The Royal School for the Blind

SeeAbility - Leatherhead 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 Leatherhead Support Service supports 29 people in 16 self-contained single flats and eight double occupancy flats. People had access to the adjacent SeeAbility resource centre, which provides a range of learning and leisure opportunities. The service provided support for people in tasks such as cooking, shopping and personal correspondence. There were ten people at the time of inspection who received support with their personal care.

The service supported people with who had a visual impairment and who may also have had a learning difficulty, physical or mental health disabilities and health conditions associated with ageing.

The registered office was on the same site as where people lived. This meant that the management and the carers were based on site.

The service has 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, activities and the environment and were updated frequently.

People's human rights were protected as the registered manager ensured that the requirements of the Mental Capacity Act 2005 was followed. Staff assumed capacity for people to make decisions regarding their care, unless proven otherwise.

People had sufficient to eat and drink. People were supported to prepare, menu plan and cook healthy meals in their own flats.

People were supported to maintain and improve 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, staff and other professionals were involved in planning people's 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. People were supported to develop and maintain their daily living skills to promote their independence.

People told us that they led in their care. Their care plans were very person centred and contained clear, detailed information telling staff what support people wanted and how they wanted it.

The service was very well led. The service listened to people and staff views. The management welcomed feedback from people and acted upon this if necessary. The management promoted an open and person centred culture.

The registered manager actively sought, encouraged and supported people's involvement in the improvement of the service. People were involved in the recruitment and selection of staff.

There were robust procedures in place to monitor, evaluate and improve the quality of care provided. The registered manager was continually looking for ways to improve the service.

Staff were motivated, passionate 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 Mental Capacity Act had been adhered to, capacity was assumed unless proven otherwise in decisions about people's care. Consent was sought prior to people receiving care.

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

People were supported to menu plan, prepare and cook healthy balanced meals.

Staff supported people to attend healthcare and social care appointments to maintain and improve 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.

People were supported to be independent and make their own

decisions about their lives. They could have visits from friends and family whenever they wanted.

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

Is the service responsive?

Good

The service was responsive.

People received a highly personalised service. Staff knew people's preferences and their needs. People had individual goals and objectives.

People led in their care plans, they told staff what care they wanted and how they wanted it. Care plans were updated with people when their needs changed.

Staff responded to people's changing needs, by providing extra support or providing equipment to meet people's needs.

People's feedback and complaints were welcomed; people felt there were regular opportunities to give feedback. Complaints were managed effectively.

Is the service well-led?

Good

The service was well led.

People benefitted from a service which had a strong management and staff team. The registered manager was always looking for ways to improve.

There were robust quality assurance systems in place to monitor and improve care and safety to people.

People's and staff views were sought and acted upon. People were encouraged to shape the direction of the service.

SeeAbility - Leatherhead 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 was announced and took place on 22 June 2016 and was conducted by two inspectors, with knowledge in supporting people with a visual impairment and learning difficulties. We gave 36 hours' notice of the inspection because the manager is often out supporting staff or providing care. We needed to be sure they were in.

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 quality assurance and safeguarding team to ask them for their views on the service and if they had any concerns.

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.

During the inspection we used a number of different methods to help us understand the experiences of people who used the service. We spoke with three people, three staff members, the registered manager and the deputy manager.

We spent time observing care and support provided throughout the day of inspection.

We reviewed a variety of documents which included two people's support plans, risk assessments, four weeks of duty rotas. We also reviewed maintenance records, some health and safety records 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 16 December 2013 when no concerns were identified.

Good

Is the service safe?

Our findings

People told us that they felt safe and protected from harm. One person said, "Oh yeah, I feel safe. We have the emergency community alarm." A community alarm is used for emergency's and it rings through to a control room (off site) which is staffed 24/7 and can contact emergency services if required.

People were safe because staff had a good understanding of what types of abuse there was, how to identify it and who to report it to. One staff member told us, "It's about how we keep people safe from harm and abuse, we use risk assessments and health and safety checks. And if I suspect anything then I will tell my manager or CQC."

