

The Royal School for the Blind

SeeAbility - Horley Support Service

Inspection report

Bradbury House
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

SeeAbility Horley Support Service provides domiciliary and specialist support to young people with visual impairment and complex needs. The service is provided at Bradbury House, which is a purpose-built, single-storey building. The service is registered to provide personal care. At the time of our inspection, there were six people living at SeeAbility and four people were receiving outreach support within their own homes.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

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

People's experience of using this service:

People and their relatives told us they felt safe living at SeeAbility. Risks to people's safety had been assessed and measures implemented to keep them safe. A positive approach to risk taking was followed to ensure people's independence was maintained. Staff were aware of their responsibilities in safeguarding people from abuse and had developed open and trusting relationships with people.

Staff had received training and support from healthcare professionals with regards to people's individual health needs. This had enabled staff to provide people with individualised support in these areas.

People were offered choices in all areas of their lives, including what they ate and how they spent their time. Relatives told us that staff were caring and treated their family members with respect. People were supported to maintain relationships with friends and families. Staff had worked at the service for many years and positive relationships had developed between people. There was a warm and homely atmosphere and people were clearly comfortable living at SeeAbility. People's dignity and privacy was respected, with personal care and conversations taking place behind closed doors.

People received a personalised service and were involved in developing their care plans. Staff knew people's life histories, preferences and routines. Activities were based around people's choices and people were supported to take part in the running of their home. There was a positive culture within the service where people, staff and relatives felt listened to. The registered manager felt supported by the provider and this flowed through the service.

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

Why we inspected:

This was a planned comprehensive inspection to confirm the service remained Good.

Follow up:

We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

SeeAbility - Horley 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 as part of our regulatory functions. This inspection checked 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.

Notice of inspection:

This inspection took place on 16 May 2019 and was announced.

Inspection team:

The inspection was carried out by one inspector and one inspection manager.

Service and service type:

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

What we did:

Prior to this inspection we reviewed all the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We used information the provider sent us in March 2019 in the Provider Information Return. This is information we require providers to send us at least once annually

to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern at our inspection

As part of our inspection we spoke with four people who lived at the service and observed the care and support provided to people. We also spoke with the registered manager, two staff members and a volunteer. We reviewed a range of documents about people's care and how the home was managed. We looked at two care plans, medication administration records, risk assessments, complaints records, policies and procedures and internal audits that had been completed. Following the inspection, we spoke with two relatives who are in frequent contact with the service

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff were regularly trained and had access to guidance about what to do to report any concerns about abuse. A member of staff said, "We need to keep people safe from harm, we have a number we can call and I would feel confident to report concerns."
- Relatives told us they felt their loved ones were safe. One relative said, "I feel [my relative] is safe, when we visit he is always happy." Another relative said, "[My relative] is safe and I have absolutely no issues or concerns over his safety at all"
- Records showed that concerns had been referred to the safeguarding team where appropriate.

Assessing risk, safety monitoring and management

- Risk were appropriately recorded and managed. One person had risk assessments regarding all aspects of their daily activities. The ethos of the service was to enable people to take manageable risks. One person enjoyed trampolining and riding a trike and was supported to do so after the risks had been assessed and measures put in place to minimise any risks.
- There was a business continuity plan in place. This confirmed what action should be taken in the event of an emergency, such as alternative emergency accommodation, the loss of utilities such as water or gas, and failure of IT equipment.
- There was also a fire plan and each person had their own personal evacuation plan. Staff were trained to respond in the event of a fire.

Staffing and recruitment

- There were enough staff to support people in the supported living home as well as those that lived in their own homes with the outreach service. One member of staff said, "On a few occasions when we were slightly short staffed the team always pulled together to ensure it did not affect people's activities."
- Rotas showed that staff sickness was covered by other permanent staff members or the registered manager. Staffing number always matched what the rotas said they should be. The registered manager told us that the service had never used agency staff as the people who lived there did not know agency staff and they would rather have someone they knew.
- Recruitment checks were carried out centrally by the organisation and there was a robust system to check all staff were suitable to work with people. We checked these records on our last inspection and found them to be robust.

