

SeeAbility

# SeeAbility - Meadowmead 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 

### Overall summary

This inspection took place on the 3 and 4 August 2015. Forty eight hours' notice of the inspection was given due to it being a small domiciliary care agency and supported living service and we needed to ensure that the manager and the people, who used the service, would be in. The last inspection took place in November 2013, and the service was found to be non-compliant with two areas; staffing and record keeping.

Meadowmead Support Services are registered to provide personal care to people who live in self-contained flats on the same site. They also provide outreach support to people in the community. The majority of the people who use the service have a visual impairment and additional disabilities including learning disabilities and physical disabilities as well as mental health needs. At the time of

# Summary of findings

the inspection they were supporting seven people in the self-contained flats and providing outreach to two people in the community, in order to meet their personal care needs.

There was a registered manager in post at the time of the 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.

Throughout the inspection people were positive about the service. People stated they felt safe and they trusted the staff. Risks to people's health or well-being had been assessed and plans were put in place to protect people. All staff were aware of their responsibility to protect people's health and wellbeing.

The registered manager ensured there were sufficient staff who knew people's needs well. The recruitment process was safe and ensured staff were suitable for their role. New staff received a comprehensive induction with appropriate training for the requirements of the role. The quality of the care and support provided by the service was monitored by the regional service manager, registered manager and senior staff members.

People were positive about the care and support received from care staff and stated they felt staff were kind and caring. Staff knew the abilities of people they provided care for, and these were recognised and recorded in their support plans. Support plans reflected people's abilities and these were reviewed monthly with the individual so any changes could be made. People felt their views would be listened to and acted on. They felt the manager and staff were approachable. People's dignity and privacy was respected at all times.

The service was flexible and responded positively to people's requests. People who used the service felt able

to make requests and express their opinions and views. Managers were committed to continuously improve the service, and used both positive and negative feedback as an opportunity for improvement.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision should be made involving people who know the person well and other professionals, where relevant. Staff gained consent from people where appropriate. Staff understood about involving the local authority when considering depriving someone of their liberty. They knew that they had to look at what was in the person's best interests and how to protect the person in the least restrictive way.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of the people who used the service. Where areas for development were identified, the manager had responded positively by developing an action plan to address them.

People were clear on the management structure of the service. They knew who the registered manager and deputy managers were. The registered manager and the deputy managers were available to speak with us on the day.

Staff were highly motivated and proud of the service. They described the service as being both open and supportive. They felt able to raise concerns and share their views and felt that these would be acted upon. Staff knew the people they were providing support for and demonstrated a good understanding about the service's vision.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe

People felt safe and staff were able to demonstrate an understanding of what constituted abuse and the action they would take if they had any concerns.

There were enough staff to meet people's needs and recruiting practices ensured that all appropriate checks had been completed.

People's health risks were always identified and managed effectively.

Good



### Is the service effective?

The service was effective.

Both management and care staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and always sought consent from people.

People were involved in decisions about their care and support and were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Good



### Is the service caring?

The service was caring.

People and staff had positive relationships. People's privacy was protected, their dignity respected and they were supported to maintain their independence.

People experienced support that was caring and compassionate.

Staff treated people as individuals and ensured that confidential information was kept securely.

Good



### Is the service responsive?

The service was responsive.

People were treated as individuals and were supported to engage in activities they were interested in.

People's needs were reviewed regularly. Support plans reflected the individual's needs and how these should be met.

People and relatives knew how to complain and said they would raise issues if the need arose. No complaints had been made.

Good



### Is the service well-led?

The service was well-led.

People and staff reported that the service was run well and was transparent about the decisions and actions taken.

Good



# Summary of findings

There was a registered manager in post, who held regular supervision with staff and gathered feedback from the people who used the service.

Quality audits were in place to monitor and ensure the on-going quality and safety of the service.

# SeeAbility - Meadowmead 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.

This inspection took place on the 3 and 4 August 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and a supported living service which provides support for people who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of an inspection manager and one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR, along with other information that we held about the service including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with three people who lived in the self-contained flats, one person who received outreach support, the registered manager and seven care staff. We looked at records relating to the service including four support records, eight staff recruitment files, audits of support plans, medication, health and safety and staff supervision.