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

Support plans contained risk assessments in relation to individual risks such as cooking, personal care, medicines and finances. Individual risk assessments contained information on how to support the person to be independent as possible, whilst balancing the wishes of the person and keeping people safe. For example, one person had a risk assessment in place for cooking; they liked to cook their Sunday lunch, but had burnet their hand whilst taking the roast out of the oven. The risk assessment had been updated for the person to continue to cook the meal but staff would remove the roast from the oven.

Where needed there were risk assessments in place for people which identified risks and an action plan to manage them. For example, falls and specific medical conditions such as diabetes. Risks were reviewed on a regular basis and when required appropriate health professionals were involved. People had community alarms in their flats. We saw records that told us they were tested monthly. People told us that they had been used in emergencies.

People told 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. A staff member told us about the risks to a person when their blood sugar levels dropped and caused them to become unwell. They told us what they did to support the person in the first instance and in the longer term. This corresponded with the contents of the person's risk assessment.

Medicines were managed, administered and disposed of safely. People had their medicines stored in their own flats. People told us how they liked their medicines administered and what support they needed. This was reiterated in their medicine administration record (MAR) charts and their care plan.

People told us that they had their medicines when they needed them. We looked at MAR charts and blister packs that confirmed that this. There were guidelines in place for 'as required' (PRN) medicines such as some pain relief, which enabled staff to know what signs they should look out for as to when to administer the medicine.

Staff told us that they had their competencies assessed regarding safe handling of medicines. The registered manager and records confirmed that this was done annually.

People and staff told us there were enough staff to meet their needs. The registered manager told us that they currently use bank staff and one 'permanent' agency worker. 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. There were records in people's files that noted what support was required for each person and the time taken for that support.

People were kept safe as the staffing levels changed to reflect changes in people's needs. The registered manager told us there were up to seven staff members during day time hours, and evening there were less as the need was less. The registered manager told us that the rota was flexible and sometimes more staff were required to support people to their doctors and hospital appointments. 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 service. 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 people's services and on site. Where actions had taken place the registered manager had signed records to ensure that it was complete. Such as review of falls risk assessment or referral to falls clinic. The number of falls were monitored for each person.

People would be kept safe in the event of an emergency and their care needs would be met. The registered manager told us the service had an emergency plan in place should events stop the running of the service. We saw a copy of this plan. Staff confirmed to us what they were to do in an emergency.

Staff told us how they would respond to an incident and accident. Staff told us that if a person had a fall they would make sure the person was safe, first aid would be given and or medical advice sought.

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.

The registered manager and staff had an understanding of the MCA including the nature and types of consent. Staff understood people's right to take risks and the necessity to act in people's best interests when required. People told us that staff always asked for their consent. One person said staff always asked, "How I like things done." We saw staff throughout the day asking people's consent before supporting them with care.

The registered manager had ensured through training and supervision that staff assumed people have capacity to make decisions unless proven otherwise. One staff member said, "It's about protecting people, we don't assume people lack capacity, people can choose unwise decisions."

People told us that they felt that staff had the right skills to support them. One person told us, "They are doing everything they should do, that I can see." Staff told us they felt they had the knowledge and skills to care and support people. Staff received training which included how to support people in a safe and dignified manner. Staff had access to a range of other training which included supporting people with a visual impairment, person centred care and training on specific health conditions such as diabetes. One staff member said, "I think I have the right training and skills to do the job. I like to learn and keep interested."

Staff were observed to undertake care practices that ensured that people received personalised care that was dignified and respectful. This meant staff developed essential skills through their training to provide the appropriate support to people in a positive way.

Management supported staff to undertake the appropriate induction and training to support their professional development needs. The induction consisted of the Care Certificate (an induction programme that sets out standards for all health and social care workers) which was completed before and after their training. Prior to new staff working on their own, they had the opportunity to shadow existing staff. This was to observe the care and support given to people and spend time getting to know them. The registered manager said, "If it takes one year to get a new staff member confident in working with people, then it takes a year."

The registered manager ensured that all staff, including bank staff had regular supervision which looked at their individual training and development needs. This was confirmed by staff and the records held.