Using medicines safely

- Medicine administration and recording practices were safe. People kept their medicines in their own room in locked storage. Trained staff then supported people to take their medicines at the prescribed times.

- Staff knew people well enough to see any symptoms of illness from their behaviour or facial expressions. They then supported people to take their PRN (As and when required) medicines.
- All medicine records were accurate and staff received regular training along with having their medicine competencies monitored.
- In 2018 a review took place of people's psychotropic medicines. This is a national NHS-led initiative to review and reduce these medicines. As a result, one person had a reduction plan in place.

Preventing and controlling infection

- People lived in a clean and well-maintained environment. Cleaning schedules were in place and records showed that these were followed.
- Staff had access to personal protective equipment to use when supporting people with their personal care needs.

Learning lessons when things go wrong

- Accidents and incidents were recorded, including details such as what had occurred and what actions were taken as a result of this. The registered manager was able to analyse the information for any trends of issues that needed to be addressed. An example of this was one person who went through a period of becoming distressed and agitated at handover time. It was established that this was due to the person being alone at handover time. Extra staff were brought in for handover so that someone could be with the person. As a result the person had become happier and their emotional wellbeing had improved.

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

Good: ☐ People's outcomes were consistently good, and people's feedback confirmed this.

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

- At our previous inspection we found that pre-assessment checks were thorough. There had been no new people moving in to the service since our last inspection.

Staff support: induction, training, skills and experience

- The majority of staff were up to date with their mandatory training. When training was due arrangements were in place. One relative said, "The staff are very good and they always know what they are doing when it comes to supporting [my relative]." A staff member told us, "I get informed when my training is due. I have had recent epilepsy training as part of my staff training and this is refreshed yearly." Another staff member said, "The training here is good, we are all kept up to date with any changes that we need to support people." The registered manager said, "We have recently trained all staff on epilepsy as [the person] living here lives with multiple forms of epilepsy so by keeping up with training, staff who also know [the person] really well, are able to recognise signs early and support them."
- The service's training matrix computer system identified when a staff member's refresher training was due for renewal. The registered manager told us, "SeeAbility are moving to a new system for learning and development during the summer which will be a lot better and give managers more scope for reports."
- Staff received regular supervisions, which included discussions around wellbeing, training and development. One member of staff said, "My supervisions take place monthly and if I want to raise something outside of this supervision then I can have another one. I feel listened to and supported in my supervision."

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

- People received individual support with their diet. We observed people being supported to prepare their own breakfast and lunch. Staff supported people to shop and prepare food. A member of staff told us, "We support people to be independent when it comes to food choices. This is their home and they know what they like to eat and they really enjoy preparing and making food. We support them by also encouraging healthy options to ensure a healthy diet is maintained."
- Staff had thought about ideas to promote independence to make eating and drinking more person-centred. Staff told us about one person who was unable to eat independently. They worked consistently with this person and identified that if the food was cut up and they touched their hand while they held their cutlery it prompted them to eat more independently. The result was that it increased this person's experiences with food and made it a more pleasurable time for them.
- Some people had a 'meal mat', which provided guidance for staff on the person's specific needs during meal times following an assessment from a speech and language therapist.
- People were supported to have frequent drinks or encouraged to make their own.

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

- People had a health action plan which gave detailed information about their diagnosis and needs. People had access to health services including GPs, dentist, opticians and speech and language therapists. There was a particular focus on eye health and each person had a specific plan to support regular check-ups or treatment.
- The provider also had behaviour specialists and psychologists who visited and provided staff with advice on how to support people in ways that reduced anxiety or met their specific needs.

Adapting service, design, decoration to meet people's needs

- People lived in their own home, so we did not assess their private rooms however, the communal areas had equipment which was adapted to meet people's needs. One person had a sofa which vibrated, and we saw they sat happily on this feeling the vibrations with their hands. They also always had sensory items near them. There was an adapted bath and a hearing device to help staff respond quickly if someone experienced a seizure at night. People were as involved as they were able to be in choosing the decorations in the home. The home was bright, light and full of people's art works, photos and personal items.

