

The Royal School for the Blind

SeeAbility - Meadowmead

Support Service

Inspection report

16-23 Meadowbank
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service: SeeAbility - Meadowmead Support Services provides personal care and support to people in their own homes.

At the time of our inspection the service was providing a service for eight people with a variety of care needs, including people living with sight loss and learning disabilities. Some people had very limited verbal communication skills.

People's experience of using this service:

People using the service told us they felt safe. Staff completed training in safeguarding and could recognise signs and symptoms of possible abuse in people.

We received concerns that the service had insufficient staff to keep people safe. At the time of our inspection new staff had been employed to the service and staff we spoke with felt the service had turned a corner and that staffing had improved.

Medicines were safely managed following seven errors over the past year. This had mainly occurred due to the previous staff shortages and high level of agency staff used to provide care. However, the service had now recruited enough staff and the use of agency staff had greatly reduced and extra training and evaluation had been put in place to reduce further risks.

Staff had the skills and qualities to deliver effective care. However, not all staff felt supported by supervisions as due to staffing shortages in the past these had fallen behind for some staff. Plans were in place to ensure staff received regular supervision and support following the new recruitment of staff.

Staff sought consent from people before providing care and support. However further work was required for ensuring any best interest decision and consent were recorded in line with legislation.

There were plans in place for foreseeable emergencies. Risks concerned with people's health care and the environment were assessed and reduced as far as was practicable.

Staff contacted healthcare professionals when they had concerns about people's health and wellbeing.

People were treated with kindness and compassion. Staff were able to identify and discuss the importance of maintaining people's respect and privacy at all times.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

There were systems in place to monitor the quality and safety of the service provided. Staff felt supported by

the new manager.

SeeAbility - Meadowmead Support Services met the characteristics of Good in some areas and of Requires Improvement in others. Overall, we have rated the service as Required Improvement.

More information is in the full report below.

Rating at last inspection: At the last inspection the service was rated as Good. (Report published 30 January 2018).

Why we inspected: This was a scheduled inspection that was bought forward due to information received about risks in the service.

Follow up: We will follow up on this inspection as per our re-inspection programme, and through ongoing monitoring of information received about the service.

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

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 not always safe	Requires Improvement ●
Is the service effective? The service was not always effective	Requires Improvement ●
Is the service caring? The service was caring	Good ●
Is the service responsive? The service was responsive	Good ●
Is the service well-led? The service was well-led	Good ●

SeeAbility - Meadowmead Support Service

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

Our inspection was completed by one inspector.

Service and service type:

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is brought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service. People using the service lived in self-contained flats. The service also provides outreach support to people in the community. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community and specialist housing. It provides a service to younger disabled adults who may have a visual impairment.

Not everyone using SeeAbility - Meadowmead Support Services receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service did not have a manager registered with the Care Quality Commission at the time of our

inspection. A new manager had been appointed and they had applied to become the registered manager of the service and this was currently in process. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because we needed to be sure that the manager would be available to facilitate the inspection.

The Inspection site visit activity started on 26 March 2019. We visited the office location on 26 and 27 March to speak with the manager and office staff, and to review care records and policies and procedures.

What we did:

Before the inspection, we reviewed information we had received about the service including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the improvement action plans the provider submitted following the previous inspection.

During the inspection we spoke with four people who use the service. Following the inspection, we spoke with four relatives by phone and email. We spoke with the manager, regional manager, deputy manager, five support staff and one volunteer. We looked at care records for four people, medicines records and recruitment records for five care staff. We looked at other records in relation to the management of the service, such as health and safety, minutes of staff meetings and quality assurance records.

Following the inspection, we also received feedback from one healthcare professional and the two healthcare professionals from the providers specialist service team.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations may or may not have been met.