The registered manager told us that when they used agency workers, they also received an induction. Feedback from people was obtained. This was to ensure agency workers had the right skills and knowledge to support people. This was confirmed by records.

As people lived in their own homes, people prepared their own meals. Staff provided support to people to menu plan, food shopping, preparing and cooking meals. One person told us, "Tonight I'm cooking chili." The staff member told us that they supported this person to peel and chop their vegetables. The person told us, "I always have a staff member present in case I burn myself on the hob."

People told us that the support they received for meal preparation and cooking was varied and dependent on their needs and meals cooked. This was confirmed by people's care plans. Staff told us that people were supported to eat healthy and balanced meals. For example staff had supported a person to introduce and maintain a healthy, balanced diet and some light exercise. As a result of this, the person no longer required medicine to control their health condition as it was now managed by a healthier lifestyle.

Staff had good knowledge of people's health conditions and how their health impacted on people's functioning. People were supported to attend annual health checks with their GP. People had hospital passports in place. These identify people's health needs and which health professional is supporting them.

People were supported to maintain and improve their health and wellbeing. Support plans contained up to date guidance from visiting professionals and evidence that people had access to other health care professionals such as GP's, nurses, opticians and audiologists. One example of how staff supported people to improve their health was; staff supported a person who had a condition that made their legs swollen and painful to attend regular health appointments. Staff also encouraged and supported them to eat a healthy diet with gentle exercise. At a recent health appointment, the doctor noted 'overall [name or person] clinical picture is much more positive.'

Good

Is the service caring?

Our findings

People told us that the staff were caring. One person said, "All the staff are good. [Name of staff member] is particularly good." Another person told us, "I like living here. It's a good service. Staff are always good to us."

Staff had developed positive and caring relationships with people. We saw that companionable, relaxed relationships were evident during the day. Staff were attentive, caring and supportive towards people. Staff engaged with people using humour and touch. One staff member told us, "We all care about the individuals we support. Everyone is caring. Everyone seems happy and we work well as a team."

The registered manager and staff knew people's individual abilities and preferences. Staff gave examples of people's likes and dislikes and their histories. For example, one staff member made a person a coffee, with hot water and milk, to enable the person to put the coffee in them self. The person told us this was the way they liked staff to make their drink. Staff spoke about people fondly and they knew they needed to spend time with people to be caring and have concern for their wellbeing.

The conversations between staff and people were spontaneous and relaxed. Staff asked people what they were doing during the day or what support they may need. People looked relaxed and comfortable with the care provided and the support received from staff. For example, a staff member was supporting someone to put on their shoes. The staff member asked the person if they were tight enough and were comfortable.

People were treated with dignity. Staff gave examples of how they would promote dignity and privacy by closing bathroom doors when supporting someone with personal care. One staff member said, "I would make sure the person is covered at all times, and to make sure that they were happy for me to be in the room."

People were well dressed and clean. For example, with appropriate clothes that fitted and tidy hair which demonstrated staff had taken time to assist people with their personal care needs and to maintain their dignity.

Staff respected people's privacy. Although people had consented to us talking with them prior to our visit staff still telephoned people to confirm if they were still happy to talk with us and at a time that suited them. Staff used the call entry system and then staff still asked people if we could enter their flat and waited by the front door until people came.

People were helped to improve and maintain their independence in tasks such as cooking and shopping. The registered manager and staff were passionate about supporting people to develop their skills and to achieve their potential. It was evident that people were involved in planning their own care. One staff member was writing up a person's notes, detailing what support the person had had. The staff member read it out to the person to see if they agreed. Another person told us that staff helped them with "Housework, shopping and a wet shave twice a week. Mostly staff do it how I like." This was evidenced in people's care plans.

The registered manager told us that they were working towards supporting people to think about what support they may need in end of life and thinking about what they may like to happen at their funeral. Some people had completed this with their keyworker.

There were no restrictions on when relatives and friends could visit people. Staff told us they reviewed peoples' support plans regularly with people. The registered manager told us that they only involved relatives in people's care when people ask them to.

