

SeeAbility

# SeeAbility - Fir Tree Lodge Residential Home

## Inspection report

Fir Tree Lodge  
Heather Drive  
Tadley  
Hampshire  
RG26 4QR  
Tel: 0118 9815147  
Website: [www.seeability.org](http://www.seeability.org)

Date of inspection visit: 2 and 3 September 2015  
Date of publication: 10/11/2015

### 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?	Outstanding	
Is the service well-led?	Requires Improvement	

### Overall summary

We inspected SeeAbility - Fir Tree Lodge Residential Home on 2 and 3 September 2015. This was an unannounced inspection.

The service is a purpose built bungalow and each bedroom has an en-suite bathroom and access to a small private garden. On site facilities include a sensory suite, Jacuzzi baths and access to the provider's on site

activity and resource centre, including an indoor hydro pool and other specialist activity rooms. The service also offers access to a guest suite, by arrangement with the provider's neighbouring nursing home, to promote family relationships and maintain people's family links.

The service provides accommodation and support for up to ten adults with visual impairment, learning disabilities

# Summary of findings

and healthcare needs. At the time of the inspection there were ten young adults living in the service. Some people had very limited verbal communication skills and they required staff support with all aspects of their personal care, nutrition, mobility and community activities.

The service had a registered manager. 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.

There was a positive atmosphere within the service and staff put people at the heart of the service. People and their relatives were encouraged to be involved in the planning of their care. Staff were highly motivated and flexible which ensured people's plans were realised so that they had meaningful and enjoyable lives.

The work done by the service to respond to people's needs while finding creative ways to develop people's skills and independence was outstanding. We heard many examples of how people had been supported to develop their communication skills, self-care abilities and to have increased enjoyment in the community.

Staff had a positive approach to keeping people safe. Staff had received training in safeguarding and were able to demonstrate an awareness of abuse and how concerns should be reported. People's safety risks were identified, managed and reviewed and the staff understood how to keep people safe. Systems were in place to protect people from the risks associated with medicines. We have made a recommendation that the provider refers to best practice guidance in relation to standards of medicine record keeping

There were enough staff to keep people safe and support people to do the things they liked. The provider was employing new staff and had increased the use of agency and bank staff to manage the staff vacancies. The provider's recruitment process had been effective at identifying applicants who were suitable to work with people.

People living at SeeAbility - Fir Tree Lodge Residential Home received care from knowledgeable staff, who had been trained to support people with multiple disabilities and health needs. Many of the staff had supported the

people living there for many years and demonstrated an in-depth knowledge of people's needs and aspirations. Staff were supported to undertake training to support them in their role, including nationally recognised qualifications. Staff received regular supervision and appraisal to support them to develop their understanding of good practice and to fulfil their roles effectively.

Quarterly quality monitoring visits were undertaken by the regional service manager. However, some of the daily checks overseen by the shift leaders were not completed consistently to ensure the registered manager would be alerted to any shortfalls in practice that could impact on the quality of care people received. Regular health and safety checks were carried out to ensure the physical environment in the service was safe for people to live in.

Staff sought people's consent before they provided their care and support. Where some people were unable to make certain decisions about their care the legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were followed. Where people had restrictions placed upon them to keep them safe, the staff ensured people's rights to receive care that met their needs and preferences were protected. Where people were legally restricted to promote their safety, the staff continued to ensure people's care preferences were respected and met in the least restrictive way.

People were supported to have their health needs met by health and social care professionals including their GP and dentist. People were supported to have a healthy balanced diet and when people required support to eat and drink this was provided in line with professional's guidelines.

The culture of the service was positive, people were treated with kindness, compassion and respect and staff promoted people's independence and right to privacy. The staff were highly committed to enhancing people's lives and provided people with positive care experiences. They ensured people's care preferences were met and gave people opportunities to try new experiences.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# 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 had been safeguarded from the risk of abuse.

Risks to people had been identified and measures put in place to manage risks safely.

There were sufficient staff to keep people safe and to meet their needs.

People's medicines were managed safely.

