DoLS) to ensure the person's rights were protected.

People had sufficient to eat and drink. They had healthy home cooked meals. People were seen to be offered choice of what they would like to eat and drink.

People were supported to maintain their health and well-being. People had regular access to health and

social care professionals.

Staff were trained and had sufficient skills and knowledge to support people effectively. There was a training programme in place and training to meet people's needs. Staff received regular supervision.

Positive and caring relationships had been established. Staff interacted with people in a kind and caring manner.

People, their relatives and other professionals were involved in planning peoples care. People's choices and views were respected by staff. People's privacy and dignity was respected.

People received a personalised service. Staff knew people's preferences and wishes and they were adhered to.

The service listened to people, staff and relative's views. The management welcomed feedback from people and acted upon this if necessary. The management promoted an open and person centred culture.

Staff told us they felt supported by the registered manager. Relatives told us they felt that the management was approachable and responsive.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. Staff were motivated and aware of their responsibilities. The registered manager understood the requirements of CQC and sent appropriate notifications.

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.

Staff understood and recognised what abuse was and knew how to report it if this was required.

There were enough staff to meet the needs of people. All staff underwent complete recruitment checks to make sure that they were suitable before they started work.

Medicines were administered safely and people received their medicines when they should. Medicines were stored and disposed of safely.

Risks were assessed and managed well; individual risk assessments provided clear information and guidance to staff.

Is the service effective?

Good

The service was effective.

Mental Capacity Assessments had been completed for people where they lacked capacity. Applications had been submitted to the local authority where people who were unable to consent were being deprived of their liberty.

Staff had the knowledge and skills to support people. Staff received regular supervision.

People had choice of food and drink. People's weight, food and fluid intakes had been monitored and effectively managed.

Staff supported people to attend healthcare and social care appointments to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

People were well cared for. They were treated with care, dignity and respect and had their privacy protected.

Staff interacted with people in a respectful, caring and positive way and used individual communication methods to interact with people.

People, relatives and appropriate health professionals were involved in their plan of care.

Is the service responsive?

Good

The service was responsive.

People received a personalised service. Staff knew people's preferences and their needs.

Care plans were reviewed and updated when needs changed.

People and their relatives felt there were regular opportunities to give feedback about the service.

Is the service well-led?

Good

The service was well led.

There was an open and positive culture.

There were effective procedures in place to monitor the quality of the service. Where issues were identified, actions plans were in place these had been addressed.

Relatives and staff said that they felt supported and listened to in the home.

SeeAbility - The Willows

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 took place on 20 April 2016 and was conducted by two inspectors.

Before the inspection, we reviewed all the information we held about the provider. This included information sent to us by the provider in the form of notifications and safeguarding adult referrals made to the local authority. A notification is information about important events which the provider is required to tell us about by law. We contacted the local authority commissioning, quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns.

As part of the inspection process, the provider submitted a Provider Information Return (PIR) after the inspection, but before the deadline of submission. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with one person, three staff members, the registered manager and the deputy manager and two relatives.

We spent time observing care and support provided throughout the day of inspection, at breakfast and lunch time and in the communal areas.

We reviewed a variety of documents which included two people's support plans, risk assessments, medicine records, four weeks of duty rotas, maintenance records, some health and safety records, menus and quality assurance records. We also looked at a range of the provider's policy documents. We asked the registered manager to send us some additional information following our visit, which they did.

The last CQC inspection was 26 February 2014 when no concerns were identified.

Good

Is the service safe?

Our findings

People were protected from harm. Relatives told us that they felt people were safe at the home.

People were safe because staff had a good understanding of what abuse was, how to identify it and who to report it to. One staff member told us "I would speak to management first. Also, in supervision you can bring this kind of thing up. If I was more concerned then I would speak to safeguarding team or CQC."

There was a whistleblowing policy and safe guarding policy in place with contact details of CQC and the local authority visible in communal areas. The registered manager reported safe guarding concerns to us and to the local authority safe guarding team when required.

Safe guarding was an agenda item on the residents meetings which were held monthly. People were given the opportunity to discuss or report concerns in this forum.

Risks to people were managed safely without impacting on people's freedom. Staff had individualised guidance so they could provide support to people when they needed it to reduce the risk of harm to themselves or others. Support plans contained risk assessments in relation to people who required one to one supervision when out of the home, as well as individual risks such as road safety, bathing and attending various activities like swimming.

Where needed there were risk assessments in place for people with identified risks and an action plan to on and how to manage them, or example falls, choking and managing some behaviour that can challenge. Risks were reviewed on a regular basis and when required appropriate health professionals were involved.