Using medicines safely

- Medicines were not always safe. We had received notifications about medicines administration during the last six months which had caused us to be concerned about risks in this area to the extent that we inspected the service earlier than planned. This had resulted in a number of errors where people had not received their medicines as prescribed in the past year. For example, one person did not have a planned evening visit at the beginning of March and as a result had not been administered their medicines to help control their epilepsy. The person did not come to harm, but we spoke with the manager about our concerns who assured us plans had been put in place to keep people safe.
- The manager informed us the medicine errors had occurred during a period when the provider did not have sufficient numbers of employed staff and the use of agency staff that had been used to support people including their medicines. Whilst new staff would bring improvements to the service this needs to be maintained over a period to enable the provider to demonstrate that medicines are now safe.
- Staff had received training for the safe handling of medicines. Records showed that staff had received an assessment of their competency to administer medicines in line with best practice guidance.
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Staffing and recruitment

- People's relative told us they felt their family members were safe. However there had been concerns with not having enough staff in the past year. One relative told us, their family member can often be stressed about staffing issues and staff going off sick. Another relative said, "The only problem is there is a lot of trouble with temporary staff. They don't turn up for work, so it means they are short of staff. This leaves [person's name] for many hours without anyone. He has full care and that isn't always supplied to him." A third relative told us, "It's a good service though like any service there has been times when they are short of staff. They used bank [agency staff] who don't know everyone well which isn't good. They now have a new deputy manager who has been interviewing people and will have more staff who know people well."
- All the staff we spoke with told us there had been a period of not enough staff and felt it was the worst it had ever been a few months ago and as a result a lot of agency staff had been used, which had caused stress but felt improvements had been made and new staff had been recruited to the service and as a result

staffing had improved.

- At this inspection we found staffing levels had improved however, this still needed to be further embedded to ensure a consistent level of staffing around the service to keep people safe.
- Management we spoke with felt the service had turned a corner with staffing and recruitment and now had enough numbers of staff employed.
- At the time of inspection new staff had been recruited to the service which had reduced the use of agency staff and provided people with stability. Rotas showed there were sufficient numbers of care staff deployed to meet people's needs. Staffing levels were determined by the number of people receiving care and support and their needs.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, two written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- The Manager was able to provide assurances that where agency workers had been engaged whilst new staff were being recruited, these were consistent people and service-specific training had been provided to minimise any potential impact for people. As part of the recruitment strategy, one agency worker subsequently transferred to permanent employment.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when they were supported by staff. One person told us, "I feel safe with everyone".
- Staff had the knowledge and confidence to identify safeguarding concerns and acted on them. A safeguarding policy was in place and staff were required to read this and complete safeguarding training as part of their induction.
- Staff knew how to recognise abuse and protect people from the risk of abuse. Records showed staff had completed training on safeguarding adults from abuse.
- Staff we spoke with told us if they had any concerns they would report them to their manager, and if no action was taken would take it higher up.
- People benefitted from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

Assessing risk, safety monitoring and management

- People had individual risk assessments that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm.
- Staff showed that they understood people's risks and we saw that risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person.
- A business continuity plan was in place and described how people would continue to receive a service despite events such as bad weather.

Learning lessons when things go wrong

- There were processes in place to enable the manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

Preventing and controlling infection

- Staff demonstrated a good understanding of infection control procedures. However, not all staff had completed infection control training.
- Staff had ready access to personal protective equipment (PPE), such as disposable gloves and aprons.

Is the service effective?

Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service recognised that they were depriving someone of their liberty, by having to put restrictive measures in place to support one person. They were currently waiting for an application which had been made to the court of protection by the local authority for this to be legalised.
- Staff were clear about the need to seek verbal consent before providing care and staff had a good understanding about people's ability to consent and what to do if they could no longer give consent. Staff told us that some people could make day to day decisions on their own.
- We saw best interest decisions in place for some people for complex decisions for example, replacing a mobile phone and decorating one person's flat, finance and health decisions. However, further work was required to ensure these were in place for all people to ensure all decisions were in the best interests of people and consent had been recorded for all care and treatment.
- The manager and provider had an action plan in place to ensure these were all in place and reviewed in line with the providers procedures.