Good



### Is the service effective?

The service was effective.

Staff received a range of training and supervision which enabled them to feel confident in meeting people's needs and recognising changes in people's health.

People's health needs were managed well.

Where people lacked the mental capacity to make specific decisions staff were guided by the principles of the Mental Capacity Act 2005. This ensured any decisions were made in the person's best interests.

People were supported to maintain a balanced diet and received the support they needed during meal times.

Good



### Is the service caring?

The service was caring.

Relatives gave positive comments about staff and how they cared for people. Staff were motivated to offer care that was kind and compassionate.

Staff promoted togetherness to aid people's mental health and general sense of belonging to a community.

People had complex communication needs associated with their disabilities. Staff used a range of communication methods appropriate to each person's needs to understand their preferences.

We saw positive interaction and communication between staff and people when providing support. Relatives felt, and observations showed, how privacy and dignity were maintained.

Good



### Is the service responsive?

The service was responsive

Outstanding



# Summary of findings

Staff used assistive technology as an innovative and creative way to enable people to live as full a life as possible and to increase each person's control over their environment and involvement in activities

People had access to an onsite purpose built activity centre. They were proactively supported by staff through a range of activities to retain their muscle, communication and social function. People had a choice about their daily routines and activities were flexibly supported.

People, relatives and staff were encouraged to express their views and the service responded appropriately to their feedback.

## Is the service well-led?

Not all aspects of the service were consistently well-led.

Staff and relatives were complementary about the management and found them approachable and open. Staff were kept informed of changes to people's care and received regular good practice updates from the provider.

Audits and checks had been completed to identify shortfalls in quality and risk. Some improvement was needed to make these audits more effective so that that the registered manager could take action to improve any shortfalls in the quality of care people received.

Although we found no medicine administration errors, people's medicine records were not always sufficiently robust to prevent errors from occurring.

There was a nurturing and empowering culture at the service. Staff and relatives told us people were at the heart of the service.

**Requires Improvement**



# SeeAbility - Fir Tree Lodge Residential Home

## 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 2 and 3 September 2015 and was unannounced. This is a small service and the inspection was undertaken by one adult social care inspector in order to minimise the disruption to people's routines.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports and statutory notifications (information about important events which providers are legally required to notify us by law).

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and what improvements they plan to make.

We spoke with two people who were able to speak with us with the support of staff. We were only able to have limited talks with them due to their communication needs. For the other people we relied mostly on our observations of care and our discussions with people's relatives and the care staff to form our judgements.

We spoke with three people's relatives, the registered manager, the activity resource coordinator and the Regional Learning and Development Officer. We also spoke with one deputy manager, one volunteer, four care workers, one housekeeping staff and the provider's Chief Executive. During the planning of our inspection we spoke with the Regional Service Manager as well as the provider's Rehabilitation Officer and Speech and Language Therapist (SALT) for the region.

We observed how staff supported people, reviewed three care plans, five recruitment files and other records relevant to the management of the service such as health and safety checks and quality audits.

At the last inspection on 6 January 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

# Is the service safe?

## Our findings

People's relatives told us they did not have any concerns about people's safety in the service. They said they were encouraged to share any safety concerns with the registered manager. They told us they would be confident speaking to a member of staff or the registered manager. We observed that people looked comfortable and relaxed with the staff, volunteers and with each other.

Staff had an understanding of what might constitute abuse and knew where they should go to report any concerns they might have. Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.

The registered manager understood their safeguarding roles and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an ongoing basis. Staff were confident that the registered manager would take action if they raised concerns. One staff member said "When there is any concerns about people's safety the manager and deputy will act immediately" There were clear safeguarding and whistle blowing policies for staff to follow. Whistle blowing is a way in which staff can report misconduct or concerns they have within their workplace.

Where people found it difficult to manage their money independently, the provider had systems in place to support people appropriately and to protect them from financial abuse. The regional service manager had checked how people's money was being managed as part of her last quarterly monitoring visit on 7 July 2015 and had found no concerns.