Staff and relatives old us that they were involved in planning the risk assessments; staff were able to describe individual risks to people and how to address these to keep people safe. One staff member told us that when a person became upset they would distract them with their favourite toy and talk with them calmly. We noted that this was written in the person's risk assessment and we saw staff support this person in that way.

Medicines were managed, administered and disposed of safely. The registered manager told us that people had medicines cabinets in their rooms to enable a more personalised service for people. People required staff support to enable safe administration of their medicines. There were clear guidelines in place for staff so they knew how the person needed or liked to have their medicines administered. For example, one person liked to have their medicines administered with yoghurt. This was evidenced in their MAR and care plan.

We observed medicines being given to people in the way they preferred them. We looked at medication administration records (MAR) and blister packs that confirmed that people were having their medicines administered.

There were guidelines in place for 'as required' (prn) medicines such as some pain relief, which enabled staff to know how and what signs the staff should look out for as to when to administer the medicine. All homely remedies (medicines that can be bought over the counter like cough mixture) were signed off by the GP.

There were enough staff to meet the needs of people. Staff and relatives told us they felt there were enough staff to meet people's needs. The registered manager told us that staffing levels were determined based on people's needs. Their dependency levels were assessed and staffing allocated according to their individual needs. One person required 1:1 support whilst at home during the day and when they were out and we observed this to be the case.

People were kept safe as the staffing levels changed to reflect changes in people's needs. The registered manager told us there are five staff members during the morning shift and four staff on the afternoon shift, with one waking night and one sleep in staff member at night. The registered manager told us that the rota was flexible and sometimes more staff were required when there were trips out and appointments for people. This was confirmed by the rota. We saw from the rota that staff levels were consistently maintained.

There were robust systems in place to ensure that staff employed were recruited safely. Staff recruitment records contained information to show that the provider had taken the necessary steps to ensure they employed people who were suitable to work at the home. Staff files included a recent photograph, written references and a Disclosure and Barring Service (DBS) check. The DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people.

The registered manager had systems in place for continually reviewing incidents and accidents that happened within the home and had identified any necessary action that needed to be taken. Staff told us how they would respond to an incident and accident. Staff told us that if the person injured themselves, they would make sure the person was safe, first aid would be given and or medical advice sought.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the home had an emergency plan in place should events stop the running of the service. People had personal emergency evacuation plans in place (PEEP) which guided staff on how to safely support a person if there was an emergency. Staff confirmed to us what they were to do in an emergency.

Good

Is the service effective?

Our findings

People's human rights were protected as the registered manager had ensured that the requirements of the Mental Capacity Act were followed. 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.

Where people lacked capacity to make some decisions, there were mental capacity assessments and best interest decisions regarding people's care received at the home and certain medical treatments, such as dental work.

People's relatives and other health professionals were consulted on their behalf to ensure that decisions made regarding their care were in their best interests. The registered manager had a record of who had a deputyship in place regarding people's financial affairs.

The registered manager and staff had an understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. A staff member said "We must offer choice as far as possible. We try to show them things and ensure they are informed. If we are concerned we will speak to a manager to see if they need an assessment."

Staff were seen to ask for peoples consent before giving care throughout the inspection.
Due to some people's communication needs, people consented to their care by using gesture, vocalisation or body language.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Some people's freedom had been restricted to keep them safe. For example, the door was locked to keep people from wandering out of the home onto a busy road. Where people lacked capacity to understand why they needed to be kept safe the registered manager had made the necessary DoLS applications to the relevant authorities to ensure that their liberty was being deprived in the least restrictive way possible.

People had enough to eat and drink. People had choice and there was plenty on offer throughout the day. For people who were unable to communicate verbally they were supported to make their choice by staff asking what they wanted on their plate and people responded by gesture and body language. People helped plan the menu by being asked on a monthly and daily basis what they would like to eat. Staff knew people's food preferences.

We saw people make themselves hot and cold drinks, staff support was available to ensure that people

could do this safely in line with their risk assessments.

We observed a meal time. This was calm and sociable, staff interacted with people. Some people required adapted cutlery to enable them to eat independently, which we saw them use. Some people needed support from staff to eat and drink as per their care plan. We saw staff supported people calmly and friendly and was led by the person when they wanted food or a drink.

People's weight was monitored on a regular basis and each person's care plan included the person's food allergies, likes, dislikes and particular dietary needs. Some people were at risk of choking and they had plans in place (guidelines from the Speech and Language Therapist) to minimise these risks and all staff we spoke to were aware of what needed to be in place to minimise the risks to people. For example one person needed their food blended and for them to eat safely, we saw this happen.