Good

Is the service responsive?

Our findings

People received personalised and responsive care that met their needs. One person told us "We have a say, there are tenants meetings. I choose not be involved and that is respected."

People told us that they led in their care planning. People had person centred plans in place. The plans provided staff with information such as 'This is how I would like you to assist me with my personal care' and 'This is how I would like you to support me with my daily living skills so that I can maintain my home and appearance.' Staff had involved people in writing their plans and included detail such as when the person had a wet shave whether they preferred staff to use an up or a down stroke.

Plans had been written in such a way that takes the staff member through each task. For example, one person's plan told staff that they would like staff to support them with their medicine first, then the person will wash themselves and then call the staff into the bathroom to assist. The plan was written to support the person's independence as it stated what the person could do and what support the person needed from staff.

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. Care plans were reviewed frequently and as and when people's needs changed.

Staff had carried out assessments of people's needs annually. This assessment was regularly reviewed and updated as and when people's needs changed. The assessment contained information regarding their needs and what support they required from staff to meet their needs. People had been involved in the assessments.

People had an 'I statement' in place. This was via the think local act personal initiative (TLAP). This is a partnership of health and social care organisations with an aim to transform through personalisation and community support. One person's I-statement had identified they wished to visit a relative. The plan detailed how they would go about it and what they would need such as a taxi. The plan stated that this had been achieved and the person confirmed this to be the case.

People had a checklist of how they liked to have their information presented to them. Some people told us they liked to have their care plans read out to them by staff, whilst others preferred audio. The registered manager told us that this was an area that they felt required improvement and an action plan was in place to ensure that people had accessible information.

There was a keyworker system in place, which supported people when planning activities, managing correspondence and co-ordinating and escorting people to medical appointments. One person told us, "Our keyworker got an award for going the extra mile. They thoroughly deserve all the awards she gets. They are the best I've had."

Keyworkers were responsible for completing people's care plans and risk assessments. This worked well as one person told us that their keyworker was brilliant as they had helped them sort out a bill that had been sent through incorrectly and was worrying the person.

Staff were seen to be responsive throughout the day. Often people would call the office and ask staff to visit them for support, for example if they had lost something. Whilst one member of staff was on their lunch, the phone rang and the staff member said "I'll nip up now and do that [name of person]."

Another example of the service being responsive to people's changing needs. The registered manager told us that two people were increasingly having a number of falls. To support people to get off the floor safely, the service invested in a lifting chair. Staff have been trained to use this chair.

The registered manager told us that the service was providing more flexible support as people were increasingly being admitted to hospital for short stays and had more health appointments. The registered manager explained that this was because of people ageing. To ensure that staff were responsive to people's needs, the registered manager had designed a new keyworker template. The template would be used monthly or as required and staff will ask questions such as 'do you need more help with your personal care? 'Do you feel unsteady on your feet? 'Any changes in your health you are worried about?

Staff told us that to ensure they kept up to date with people's needs, appointments and support times; there was a handover sheet, daily planner and communication books between staff and management. This was seen to be used by staff on the day.

People told us they participated in a variety of activities. Staff told us that people were free to do as they wished with their time and this was confirmed by people. On site there was a SeeAbility day service which offers a range of activities which some people joined in on. Two people told us that they were off to a strawberry tea at the local newspaper.

The service also used volunteers to support people with some of their activities. Some people had a volunteer as a befriender, whilst others used the volunteer for specific activities of their choice such as going to the pub.

People told us they felt listened to. There were mechanisms in place for people to voice their experiences and get involved in the running of the service. People told us that they were involved in recruitment. The registered manager told us that it was a two tiered system. People could sit in on the interviewing panel or at the second round when prospective staff visited the service people could assist there.

People's complaints were welcomed, responded to and used to improve people's experience of living at the service. One person told us "There is a complaints procedure; I see either the deputy or the registered manager."

There was a comprehensive complaints system in place in which the registered manager had overview of all the complaints. They told us that people did not like the word complaint and this was stopping people in coming forward, so now staff call them 'concerns'. People have responded well to this and come forward more with their issues. We could see that the registered manager had responded to each concern, and taken action where necessary to resolve the issue.