# Is the service safe?

## Our findings

At the previous inspection concerns were raised about the staffing levels at the service. This inspection found that these concerns have been addressed.

There were sufficient staff to meet the needs of the people. Staffing levels were determined by the individual's needs. If required, additional staff could be rostered to support people to attend medical appointments. The hours the staff work were dependent on the individual they were supporting and what their needs were for that day. There was a duty roster system, which detailed the planned cover for the service. Short term absences were managed through the use of overtime or bank staff employed by the provider. The registered manager was also available to provide support when appropriate. The registered manager is not on duty at the weekend, but there is always someone on call, who can be contacted.

People knew in advance who was going to be supporting them and the times of the visits, people were notified in advance if there were going to be any changes to rota. They were also able to request changes be made. This was confirmed by those people we spoke to.

Everyone we spoke to said they felt safe with the staff of SeeAbility Meadowmead Support Services. One person said, "I'm very happy here, I feel safe". Another said, "I feel safe, the staff support me". Everyone told us, that staff treated them well and there were no problems with any of the staff. One person said if they were concerned about anything they would go and speak to the registered manager.

A safeguarding policy was available for all staff to read. Staff were all required to undertake safeguarding training and training records confirmed they had. Staff were knowledgeable about signs of abuse and how to report concerns. They said they were able to report anything to the registered manager or the provider who they were confident would take their concerns seriously and act on them. Staff also said they felt they were able to report it to external agencies such as the local authority. Staff were able to explain different types of abuse and knew about the whistleblowing policy.

There were assessments in place to manage risks. There were person centred risk assessments in every person's support plan, which gave details about the risks posed to that individual. This also included environment risks, such as the use of equipment. There were also assessments for risks such as if a fire occurred within the supported living flats. Staff were clear about what action they should take in an emergency and knew who to contact for support. Staff had also undertaken first aid training and were able to deal with emergencies of this kind. Incidents and accidents were recorded and a process was in place to learn from them and improve practice. Where a medicines error had occurred, the service had made changes to prevent this from happening again.

Robust procedures were followed that meant staff were checked for suitability before being employed. Eight staff files confirmed that there was an application form and an interview had taken place, along with references and a check with the Disclosure and barring service (DBS). The DBS helps providers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. However, there were gaps in some of the staff member employment history. The registered manager amended this before the second day of inspection.

People were supported to take their medicines as per their support plans. People said they knew when their medicines were due and staff would be available to support them to take them. Training records showed that all staff have had training and were competency assessed before being allowed to dispense the medicines and all the staff we spoke with, confirmed this. Some staff had been trained to administer specific medicines for certain medical conditions. There was always someone available who was able to administer this specialist medicine. There were policies and procedures in place to ensure that all medicines were managed in accordance with regulations and guidelines. All medicines were stored securely and appropriate arrangements were in place for obtaining, recording, administering and disposing of prescribed medicines.

# Is the service effective?

## Our findings

People were confident the care staff had the skills to care for them effectively. People told us the staff carried out all the care and support they were supposed to during their visit. One person told us that they were “very happy with the staff and I don’t ever want to leave”.

People are able to say who they would like to support them and staff rotas are worked according to the person’s preference. One person told us “I say if I am not happy with the support worker, they try and manage the rota so I am supported by the preferred staff member”. The people were given the rota in advance and if they wanted a different staff member to support them, then they just needed to ask. The registered manager was aware of people’s preferences and tried to accommodate this in the rota system. The staff rota is on a four week rolling system so there is continuity and people know who will be supporting them.

Staff received an induction programme which incorporated two weeks of shadowing experienced colleagues, and completion of the newly introduced Care Certificate during their initial 12 weeks. Completion of mandatory training and verification of their competence, was reviewed during their probationary period at three and six months.

One member of staff said they had “a full induction and appropriate training”. Another said “the training is really good, it’s thorough and we receive regular updates”. A number of staff were working towards a Qualification and Credit Framework (QCF) in relation to their role. One person who uses the service was involved in ‘Train the trainer’. They told us how this involved showing them how to use moving and handling equipment. There was evidence that staff were appropriately trained to meet the individual’s needs. A number of staff had been trained to provide specific care to particular individuals and the rota ensured that there was always someone with this training, on duty.

