

The Royal School for the Blind

SeeAbility - Bicester

Support Service

Inspection report

The Office, 6 Priory Mews
Old Place Yard
Bicester
OX26 6DW

Tel: 01869369843
Website: www.seeability.org

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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

About the service

SeeAbility - Bicester Support Service is a supported living service. The Bicester site can provide support for up to six people with a learning disability and/or autism. There were five people receiving a regulated activity of personal care at the time of the inspection. The Kennington site can currently provide support for up to six people. One person at the Kennington site was receiving personal care support and they were not living in their home at the time of this inspection.

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's needs were assessed prior to moving to the service and the transitional process to the service was at the person's pace and was not rushed. As most people could not tell us their experiences of the service, the feedback from relatives and professionals showed the service empowered people to live full and enriching lives. One relative commented, "We are always made to feel that our views are important."

People were protected by staff who knew how to report concerns relating to harm and abuse. There were sufficient staff to meet people's needs.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People were involved in decisions about their care and supported to make choices about their day to day living. The culture of the service promoted independence, choices and empowerment for the people living in the service. Staff had a good understanding of how people communicated their needs and wishes and respected people's likes and dislikes. People's care was focused around their needs and staff supported people to engage in activities in the service and outside in the community. People were supported to maintain social contact with their families.

Medicines were managed safely. People were supported in line with their support plans which meant risks to people were effectively managed and reviewed on a regular basis.

There were safe infection and prevention and control practices (IPC) being followed. Relatives confirmed, and we saw during the site visit, that staff followed IPC policies and procedures, this included using personal

protective equipment, such as the wearing of masks.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager had a clear understanding of their responsibilities and a good overview of the service. Regular auditing took place to inform where improvements may be required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: This service was registered with us in September 2019 and this is the first inspection.

Why we inspected: This was a planned inspection as this service had been registered since 2019.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

SeeAbility - Bicester 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. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

This service provides care and support to people living in a 'supported living' setting (people had their own accommodation in six separate bungalows), 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced.

We gave the service two working days' notice of the inspection. This was because it is a small service and we needed to be sure that staff would be available to support the inspection.

Inspection activity started on 11 January 2021 and ended on 11 February 2021. We visited the office location on 11 February 2021.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

Prior to the inspection we received feedback on the service via email from three relatives, four health and social professionals and six staff members. We also spoke with the registered manager and two deputy managers to gather information about the service. We received various documents, including a sample of audits, two people's care and support records and documents relating to the management of the service. We used all of this information to plan our inspection.

During the inspection

We briefly spoke with two people who used the service, although they could not tell us about their experiences of living in the service, they appeared happy. We spoke with two members of staff and the two deputy managers assisted with the site visit.

We reviewed a range of records. This included three people's medicines files and their medicine records. Staff rotas, information held about agency staff and a sample of health and safety records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and were aware of their responsibilities to identify and report potential abuse or poor practice.
- Relatives felt people were safe. One relative commented, "I know [family member] is in safe hands and more importantly I know he feels safe and is happy."
- There were systems in place to record and investigate safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks were considered for each person, such as risk of choking and allergies. Staff had clear information on how to safely support people.
- Where risks were identified there were risk assessments and management plans in place.
- Risk assessments were regularly reviewed to ensure people were safely supported.

Staffing and recruitment

- During COVID-19 there had been a reliance on agency staff to cover some shifts. However, the registered manager had been active in recruiting to vacant posts. The registered manager had reassurance (from the agency) that agency staff were not working elsewhere and therefore, the risk to others was minimised.
- Professionals recognised the challenges faced by the staff team and one professional told us, "Seeability were responsive to [staffing issues] and my last experience of working with them is that they had a good core staff team presence."
- Safe recruitment was being followed. Records showed information was gained about the new staff member's conduct and a disclosure and barring service (DBS) check was completed. This helped the registered manager make safer recruitment decisions.

Using medicines safely

- People's medicines were safely managed.
- Relatives confirmed they felt people's medicines were well managed and there was no evidence of restrictive or over use of medicines, which may have a negative impact on people.
- Staff had received training in the safe management of medicines, and their competency had been assessed.
- Working arrangements were in place to identify any medicines errors or poor practices and action was taken where required to address these.