Risks to individuals were identified and the necessary risk assessment reviews were carried out to keep people safe. For example, risk assessments and associated risk management plans provided staff with detailed information to ensure they knew how to keep people safe in relation to mobility, showering, accessing the community, eating and managing their health. Risk management plans included the support people needed to manage their behaviour safely. For example, the use of distraction techniques and reassurance when people were

becoming distressed. Staff explained how they would identify people were becoming upset and that speaking calmly and reassuring people were the most effective ways to support people through difficult times.

Three people used specialised beds with very high sides to prevent them from falling out of bed. The registered manager told us they were reviewing the suitability of one person's bed to ensure the measures to manage risk were as least restrictive as possible. Staff knew how to operate these beds safely however, this had not been written in people's care plans to ensure all staff had the information they needed to help them avoid or reduce the risks. The registered manager took immediate action to complete this information.

Some people, who did not have the ability to swallow safely, received specially formulated nutrition through tubes. When a person was having ongoing and serious trouble swallowing and couldn't get enough food or liquids by mouth, a feeding tube was put directly into the stomach through the abdominal skin. This procedure is called a percutaneous endoscopic gastrostomy (PEG). People who required PEG nutrition only received support from staff who had received training and had been assessed as competent to safely deliver tube nutrition. Staff were familiar with the risks associated with tube nutrition including how to flush tubes with water before and after use, as they blocked easily.

Staff received guidance on what to do in emergency situations. For example, protocols had been agreed with the GP for responding to people who had seizures. Staff responsible for administering people's emergency medication received the relevant training and knew when and who to notify if people experienced prolonged seizures.

The provider employed a physiotherapist who worked in conjunction with the local wheelchair service occupational therapist (OT) to assess people's mobility support needs and their risks when using wheelchairs or hoists to transfer people from their bed or chair.

Staff were able to describe how they would record and report any accidents. Accident and incident records were accurately recorded, these were up to date and reported to the appropriate authorities when required. For example,

## Is the service safe?

when medicine errors had occurred staff had contacted the pharmacist and GP for guidance and advice and the GP and SALT were contacted when it appeared that a person had been struggling to swallow their food.

There were enough staff to meet the needs of people and to keep them safe. We observed staff were available to support people whenever they needed assistance or wanted attention. The registered manager kept the staffing under review and told us the provider was still adjusting their staffing levels while getting to know the needs of the new people. She told us occasionally they had not been able to cover staff absences at short notice and during these times people were supported to undertake an activity at home instead of in the community. The registered manager had increased the use of their own bank staff, staff overtime and agency staff to cover recent staff vacancies. She was actively recruiting to fill these vacancies and informed us following our inspection that another staff member had successfully been recruited. Staff felt staffing was maintained at safe levels and confirmed people's needs were met promptly.

Staff had undergone recruitment checks as part of their application process. These included the provision of suitable references to determine applicants were of good character, fitness to work declarations, proof of identity and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. The registered manager gave examples of adjustments that had been made following recruitment information received. This demonstrated their recruitment process had been effective at identifying applicants who were suitable to work with people.

We looked at the arrangements in place to ensure the safe management, storage and administration of medicines. People were supported by trained staff to take their prescribed medicines safely. Staff had their competency

assessed by the registered manager, deputy manager and senior support worker and had to be authorised by the registered manager before they were allowed to support people with their medicines. People's medicines were kept in a secure cupboard within each person's room. We observed a staff member giving people their medicines safely, ensuring their medicines were given in accordance with their prescription and signed for once they had been successfully administered. At the end of every medicines round a second member of staff checked the administration records and medicine stock to ensure people's medicines had been administered correctly. Arrangements were in place to receive and dispose of medicines safely.

Regular health and safety checks were carried out to ensure the physical environment in the service was safe for people to live in. The registered manager with the support of maintenance staff carried out a set programme of weekly and monthly health and safety checks. These included, fire safety equipment checks and checks to the water system. The registered manager completed health and safety and fire risk assessments which were subject to six monthly reviews. The provider's central team supported this process and also carried out a health and safety audit of the home on a 12-18 month basis, or more frequently as required. The home achieved 91% compliance in their last health and safety audit in October 2014 and records showed the registered manager had completed the outstanding actions identified by this audit. A range of health and safety policies and procedures were in place to help keep people and the staff safe. Suitably qualified contractors were used to inspect and maintain the home's gas, electricity and fire safety systems.