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

- People received care and support which met their needs. When people moved to the service, they and their families, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support. The care plans seen were detailed and provided staff with the person's life history and their desired outcomes from the care

and support. The care plans described people's needs in a range of areas including personal care, daily living activities, and meal preparation.

Staff support: induction, training, skills and experience

- Staff we spoke with felt supported in their role, but some staff told us supervisions had fallen behind due to having to cover extra shifts while the service had been short on staff.
- Supervisions provide an opportunity to meet with staff, provide feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.
- New staff completed a comprehensive induction programme before working on their own. Arrangements were in place for staff who were new to care to complete The Care Certificate. This certificate is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate support to people.
- People were supported by staff who had access to a range of training to develop the skills and knowledge required to meet people's needs. Records showed most training was all up to date. For training that was overdue plans were in place for staff to access training soon.
- Records showed staff had completed additional specific training to ensure they had the skills necessary to meet people's needs. For example, all staff had to complete sighted guide training as part of their induction.
- The providers Vision Rehabilitation Specialist told us, "The Visual Impairment training provides staff with the specific information about the people they will be supporting, provides relevant information and skills to be able to provide effective, safe support to the individuals. Staff experience the impact of sight loss under simulation to enable them to have an understanding of challenges, barriers and the emotional impact the individuals may experience in relation to visual difficulties. It also teaches Sighted Guide techniques which enables the support team to safely support individuals to travel in the community (if they require visually guided assistance). Meadowmead now have measures in place to ensure all staff receive this training before supporting anyone in the community".

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

- People were supported at mealtimes to access food and drink of their choice. One relative told us, "They cook for him as he isn't capable of cooking. He has a choice of what to have, he can have something from his food cupboards or they can go out for a meal, he chooses every time".
- Another relative said, "He is very well cared for and when I visit his fridge is always filled with nice food".
- Care plans contained information about specific food preferences and were suitably detailed about the support people needed with their nutritional needs.

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

- People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professional. One relative told us, "They keep an eye on him for the doctors and his health". However, one relative felt the service was not always quick to have staff trained in specialised medical care. We have since spoken to the manager who informed us they have now increased the level of staff able to provide this care.
- Information about people's health needs was included within their care files and health plans including information as to what support people may need in relation to these. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted helping medical

staff understand more about the person.

- A health information folder was available to support people in an easy read format which related to specific health related situations.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives told us they liked the staff and that the staff were caring. One relative told us, "He does like it in his home, he is happy there and likes all the staff". Another relative told us staff are caring and said, "They [staff] often come in on days off to cover shifts".
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly.
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact. All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude.
- During our inspection people would visit the office to speak to the manager and staff. It was obvious that this was a daily occurrence and that people enjoyed spending time with staff chatting about their day. It was clear that people were confident in the staff. This was noticeable by the response of people whenever a member of staff came into the room. Staff were greeted with big smiles and throughout the inspection we heard lots of laughter and good-humoured banter amongst people and staff and it was evident that people were at the heart of the service.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us they were treated with dignity and respect. A relative told us, "[person's name] likes living at Meadowbank as she values her independence".
- During our inspection staff demonstrated that they knew how people liked to be supported by interacting with them when invited. The staff also showed respect at all times and maintained dignity.
- Staff we spoke with explained how they respected people's privacy and dignity, particularly when supporting them with personal care by, for example, ensuring doors were closed and people were covered up.
- Staff understood the importance of promoting and maintaining people's independence. Staff knew the level of support each person needed and what aspects of their care they could do themselves. They were aware that people's independence was paramount and described how they assisted people to maintain this whilst also providing care safely. Care plans promoted independence.