Preventing and controlling infection

- We observed and relatives confirmed they had seen staff following the infection control guidance. A relative told us, "We have our temperatures taken when we arrive. All staff wear face masks, use hand sanitiser, and wash hands. They socially distance when they speak to us."
- Infection control formed part of the provider's mandatory staff training plan. Staff were observed carrying out hand washing and taking off and removing personal protective equipment such as gloves to ensure staff were following infection prevention and control guidance.
- Cleaning checks and areas for cleaning has increased since the start of COVID-19.

Learning lessons when things go wrong

- Staff understood their responsibility to report any accidents and incidents to the registered manager.
- All reports were reviewed, analysed and action was taken to prevent any further occurrences.
- Action taken included, discussing within the staff team to ascertain if anything could have been done differently following an incident or referring people to specialists or health care professionals.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were completed to ensure the service understood how to support the person. The transition between where people had previously lived and the move to the SeeAbility Bicester site was planned and took as much time as the person needed.
- A health care professional confirmed staff had attended meetings and played an active role in helping the move to the SeeAbility Bicester site be successful. They told us "They [staff] interacted with health professionals and the family sensitively and with due care and attention."

Staff support: induction, training, skills and experience

- Staff received a range of induction to the service and mandatory training to ensure they were able to meet people's needs. This included person specific training including supporting someone with epilepsy.
- Staff were happy with the training they received and felt it covered the areas they needed to support people effectively. They confirmed for specialist tasks for example, administering medicines they went through training and had observations carried out on their work.
- Staff gained support informally and through one-to-one meetings with their line managers. This gave staff the opportunity to discuss their performance, training needs and any concerns they might have.

Supporting people to eat and drink enough to maintain a balanced diet

- People were helped to decide on the meals they ate and where possible took part in food shopping and cooking their meals.
- Staff recorded and monitored the meals and drinks people had in order to see if there were changes or issues so that prompt action could be taken.
- Clear systems and records were in place to guide staff on supporting people with specific nutritional needs and risks such as potential choking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Prior to the COVID-19, health and social care professionals regularly visited the service to carry out reviews of people using the service. Since then, conversations and meetings have taken place remotely.
- Professionals we contacted confirmed there were no issues with communication and providing updates between each other.
- Where people have needed to see a health professional this has been supported, so that people have stayed in good health. One relative expressed their satisfaction regarding how staff supported their family member. They said, "The care staff are vigilant and diligent with regards to [family member's] medical

needs."

- People had health action plans in place, so that all those involved in supporting the person knew their health needs and how they communicated when they required assistance.

Ensuring consent to care and treatment in line with law and guidance

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.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- People had as much control and independence as possible and were included in planning their daily activities and developing their support plans.
- The registered manager had a sound understanding of the principles of the MCA and the culture of the service was to provide people with positive experiences that enabled them to lead a fulfilled life.
- Applications had been made, where this was needed, to the local authority to refer to the Court of Protection for authorisation. These were being monitored to ensure the least restrictive support was used whilst awaiting authorisation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Relatives we all provided positive feedback. Comments included, "We have found care staff to be professional, sensitive, engaging, imaginative and fun in their approach" and "We think the care staff at SeeAbility Bicester are wonderful. They have shown an interest in how his life was with us before he moved to Bicester which has increased their understanding of him and helped their relationship with him."
- Staff had established good relationships with people. People's individuality, and personal preferences were respected. Relatives said staff really understood people's needs. One person, who was sensitive to smells, disliked the smell of perfume and so staff avoided wearing this.
- Another relative described how one person responded to a choice board and this was provided which helped them make daily decisions for themselves.

Supporting people to express their views and be involved in making decisions about their care

- People had a range of needs and abilities. They were encouraged to express themselves in whichever way they felt comfortable. For some this was through verbal speech, for others they might use pictures to communicate how they wanted to spend their time.
- Review meetings were held to encourage people, their relatives and professionals to all come together to share experiences and comments about the support the person was receiving.
- Staff were clear that the culture of the service was one of offering people the chance to say what they wanted to do. One staff member said, "Choice is so important, it has to be personal to the individual."