Emergency plans were in place in the event of a fire at the premises or for incidents that may impact on the service's ability to deliver people's planned care such as the outbreak of an infectious disease.

# Is the service effective?

## Our findings

Relatives we spoke with were complementary about their experience of staff being confident and knowledgeable of people's health and support needs. One relative told us "When they support people to eat or hoist them in and out of their chairs, they always seem confident and know what they are doing".

Staff knew how to respond to people's specific health and social care needs. For example, recognising changes in a person's physical or mental health and what action to take if someone was experiencing epileptic seizures. Staff spoke confidently about the care practices they delivered and understood how they contributed to people's health and wellbeing. This included how people preferred to be supported when feeling anxious through effective communication to allay their anxieties and how to identify when people were feeling tired. Staff felt people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis.

Relatives and records confirmed people were supported to see appropriate health and social care professionals when required. There was evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. This included support from the provider's physiotherapy team and speech and language therapist; and established access to a range of community healthcare resources including; dietician; occupational therapist and wheelchair services. A local GP visited the home to monitor people's health needs

People were supported by staff who had the knowledge and skills needed to carry out their roles and responsibilities effectively. Staff received an induction when they first started working at SeeAbility - Fir Tree Lodge Residential Home which met the nationally recognised standards set by Skills for Care. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone. New staff told us the support of experienced staff helped them to understand people's needs. One staff member said "People here have limited verbal communication. Working alongside people's keyworkers was really helpful. They are very skilled at communicating with people and reading their non-verbal signs and I am beginning to understand

people better". The provider's Regional Learning and Development Officer told us the induction training had recently been reviewed and it was planned that any newly appointed staff would, in future, undertake an induction which was aligned to the National Care Certificate which was introduced in 2015.

Staff received ongoing training, which enabled them to feel confident in meeting people's needs and remain up to date with changes in care practice. Staff told us they recognised that in order to support people appropriately, it was important for them to keep their skills up to date and felt they received sufficient training. Staff received training on subjects including, epilepsy awareness, the safe use of oxygen and suction and bowel care. Staff training records showed all of the required training was either up to date or booked. A computer system was used by the home to record these details and ensured that staff knowledge and skills were continually updated.

The registered manager recognised the importance of staff receiving regular support to carry out their roles safely. Staff received on-going supervision. This provided both the staff and the registered manager with the opportunity to discuss their job role in relation to areas that needed support or improvement, as well as areas where they excelled. Staff told us this was then used positively to improve both personal practice and the practice of the service as a whole.

We observed before the receipt of any care from staff that people were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff using people's preferred communication methods to involve people in their care and allowing them time to make their wishes known through the use of individual cues, such as looking for a person's facial expressions, body language and spoken word. People's individual wishes were acted upon, such as how they wanted to spend their time and what they wanted to drink. People's rights to make their own decisions, where possible, were protected.

People were supported to move between different areas of the service and also to spend time on their own in their bedrooms. The registered manager understood her responsibilities under the Mental Capacity Act (MCA) 2005. Where people had restrictions, their capacity to understand had been assessed as part of a best interest assessment. When people were assessed as not having the capacity to make a decision, a best interest decision was made

## Is the service effective?

involving people who knew the person well and other professionals, where relevant. Best interest decisions were recorded and sensitively made. Relatives told us they had been involved in best interest decisions about people's care. Staff supported people to have as much freedom as possible and considered ways to keep restrictions to a minimum such as ensuring people had daily opportunities to go out.

The MCA 2005 provides a process by which a person can be deprived of their liberty through a formal Deprivation of Liberty Safeguards (DoLS) authorisation when they do not have the capacity to make certain decisions about where they live and there is no other way to look after the person safely. Six people had suitably approved DoLS authorisations in place. The manager told us all people in the service were potentially being deprived of their liberty and that applications had been submitted to the local authorities of the four other people to authorise these arrangements. Staff had undertaken training in MCA 2005 and understood the need to take this legal framework into account when supporting people.