Tenants meetings occurred every four months. The registered manager told us that they used to have them every three, but people had said it was getting to be too much and asked for them quarterly. Items such as

staff recruitment, complaints and safety were discussed. Where actions were required it was evidenced that they had been completed.

SeeAbility also run a speak out group; one person living at the service was currently the chair of that meeting. The group is a self-advocacy group which fed directly into the organisation.

Good

Is the service well-led?

Our findings

The service was well led. One person told us, "We see them (managers) all the time. You can go see them or phone them depending on what the problem is." One staff member told us that the registered manager was "Brilliant, helpful and answers any queries."

The staff had the benefit of strong, focused leadership. The registered manager was supported by a deputy manager and a committed and motivated staff team. The registered manager said "I am constantly enabling my team to be good at what they do."

The registered manager said that she had a good relationship with the staff in the service and that they were all comfortable about being able to challenge each other's practice as needed. A member of staff told us, "We want to best support them [the people] with the best of our knowledge." During the inspection the registered and deputy manager continuously demonstrated their in-depth knowledge of each person living at the service and spoke with great compassion about them and the staff team. Any question we asked was met with detailed information.

There was an open and positive culture which focused on people. The management team interacted with people with kindness and care. One staff member told us, "I love it here; it feels so rewarding to help people. I can call for help at any time, everyone is so helpful."

Staff told us that the management were supportive and approachable. We saw throughout the day when staff needed support, they spoke with the management and they responded kindly, either offered advice and guidance or visited the person themselves to talk through the concern or query.

The registered manager had ensured that there were robust systems in place to monitor and improve the quality of care and safety to people. There were quarterly monitoring visits completed by SeeAbility's senior management team. There were minor actions that required completion such as dates on some documents. We saw evidence that stated that this had been completed.

The registered manager was always looking for ways to improve the service. She had implemented monthly quality checks on people's care plans. Any actions were recorded and the keyworker was responsible for following up. The management would review and sign off to say it was completed.

Another example of continually improving the service was the registered manager told us that the management team completed one to two observational supervisions each year with staff. This was to ensure that staff were supporting people in a caring and effective way.

The registered manager was forward thinking. She advised that as the people in the flats had changing needs due to their age and health, the flats were becoming unsuitable. For example, flats that were on the first floor, there was no lift, doors are unable to be widened to fit some wheelchairs through. The registered manager told us that her manager, the provider and landlord were in the early stages of discussions about

the way forward with this service.

Staff were motivated and passionate about their work. They were clear about their roles and responsibilities. One staff member said, "We are proud to make changes; we are all here for the same reason, to make the tenants happy." Staff told us they had staff meetings weekly. We saw minutes of staff meetings. Items on the agenda included people's support needs, CQC and inspections and training.

The provider runs a staff recognition awards programme, SeeAbility's excellence awards. People and staff had nominated staff and volunteers for their excellence and for 'employee of the year'. People had written 'She is focused on what we want to do' and 'She has taken time to know me and understand how I like to work.' The registered manager told us that one of her staff had won the employee of the year last year.

People's views were intrinsic to the registered manager and she saw people's views as a way to drive improvements in the service. The provider had recently sent out and collated a person's questionnaire. Where actions had been identified, the registered manager had already resolved them. For example, to resolve an issue for one person meant keeping a log of all health professionals' appointments. This has benefited everyone in the service as keyworkers could monitor people's attendance and outcomes of health appointments.

There was a stable staff team, where staff had been with the service for a number of years. The registered manager told us that when staff left or retired, they often would remain on as bank staff. This meant that people received a consistent service.

The service had established links with other care providers and health professionals. The registered manager told us that they provided training to their staff regarding supporting people with a visual impairment. This was done as one person had moved from this service to a care home. The service has provided on-going support to the care home to ensure that the persons needs have been met.

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. All care records were managed correctly and kept securely throughout the service. The registered manager had completed the provider information return (PIR) on time and what was stated in the return was reflected on the day.

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.