Respecting and promoting people's privacy, dignity and independence

- People's support plans clearly noted that although they might enjoy engaging with staff and others. There were times that some people needed space and time alone in their own homes. One relative confirmed this and told us, "Staff understand the balance between engaging with [person using the service] when he is amenable and giving him space when he needs it."
- People's rights were promoted. There was a strong focus on promoting independence and respecting people's homes. People could personalise their homes and staff knocked before entering so people could say if they wanted staff to come into their personal space.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's needs had been comprehensively assessed and planned for, setting out each person's needs, risks they faced, and how staff should support them.
- Relatives felt involved in the development and review of people's support plans and associated care records. One relative commented, "We are always made to feel that our views are important at these [review] meetings."
- External professionals confirmed staff supported people in a person-centred way and that effort had been made to support people successfully. One healthcare professional told us, "I would say they [staff] use developing good relationships, record keeping, reflection and staff training and more formal assessment to understand the people they support."
- People were given visual information if they responded to this. For example, one person liked to see a staff rota for each week showing which staff were working each day. This made them feel less anxious.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood people's communication needs and adapted the level of support they offered depending on the person. One relative said, "We are happy that staff recognise the best communication approach for [person using the service] depending on circumstances."
- People had communication passports to inform staff how they understood what was being said to them and how they communicated their needs to staff. This included a list of do's and don'ts so that people did not feel upset or frustrated.
- People had a stay at home social story for them to understand in a picture format, that during COVID-19 their lives would be different.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to engage in a range of activities that interested them. Records clearly documented what people enjoyed taking part in. We observed people going out into the community and looked very excited to be going out with staff.
- Relatives were happy with the activities people took part in and one said, "They [staff] are always looking to expand his activities but are mindful of the anxiety that a change in routine can cause him." A second

relative told us, "Staff have done everything they can to make sure his days have structure and are filled with activities he enjoys."

- People were helped to maintain regular contact with their family during COVID-19. This was either through safely planned face to face visits or via the telephone and computer.

Improving care quality in response to complaints or concerns

- Relatives informed us they had not had any complaints. However, they were clear that if they needed to speak about an issue they would be listened to. Comments included, "We do think our feedback is listened to and that if we ever had any concerns they would be addressed in a timely manner" and "We are confident, that if we did need to make a complaint, our concerns would be met with the utmost resolve and dedication to address and remedy the issue raised."

- Records were in place to record complaints and demonstrate any action taken.

End of life care and support

- There was no-one receiving end of life care. However, people's final wishes were talked about as and when people and/or their relatives felt able to discuss this subject. Any wishes were recorded.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives spoke favourably about the registered manager and the two deputy managers. One relative said, "[Registered manager] clearly cares deeply about the quality of the service." Another told us the registered manager was readily available to listen to them and would return their phone calls without delay. They commented, "[The registered manager] has always been very proactive in her approach to improving things."
- Staff were complimentary about the registered manager and confirmed they had the support and guidance they needed from management. One staff member said, "I feel like my needs are met when at work, we have an approachable senior team who we can raise concerns with."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open, transparent and responsive when investigating any incidents or complaints and took action as required.
- Any issues identified as a result of internal processes or from feedback received, were followed up promptly to improve the quality of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been working remotely for approximately ten months, however, they were still in regular contact with staff. They could access the documents they needed which helped with the monitoring of the service.
- Staff spoke positively about the registered manager and the running of the service. One staff member commented, "Although not here, she [registered manager] has a good grasp of what is going on in the service."
- Auditing was clear and accountable, with the registered manager and the two deputy managers making ongoing improvements to the service. There were audits undertaken at varying frequencies to assess the safety and quality of the service.
- Health and social care professionals were contacted to educate and inform staff when people's support needs changed. For example, if a person required input from the positive behaviour staff member then they supported both the person and staff to understand what certain behaviours might mean.

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

- People were supported equally and without discrimination. Staff worked with and not against people's preferences and how they communicated their feelings and aspirations.
- Relatives told us they felt involved and updated about their family member. One relative said, "Our experience, views, opinions, and ideas are very much sought and valued."
- People, relatives and professionals were encouraged to give feedback on the service through completing satisfaction surveys. People had an easy pictorial version to offer their views on the service. This gave the registered manager the chance to look at the results and make changes and/or improvements.
- Staff worked as a team to engage with people and help them express their views on their lives and the service.

Working in partnership with others

- Feedback from health and social care professionals was positive. Comments included, "Communication is excellent, from everyone I have had dealings with, prompt and thorough" and "Prompt actions were taken if requests were made and views were listened to."
- Staff worked closely with external professionals, sharing ideas and looking at solutions in a positive way. People's well-being was at the forefront of all concerned.