People had varying levels of independence in meeting their own nutrition and hydration needs. These needs were

described in their support plans. For example, some people were being supported to eat a healthy and balanced diet, whilst others had more specialised needs such as the use of a PEG to receive nutrition. There were clear guidelines on file for staff to follow in relation to people's PEG. Staff described how they prepared people's PEG nutrition and the amount of hydration each person required. Records showed the community dietician had regularly reviewed people's PEG nutrition.

The provider's speech and language therapist (SALT) visited the service to check people had the support they needed to eat and drink enough. Staff ensured mealtimes were calm and kept noise down to support people with vision impairments to focus on their meal. No one was rushed during their meal and staff checked if people wanted any more to eat or drink before clearing the table. The SALT told us staff appropriately implemented her guidelines. We also saw staff supporting people who were at risk of choking in line with their SALT guidelines ensuring food was moist, cut up and people were offered drinks to support them to swallow. The meals offered reflected people's preferences.

# Is the service caring?

## Our findings

Two people, with the help of staff that knew them well, indicated to us that they liked the staff at SeeAbility - Fir Tree Lodge Residential Home. Relatives described staff as “caring”, “very kind”, “respectful”, “patient” and “smiling, always friendly and welcoming”. Staff told us the service had caring values and that they treated people with kindness, consideration and compassion. We observed these values in action during our inspection and found staff were motivated, passionate and caring.

Interactions between people and staff were good humoured and caring. Throughout the two days of inspection, staff showed care, patience and understanding of people’s needs. People appeared relaxed, happy and responded to staff when asked them what they wanted to do or eat. We observed lots of laughter and banter between people and staff. The language heard and recorded in care records were appropriate and respectful. Staff used touch to support people to understand directions or to know where they were, we saw this was done appropriately and people seemed comfortable and reassured by staff’s touch. Contact was unrushed, with smiles and kindly gestures, such as asking if they would like a cup of tea, where they too warm and where would they like to sit.

Staff chatted with people about everyday things and significant people in their lives. People were at times assigned an individual member of staff throughout an activity and staff told us this enabled them to get to know people well. A coffee morning was held every Monday morning and attended by all staff and people. Staff told us this promoted a sense of togetherness and involvement in decisions. This enabled people to chat about current affairs, share their weekend experiences and what they would like to do during the week including new interests. Staff were able to demonstrate they knew what was important to each person. We observed during our inspection a positive caring relationship had developed between people and staff. Staff told us they respected people’s wishes on how they spent their time day and the individually assessed activities they liked to be involved in.

Family and friends were encouraged to visit whenever they wanted and staff supported people to have regular and frequent contact with relatives by phones and computers to video link with them.

People were encouraged to be as independent as possible and were involved in making decisions about things that affected them. People were encouraged to get involved in decisions about the décor of the home. Staff said that people could choose decoration for their bedrooms and the communal areas in which they lived. People were supported to make decisions about their own money and spend it on things or activities they wanted. For example, one person was supported through a recorded decision making process to buy an electronic tablet which they were interested in.

Relatives told us staff’s skills and experience in understanding people’s individual communication were key in the support people received to take part in everyday and care decisions. Most staff had known the people for a number of years and were able to quickly discern if something was worrying or troubling them. Each person had a designated key worker with particular responsibility for ensuring the person’s needs and preferences were known and respected by all staff. The person’s keyworker understood how to engage with the person to promote their preferred routines and wishes. This helped ensure consistency of care and that people’s daily routines and activities matched their individual needs and preferences.

Staff explained to us that an important part of their job was to treat people with dignity and respect. Relatives told us this took place and we saw respect being offered to people throughout our inspection. Relatives told us and our observations confirmed that staff respected people’s privacy and dignity. We heard staff talking with people in a respectful and compassionate way. Staff used people’s preferred names when they spoke with them and gave them time and patience when in conversation. If people required support with personal care tasks or medicines this was done discreetly, behind closed doors to ensure their dignity was maintained.