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

- People's care records included information about their personal circumstances and how they wished to be supported. When people moved into the service, they (and their families where appropriate) were involved in assessing, planning and agreeing the care and support they received.
- People said care staff consulted them about their care and how it was provided. Care plans reminded care staff to offer people choices such as in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us that if a person did not want care they would encourage but then record that care had not been provided and why.
- Care plans included information about people's sexual, religious or cultural wishes. Where people had made decisions about their sexual wishes, staff had supported and enabled them to safely do this.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;
End of life care and support

- People received individualised care which met their needs. A relative told us, "The permanent staff that I know there are very good, they know him well and how to support him."
- People told us they were involved in their care plan and given choice and listened to. One person told us how they had chosen what they wanted to do and brought an agenda to a meeting and felt listened to. They said, "All the things planned make me feel better".
- Care plans provided information about how people wished to receive care and support. These identified key areas of needs, such as, personal care, daily living activities, personal hygiene, meal preparation, health issues, shopping and dressing. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.
- Most of the care plans had been updated to a new style care plan which people using the service were consulted about. One person had been part of a forum called 'taking control' where people were asked for ideas and what they would like to see in their care plans.
- The service was looking to move to electronic care planning and had identified software to develop in the coming year. A person was involved in a working party as well as staff. This meant that people had control on what was important to them and care planning.
- Staff demonstrated a detailed knowledge of people as individuals and knew what their personal likes and dislikes were.
- People were supported to access the community and choose their activities they wished to pursue. Organised activities included, day centres, shopping and days out. At the time of our inspection staff were supporting one person to attend a gala ball in London and the person was looking forward to this event.
- The provider employed volunteers to support people to pursue their interests. For example, one person was supported to attend local premier football matches. For another person a volunteer supported them to attend a nightclub in the evening.
- When we visited the service, nobody was receiving end of life care. However, there were care plans for end of life with details on who to contact and funeral arrangements.
- The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We spoke to the manager about how they ensured information was accessible for all people using the service. They told us, about different communication styles in place to support people. For example, for one person they have information recorded to them on a cassette recorder which they can listen to and gave us some examples.

Improving care quality in response to complaints or concerns

- People and their relatives could raise concerns and told us they would if they needed to. People and their relatives told us they were confident that the manager would ensure that their problems were dealt with in a timely manner.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives we spoke with told us they were happy with the service and the care provided. A relative told us, "[person's name] wouldn't want to live anywhere else". Another relative said, "We are happy, and it will be even better when they have more permanent staff." Other comments included, "We are generally very happy with the place". As well as, "[person's name] never moans about his home and he is absolutely happy in himself".
- There was an open and transparent culture within the service. The previous inspection report and rating was displayed prominently in the office area.
- The manager notified CQC of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. They had acted according to the duty of candour following previous incidents they had notified us of.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection the previous registered manager had left the service and a new manager had been appointed and was currently in the process of registering to become the registered manager of the service.
- People and their relatives were happy with the new manager and felt communication had improved. One person told us, "[Managers name] is fantastic". A relative said, "The manager deals with problems, well the new one does, he seems quite dedicated".
- Staff we spoke with felt supported by the new manager and felt they were approachable and felt confident if they raised any concerns they would be acted on.

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

- The provider had a representative forum with meetings for people using the service called 'Taking Control' to engage feedback from people to improve the service.
- People and their relatives and staff were invited to participate in a quality assurance questionnaire to obtain feedback about services provided.
- Staff meetings were held, and staff were encouraged to voice any concerns about the service to improve the quality of the service.
- The service produced a newsletter which shared organisational news, with the current edition featuring a

story about the service and people's achievements.

Continuous learning and improving care

- The manager and deputy manager working at the service used a system of audits to monitor and assess the quality of the service provided. These included medicines, complaints, finance, supervisions, training and staffing. Where issues were identified remedial action was taken.
- External audits were also in place to review the service's progress against the Care Quality Commission's key lines of enquiry, and to review previous actions agreed. The manager then used this information to form a service improvement plan which was clearly visible in the office and was an ongoing working document and regularly reviewed.

Working in partnership with others

- Since our last inspection, the service had been working in partnership with the local authority, safeguarding teams. The local authority was satisfied with the progress that had been made and felt improvements had been made and were confident with the new manager and told us they were 'open and honest'.