The quality of the care and support being provided was monitored by the registered manager through the supervisions and annual appraisals. Records show how these supervisions are regular and productive. Any areas of concern are shown to have been discussed and action taken. Staff said they felt supported at all times by the registered manager. One staff member said, “I can go to the manager at any time, it doesn’t have to be during supervision. I feel listened to”.

People told us that they were always asked for their consent before any task was completed. People’s choices were recorded in their support plans and staff had a good understanding about people’s ability to consent and what to do if they could no longer give consent. One staff member said “You have to respect their [the people’s] wishes/preferences. You ask what they want to do and support them with making their decision. You explain all the risks to them but you need their consent to do anything”. Staff told us that they seek consent before entering the people’s flats. One person is reported to not always respond to the staff knocking on their door, so staff enter the flat and knock on the person’s bedroom door to wake them. Consent had been given for staff to do this.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and how this affected the care they provided. Staff told us that they always asked the person what they wanted and respected their decision. The manager recognised that they were depriving someone of their liberty, by having to put restrictive measures in place to support one person. They had requested the Local Authority apply to the court of protection for this to be legalised.

People received effective care and treatment. People told us that they were involved in the planning of their care and the times they received the support. They told us that they were involved in writing their support plans and making any changes when necessary. Staff told us that the support plans were to the individual’s specifications and were adapted and changed to the individual’s needs.

People told us that they were supported to go shopping for their own food and drinks. Staff were available to advise them on healthy choices; however they recognised that it was the individual’s choice. Staff supported the people to make their own meals and drinks and all staff had received food hygiene training in order to carry out this task. Some of the people who were supported required a specialised diet. There was information on display in their flat so that all staff were aware of the person’s needs. The person had consented for this information to be displayed. Professional advice from the Speech and Language Therapist [SaLT] had been sought in making the guidance for staff. Temperature checks were carried out on the foods cooked for the people and these had been recorded.

## Is the service effective?

People were supported to access healthcare services and received on-going healthcare support. Staff support people

to attend the local health centre for routine medical appointments. Those who were unable to attend the health centre were able to arrange for the GP or other professionals to visit them at their home.



# Is the service caring?

## Our findings

Everyone was positive about the care and support they received from the staff. One person said “I’m so happy here, the staff are so nice”. People told us how the staff had gone above and beyond what they expected. One person said “the registered manager supported me when I first moved into my flat she stayed on site until she knew I was settled”. Another told us how staff arranged transport at short notice. They explained how staff had listened to them and tailored their support package to meet their needs.

Staff knew about people’s lives, families and interests. Information about this was recorded in people’s support plans and staff used the knowledge to interact with people and communicate effectively. This helped staff get to know people as individuals and build positive relationships.

They spoke with a caring manner to the people they were supporting, as well as other staff members. Staff had built positive relationships with people and developed an understanding of the way in which the person communicated and recognise non-verbal cues.

Staff understood the importance of building positive relationships with people who used the service and how they took the time to get to know the individuals and understand what was important to them. People were involved in developing their support plans, which were centred on the person as an individual. People’s preferences and views were reflected in their plans, such as, what they needed support with, what time they wanted to get up, get washed and dressed and in what order.

People were treated with respect and consideration. Staff respected people’s privacy, they always knocked and waited for a response before entering anyone’s home. One person had consented to staff knocking on the door to the flat, then entering and calling out who they were and then waiting for a response. If there was no response from the person then staff would knock again; they would not just enter the person’s bedroom.

Staff told us that they always respected people’s dignity, they assisted with as little or as much support as the individual needed. One person said that “Staff treat me with dignity when providing my personal care they always ask my consent before doing anything and respect my wishes”.

# Is the service responsive?

## Our findings

At the previous inspection, concerns were raised about the record keeping at the service. This inspection found that records were now being kept up to date and were informative.

People who use the service received personalised care that met their needs, choices and preferences. Staff understood the support that people needed and were given time to provide it in a safe, effective and dignified way. One person told us how the service had supported them at short notice, to go and visit a family member.