# Is the service responsive?

## Our findings

The service used assistive technology as an innovative and creative way to enable people to live as full a life as possible and to increase each person's control over their environment and involvement in activities. Assistive technology refers to a range of devices that help someone to do something they would have difficulty with otherwise. For someone with visual impairment this may include computer software and hardware, magnifiers, CCTV and daily living aids. We saw many examples of the effective use of this technology to enhance people's lives throughout our inspection.

We observed people with visual impairment being supported to independently open doors and operate sensory equipment with the use of talking equipment and large switches. People were supported with adaptations to switches to operate their foot spas and hairdryers to be more independent in their personal grooming tasks. Objectives were set with people as part of their care planning to support them to develop the skills required to operate this equipment. One person showed us how he operated his smart electric wheelchair which had been adapted so that he could follow a line in the home to his room independently. Staff told us this enabled the person to spend time on his own when he chose to. Care plans had detailed instructions and pictures created with the input of the provider's assistive technology team, to support staff to understand how to use these pieces of equipment so that people would consistently be supported to include this technology in their daily lives.

SeeAbility - Fir Tree Lodge Residential Home pro-actively supported people living with multiple disabilities to retain their muscle, communication and social function. The home had on site access to a purpose built activity centre where people were supported to engage in a variety of leisure and therapeutic activities. Each person attended physical therapy sessions during the week supported by physiotherapy assistants. These sessions included activities in the centre's hydro-pool or gym developed by the physiotherapist to support people to move and enjoy being active as part of their therapeutic programme.

People were supported to participate in a range of social, educational and leisure activities in line with their personal interests. These included trips out, sailing, carting, cooking, gardening and being read to. The service employed a

full-time activities co-ordinator who worked closely with people's care workers to develop two weekly individualised activity plans. Support workers told us this helped them to always have ideas of activities to offer people. The programme was flexible and people could do something else if they chose.

Staff planned people's activities according to their ability and stamina to ensure people were given the best opportunity to participate. People were continually offered new experiences and activities to try out to. For example, people who did not eat conventional food were still given the opportunity to partake in cooking sessions. The activity coordinator told us "We have put a large switch on the blender, so even if people cannot eat the food, they can master using the blender and experience the sensation of the breeze made by the blender". For those people who could tolerate small food tasters the cooking session was used as an opportunity to enhance their taste experience. On one of the days of our inspection a regular volunteer was leading a reading session. He told us "I come every week and some people really enjoy being read to. I have known some people for many years and staff have encouraged me to continue coming as they have seen people benefitting from building relationship with me and having a variety of activities every week".

Staff placed great emphasis on providing age appropriate activities for the young people and opportunities were given for people to develop a feeling of togetherness and a sense of belonging to a community. For example, a music night was held on Saturdays, with people given the choice of having a drink if they wished, listen to music and have fun together. Efforts were made to include people who received PEG nutrition to take part in the daily communal meal time experience. They were read to by a staff member in the dining room so that mealtimes could be a social, shared and enjoyable experience. All the people in the service used wheelchairs and staff felt passionate about supporting people to move independently and freely at times without the restrictions of their wheelchairs. We saw examples of people being hoisted out of their wheelchairs and given some 'floor time' as appropriate as well as people being hoisted onto the sofas and comfortable chairs in the lounge to spend some time together celebrating a person's birthday.

Relatives told us they had been involved in developing people's support plans, were kept regularly updated and



## Is the service responsive?

were involved in reviews. Reviews included professionals involved in the people's care, which meant that people's care was adjusted as needed with everyone's feedback and advice in a timely way. Review meetings were also used as an opportunity to involve people's circle of support in best interest decisions about people's treatments and care where they had been assessed as lacking capacity to make these decisions independently. The staff had worked with people through observation, preferred methods of communication, such as using pictures or objects of reference, and regular evaluation to ensure support plans were tailored to people's individual preferences. Regular meetings were held between people and their key support worker to review the previous month and plan activities and special events for the following month. Staff stayed in regular contact with people's social workers to inform them of any changes to people's needs, or if people needed additional support to make important decisions about their accommodation or health treatment. Staff knew how to source independent advocates for people to support with decision making if needed. An advocate is independent of a person's local council and can help them express their needs and wishes, and weigh up and take decisions about the options available to them.