Staff had the skills and knowledge to support people effectively. Staff told us they had the skills and knowledge to support people. Staff received training which included how to support people in a safe and dignified manner that may be at risk of causing harm themselves or others. Staff had access to a range of other training which included MCA, medicine management and the management of challenging behaviour. One staff member told us "The makaton training really helped me to communicate better with [persons name]." The registered manager also organised training based on people's needs. For example on the day on inspection, staff attended a dementia work shop.

Staff were observed to undertake care practices that ensured that the dignity and respect of people was upheld. Staff regularly used makaton to communicate with people. This meant staff developed essential skills to provide the appropriate support to people in a positive way. We observed staff supported people who had challenging needs in a positive, safe and calm manner.

Staff told us they received regular supervision. The management team held regular supervision sessions with staff which looked at their individual training and development needs. This was confirmed by records held.

People were supported to maintain their health and wellbeing. Support plans contained up to date guidance from visiting professionals and information that people had access to other health care professionals such as GP's, psychiatrist, speech and language therapist (SALT), health care specialists in epilepsy and chiropodists. People had health action plans and hospital passports in place, this identifies people's health needs and which health professional is supporting them.

Good

Is the service caring?

Our findings

Relatives told us that staff were caring and kind. One relative said "I am happy with the care, its first class. Staff have really listened and worked with us. We support them and they support us." Another said staff were "Absolutely brilliant, I mean that sincerely."

Staff had developed positive and caring relationships with people. Companionable, relaxed relationships were evident during the day of our inspection. Staff were attentive and supportive towards people. One person was sat outside in the sun for most of the day; the person said that is what they wanted to do with their day. Staff regularly checked the person was warm enough and supported them to put sun screen on. People looked relaxed and happy in staff's company.

Staff knew people's individual communication skills, abilities and preferences. For example one person regularly indicated by gesturing to find out when they were going home. Staff re-assured the person by telling them which day it was.

Staff knew they needed to spend time with people to be caring and have concern for their wellbeing. Staff were aware of people's life situations and were sensitive to things that may upset them. For example, when we were introduced to one person staff quietly informed us that they had recently suffered bereavement and may become upset if we mention his family member. Staff advised that they are supporting this person to speak to their family on the phone as this always cheered them up.

Staff offered people choice. A staff member said that they support one person to choose what clothes and underwear they would like to wear that day. They added that as people have a visual impairment they described the colour and style so people could make an informed choice.

People's privacy and dignity was respected. One relative said "[Relative's name] is respected and treated like a young adult; they give [relatives name] a lot of dignity." We observed staff calling people by their preferred names and knocking on bedroom doors before entering. One staff member said "We always respect people's dignity. We make sure that we never leave people undressed and we make sure we always shut doors for private things. It is also very important to always ask for permission from the person before we support them."

Relatives told us that they were involved in people's care; this was evidenced in people's care plans. One relative told us that they shared information with the staff about the person's likes and dislikes and what activities that person enjoyed. Peoples care was reviewed as required, but more formally every six months. Relatives and health professionals were involved. People choose where they wanted the meeting to occur, one person liked to have it in their family home.

People were involved in decisions about their care. People were involved in making decisions about their care, for example where they wanted to go on holiday or their food preferences, likes and dislikes. Staff were knowledgeable about people's likes and dislikes and could tell us about whom the person was. For

example, staff told us that one person who was going out swimming like to have a packet of crisps before they went out. We saw this happen on the day.

There were no restrictions on when people could visit their relatives. Relatives told us that they were free to visit at any time. For example, staff told us that one person was supported to use an internet based programme to contact their relatives, this was done weekly.

People's bedrooms were individually decorated and contain pictures and photographs of things that people were interested in and had chosen themselves.

Good

Is the service responsive?

Our findings

People received personalised care that met their needs. One relative said "Anything we ask, they respond too. They have really listened and worked with us." Another said "[Relative's name] has changed completely. I can tell that they do so many things. The care that they get not only offers them a life, they are getting the best."

Peoples care plans were detailed and person centred. They contain information such as 'how best to support me to eat, drink and wash.' The front page contained a list of 'things that are most important to me.' For one person this was their favourite food, how to recognise when I am upset and my family.'

There was a record of people's histories. People's preferences, such as food likes, and preferred names were clearly recorded. We saw that care was given in accordance with these preferences. For example, one person liked to know who was on shift that day and night. To provide this person with independence in not relying on staff, staff recorded daily on a large button who would be in and when. This enabled the person to press the recording as many times as they liked to hear the information they wanted.