People received individualised care which was responsive to their needs; when their needs changed this was identified and prompt appropriate action was taken to ensure that the people's well-being was protected. People were involved in making decisions about what support they required. This was reflected in their support plan which showed a summary of the person's abilities and stated what the person could do, before identifying what support they needed. This ensured staff were aware of people's abilities and could provide support to maximise people's independence. The registered manager told us that they felt consistency of care was an important aspect of the service, as it helped ensure people received their care from people they were familiar and comfortable with. Staff told us that they were able to build relationships with the people who used the service and increased understanding of their needs. Staff also told us that the support plans were reviewed regularly to meet the changing needs of the people.

Staff were knowledgeable about the people they supported and were able to tell us in detail about their preferences, backgrounds, and medical conditions and how these may impact on the way they react towards staff. Staff knew what person-centred care meant and could

explain how they provided it. One staff member said that they were there to support the individuals to live a "fulfilled life as they can"; another said it was about "supporting them as individuals, respecting their decisions".

Support plans were reviewed monthly by the senior members of staff, however we were told that if someone's needs changed, then the plans would be reviewed and updated to meet the change in needs. This was evident in the files we saw.

People had access to activities that were important to them. The registered manager explained that people went out most days, and they chose what they wanted to do and their support was arranged around this. They were able to do as much or as little as they wanted. One person told us that their support times were changed so that they could attend a day service. Another person told us how staff had supported them to travel to visit relatives. Staff told us how one person had a particular interest and they had arranged for this person to spend the day doing that activity. People were encouraged to be independent and maintain links with the local community.

People and their relatives were encouraged to give feedback to the service, whether it was positive or negative. People we spoke with felt the service was mostly flexible and responsive to their needs, though rotas weren't always able to be changed when people requested. The registered manager told us that the door to the service is always open, and if anyone wasn't happy about anything, they know they can go and speak to them. People told us they knew how to complain and felt confident to approach the registered manager or any of the staff if they weren't happy about something. The registered manager had not received any formal complaints, but was able to say how they would be managed should they receive any. The service carried out annual satisfaction surveys. The service had made changes to one person's support times following feedback from the most recent survey.

# Is the service well-led?

## Our findings

There was a clear management structure including a registered manager. All the people we spoke with knew who the registered manager was and felt they could approach them at any time. One person told us “the office door is always open, if I have any problems I just go up, or ring them”. Another person said how helpful the manager had been when they first started using the service.

Staff were positive and proud of the service they told us that they felt supported by the registered manager and they could go to them about anything, be it work related or personal. They also said that they felt able to approach the regional service manager, if the registered manager wasn't available. The registered manager told us that they were supported by the regional service manager. They held regular team meetings where any issues could be discussed as well as any training needs identified. Also held regular team meetings. Staff spoke of an open and transparent culture within the service, how nothing was hidden from them and things were shared in team meetings.

The provider and the registered the manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events in line with the requirements of the provider's registration.

The service's vision is reported to be “about enriching the lives of people who have sight loss and multiple disabilities through person centred services”. Staff explained to us how they were working to this vision by maintaining the

people's independence. One person told us that “something as simple as making a cup of tea independently, made the person feel as they had achieved something. We have now bought people one cup kettles to support people to do this safely”. The support plans are person centred and staff work in accordance to the individual's needs. One staff member gave an example of how they carried out their role with regards to people's independence, dignity and respect. They told us that “you need to allow the people to do things for themselves, yes we could take over but it means a lot to them [the people] even if it's something small like making a cup of tea”.

A regional service manager carried out quarterly quality assurance audits. These audits looked at tenant support plans, medicines, health and safety and supervision. If they highlighted any issues, there was evidence to show how the service would manage these issues and what needed to change in order to achieve this. The service was developing and changing in order to meet people's needs. As well as audits, the senior support workers monitored health and safety, medicines, people's well-being and finance records. This was carried out monthly as well as reviews of risk assessments and support plans.

We were told the service always looks for ways in which to improve. People who used the service were involved in this by providing feedback questionnaires. One staff member said “the service is always evolving”. The service also works closely with the local authority and healthcare professionals as well as the rehabilitation team, to ensure that the person's needs are being met.