People received care that was tailored to their individual needs and people's care records included these details so that people, who could not always tell staff what they wanted, would have their needs met. For example, some people had very personalised bedtime routines that told staff what support they needed to fall asleep this could include a favourite CD, being gently rocked or how they liked to be covered with their duvet. People's care were responsive to their preferences. For example, one person liked to eat their breakfast in bed and staff had worked with the SALT to ensure this person's preference could be met safely. Another person wanted to lose weight and staff were working with them to adjust their diet and the physiotherapist had developed wheel chair exercise routines with photos, to support staff to do these with him.

Staff understood the need for young people to stay in contact with their parents. As people's families lived all over the country and were not always able to visit regularly. The registered manager had developed creative ways for families to stay in touch. People had electronic devices to enable them to send emails to their relatives as well as talk with them through video link. During our inspection we spoke with a relative who told us staff supported her son

regularly to stay in contact via video link. The provider had also built a flat attached to their neighbouring nursing home where families could stay by arrangement, so they could be close to the person when they visited. Staff told us the flat was very popular and had significantly reduced the cost of accommodation for families. One relative told us they regularly stayed in the flat. They told us "Staying here allows me to spend a stretch of time with him. Staff let me get on with things when I am here and I can be involved in his care as much as I want during this time. We always have a review of his care when I visit which gives me the opportunity to discuss any concerns". Staff told us that people's loved ones were an integral part of care for people and care and support were extended to them as well. In this way, people were enabled to maintain relationships that were important to them.

There were regular opportunities for people, and their relatives to raise issues, concerns and compliments. This was through on-going discussions with them by staff and members of the management team. Relatives we spoke with were made aware of the complaints system. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. The provider was developing ways of identifying when someone with a communication difficulty had a complaint and how they could be best supported to express their views. The service had made some videos of people's experiences to support this work.

The service had not received any formal complaints since our previous inspection and the CQC had not received any concerns or complaints about the service. The registered manager recognised that if they received a complaint, they would attend to it in line with the organisation's procedure. The service had received four concerns in the past year and the registered manager had investigated these to the satisfaction of the relatives who raised them. Relatives told us when they raised concerns with the registered manager these were promptly resolved. The registered manager had made improvements following learning from these concerns, this included developing an oral and teeth management and training system that had been implemented for all people in the service.

The provider held Regional Service User Group meetings (known as Quality Action Group) three times a year to obtain the views of people who used the service. Agendas



## Is the service responsive?

covered new service developments and topics people wished to discuss with the provider. For example, the provider was looking at ways people with limited verbal communication could be supported to provide feedback

about their care. People nominated a new service representative during the May 2015 residents meeting and they will be supported by their key worker to prepare and attend the next Quality Action Group.

# Is the service well-led?

## Our findings

The service's vision and values centred on the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, staying well and people developing life skills. Our inspection showed that the organisation's philosophy was embedded in SeeAbility - Fir Tree Lodge Residential Home. Staff, relatives and people's records gave us many examples of how these objectives had become a reality for people.

Audits were completed on a regular basis as part of monitoring the service provided. For example, the audits reviewed people's care plans and risk assessments, medication records and health and safety. This enabled any shortfalls in practice to be identified to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, the Regional Service Manager's audits had identified the concerns we found relating to people's medication records and action was being taken to make the required improvements. The audit of 7 July 2015 noted that improvements were being made in medicines recording. However, we found further improvements were needed to embed this practice in the service for example, all handwritten prescription instructions were not being consistently checked and countersigned by a second staff member as recommended by National Institute Clinical Excellence (NICE) guidelines on medicines. Some MARs were left loose in people's medicine folders which increased the risk of these being lost. We mentioned this to the shift leader who told us immediate action would be taken to ensure these were kept securely.