For those people that had behaviour that can challenge there were care plans in place detailing what the behaviours were, what the persons triggers were and what support they would need to keep the person or others safe should they display any behaviours. The home were working very closely with health professionals to minimise the persons behaviours and to support them effectively. We observed staff supported people safely, calmly and responsively when one person displayed signs of agitation.

Peoples views about their care and support preferences were sought. There was a keyworker system in place, which supported them when planning activities, holidays and to access the community and updating their care plans.

Relatives, health and social care professionals were involved in planning people's care, such as a psychologist in designing individual guidelines to support a person to increase their level of outdoor activities. One relative said "I feel involved in [relative's name] care. I used to attend meetings, I can't now but staff keep me up to date with what's happening."

People's health passports were regularly updated. A health passport is a useful way of documenting essential information about an individual's communication and support needs should they need to go into hospital.

Relatives told us that they felt listened to and knew how to make a complaint if they needed to. People had a residents meeting monthly there they were facilitated by staff to discuss issues such as house issues, staff issues and individual updates.

Peoples complaints were welcomed, responded to and used to improve peoples experience of living at The Willows. Complaints from people were responded to in line with SeeAbility's complaints policy. For example,

one complaint was logged from a person who did not want apple sauce on their Sunday lunch. We spoke with the person and they told us that they no longer happened. This was recorded in the complaints log in line with the providers policy.

There were a variety of activities on offer that people found interesting and enjoyed. Relatives told us that people were getting enough activities. One said "They have enough activities, they do so much. [Relatives name] enjoys their quiet time but they [staff] listen to what they want. They go to the theatre and football matches." Another relative told us that the management and staff had researched what activities their relative would like to do and was supporting them to try new things.

On the day of inspection one person had gone swimming, another had gone shopping, whilst some of the other people were due to go to SeeAbility's day centre. One person said they enjoy it over there, they told us, "I'm going this afternoon and can't wait to see (staff member). I like her."

As part of people's care at The Willows, people received 15 hours each at the day service which offers various group activities. People's choices of activities were discussed in their monthly residents meetings. The home also used volunteers, one person had a be-friender visit weekly, and another volunteer supported a person to a café or to sing and dance in their bedroom.

Good

Is the service well-led?

Our findings

Relatives told us that the management were supportive and approachable. One relative said of the home "It's not just a care home; they give them that bit extra, that's very important."

Staff told us that the management team were always present to help out. One staff member said "I enjoy working here, the management are very helpful. The manager is very good if there is something that you need help with."

The home was well led. There was an open and positive culture which focused on people. The management team interacted with people with kindness and care. We observed members of staff approach the registered manager during our inspection and observed an open and supportive culture. For example a discussion occurred with the registered manager and senior about how the senior would be taking greater responsibilities for medicine audits. The senior welcomed the responsibility.

There were robust systems in place to ensure that quality care was provided and improved where identified. The management carried out quarterly medicines audits. Where areas of concern had been identified the registered manager had followed up and rectified the situation. There were quarterly monitoring visits in place completed by SeeAblity's senior operational managers. One issue that had been identified was that fridge and freezer temperatures were not being taken frequently and therefore possibly impacting on safe food storage. The registered manager has ensured that this has been followed up and was now being done. There were weekly health and safety audits in place to ensure that the home was safe.

All the policies that we saw were appropriate for the type of service, reviewed annually, were up to date with legislation and fully accessible to staff.

To review the quality of care provided, the management team had recently implemented dedicated time for them to observe staff in their work. These sessions are recorded, with management feeding back positive comments and identifying areas for improvement. For example, an action from one recent one was to amend the rota to identify which staff member was responsible for cleaning.

A recent relative's survey had been completed and did not identify any issues. The registered manager said that relatives often feedback directly with him to ensure that matters can be dealt with promptly.

Staff told us they had staff meetings regularly. We saw minutes of staff meetings, items on the agenda included CQC and inspections and training. The registered manager had organised various health professionals to come and talk with staff in their team meetings about supporting people's individual needs. Staff were clear about their roles and responsibilities. Staff showed us the handover sheets and daily routine sheets which detailed which staff member was supporting whom and what else they were responsible for during their shift.

One staff member and one volunteer had been nominated and received a commendation in recognition for

the work they do at the SeeAbility's Excellence awards.

The registered manager had a good understanding of the requirements of CQC and ensured consistently that the appropriate and timely notifications had been submitted when required and that all care records were kept securely throughout the home. The registered manager had completed the provider information return (PIR) on time and what was stated in the return was reflected on the day. Records were stored and managed correctly.