**We recommend that the service seek advice and guidance from a reputable source, about the completion and storage of records in relation to people's medicines.**

The quality audit in May 2015 had identified that people would benefit from structured monthly residents meetings. We found these meetings were not yet taking place monthly so that people would have a regular opportunity as a group to provide feedback and contribute to improving the service.

Even though the registered manager had introduced local checks to be completed by shift leaders to support her to routinely monitor the implementation of service procedures, these had not always been effective. These local checks included shift leaders recording that all tasks such as medicine administration checks had been completed and daily care records checked. Though we saw staff undertaking these checks these had not always been recorded and did not therefore accurately inform the registered manager of any possible shortfalls. The registered manager could tell us about trends they had identified in relation to accidents and incidents however; recording systems did not support the registered manager to easily identify trends indicative of shortfalls that might only be visible over a longer time period so that action could be taken to prevent these from reoccurring. Checks were not in place to ensure the registered manager would have complete records of people's employment information in the service to meet the requirements.

Systems established to assess, monitor and improve the quality of the service were not always operated effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke positively about communication in the service and how the management team worked well with them, encouraged team working and an open culture. The registered manager had managed the service since April 2006 prior to its opening in May 2006 and had experience of working with people with learning disabilities and complex health needs. Staff commented: "We have regular meetings where we can discuss specific issues" and "We are a strong staff team" and "This is the kind of place that makes you look forward to coming to work and proud to be a part of".

Staff confirmed that they had attended staff meetings and felt that their views were taken into account. Meeting minutes showed that staff had the opportunity to raise any concerns, keep up to date with working practices and issues affecting the service. Staff shift handover meetings took place on a regular basis and staff told us this supported them to be clear about their roles and responsibilities.

The registered manager was continually striving to develop practice and improve the service. Staff received regular newsletters and updates from the provider about good practice. The registered manager ensured staff were familiar with these updates and this was reflected in staff's

## Is the service well-led?

knowledge. For example, the newsletter articles related to good practice when supporting people with difficulties in eating, drinking and swallowing reflected the practice we observed in the home. The provider worked with other health and social care professionals which enabled the staff to keep up to date with best practice, current guidance and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met.

The registered manager showed effective leadership in developing a culture where staff felt valued and acknowledged for their person centred work and positive approach when supporting people through change. For example, the staff team were given the Team of the Year award at the provider's annual staff excellence awards in October 2014. This award was to recognise their efforts to ensure people continued to receive quality care whilst the new extension was being built. The registered manager had supported staff and people through this change by regularly reviewing the environmental risk assessments and keeping the commission informed of progress.

The registered manager told us she felt supported in her role. She received regular supervision visits from the Regional Service Manager. On the first day of our inspection she attended the provider's registered managers meeting. She told us she valued the peer support these meetings provided as well as the opportunity to work with senior management on improving the quality of the service. We

spoke with the Chief Executive who attended this meeting and he told us of the joint work the managers were undertaking to ensure the new Care Certificate were incorporated in staff's induction as well as addressing the recruitment of staff. This indicated that there was a shared understanding on all levels in the organisation of the improvements required and the challenges the service faced.

There was evidence that learning from incidents and investigations took place and appropriate changes were implemented. For example, developing staff guidance when supporting people to use the hydro pool. Actions had been taken in line with the service's policies and procedures. The registered manager was aware of her legal responsibilities to inform relevant agencies when health and safety incidents occurred. For example, in May 2015 the service experienced a safety incident when a hoist failed. The registered manager reported this appropriately to the Health and Safety Executive, the Medicines and Healthcare Products Regulatory Agency and the Care Quality Commission. She also informed the manufacturer of the concerns identified so that improvements could be made to the equipment. Additional routine safety checks of the hoists had been introduced to ensure this issue would be identified if it was to re-occur. This demonstrated that the service was both responsive and proactive in dealing and learning from incidents which affected people and staff.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Systems established to assess, monitor and improve the quality of the service were not always operated effectively. Regulation 17 (1)(2)(a)(f)