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.

- People's legal rights were protected because staff followed the principles of the MCA. A staff member told us, "People here have capacity to make their own decisions."
- People's capacity was assessed around specific decisions and best interest discussions were in place with regards to people's needs and on-going care. Where appropriate, healthcare professionals were involved in this process. For example, one person has been assessed as requiring the use of a lap belt whilst in their wheelchair. This person had capacity and has chosen not to use the lap belt and this decision has been discussed with staff and healthcare professionals where the risks had been clearly explained and documented.

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

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

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

- Relatives told us they felt staff were kind. One relative said, "Staff are kind, considerate and gentle." Another relative told us, "Staff look after [my relative] in all aspects of his life, he has a great relationship with [staff member] who is very kind and caring with [my relative]. They have recently been on holiday and this wouldn't be possible without the support of the staff." A Volunteer told us, "This is a fantastic home, if I was ever in [the person's] position, this is the type of place I would like to be. Staff treat [the person] very well and have built a very good relationship with him, they are always laughing and joking together. I am very impressed with what they do here."
- Staff were genuinely caring, kind and they treated people with a friendly and loving manner. We observed an interaction between staff and a person who had become a little agitated. Staff spent time with this person to reassure them and spoke to them in a warm and compassionate way, being sensitive to this person's needs. Staff expressed how much they liked the people they worked with and respected them as independent adults who they supported to live full and interesting lives. There were many caring conversations that included humour and appropriate physical touch which showed genuine affection. A staff member told us, "It's a very privileged job. One of the guys will achieve something and that makes the day worthwhile. It's a very inclusive place. The guys have their own spaces and they all get on very well together. People can come together and talk about their day and plans. It's like a little family unit."
- The staff supported one person who lived in their family home. The staff had learnt about the person's religion, some of their language and customs and respected these. As a result, the person had grown in confidence and was able to go out into the community more.
- People had been offered a choice around equality and diversity. An example of this was that people were supported to attend a 'Voices to be heard' forum. At the forum there was a topic discussed and the last topic was around lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ).

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

- People were involved in planning their own care as much as possible. They held a meeting once a week to decide on meals. People were able to choose the member of staff they wanted to support them with their activities and staff respected their choices. One person especially liked one member of staff to accompany them to watch a film or listen to music in the quiet room. Where people needed support to make decisions, families were fully involved. A relative told us, "We are always involved and asked for our opinions with regards to [my relative's] care, they think of things such as asking for our opinion on what clothes [my relative] would like to buy."
- People were involved in day to day decisions around their care. We observed people being asked for their input throughout the inspection, such as giving them a choice in activities they would like to do that day. For example, one person requested to go to the shops and staff listened to them and even though staff were

busy supporting other people at the time, they organised for the person to go shopping and this made the person extremely happy. One person was fully involved in planning and conducting their own reviews, they wrote notes and led the review to inform people what they wanted to achieve.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence, such as completing their own cleaning and laundry with support from staff. One person told us that having a home day, which was about cleaning up and tidying their room, was something that they looked forward to and that to do this made them feel happy.
- People living in the service's supported living home had an adapted kitchen where appliances and worktops were lowered to allow people using wheelchairs to prepare and cook food. There was a cup filler indicator, so people could make drinks more independently. Some people used plate guards, adapted cups or non-slip mats to help them eat independently.
- People's dignity and privacy was respected. A staff member told us, "I maintain people's dignity and privacy the same way I maintain my own, knocking the door and keeping them covered up when delivering personal care." Another staff member said, "I always make sure curtains are drawn and doors shut whilst personal care is delivered. Talking through what is happening and knocking on doors to ensure that they know what is going to happen."

Is the service responsive?

Our findings

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

Good: 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

- A wide variety of activities helped people live fulfilled lives. Some of these activities were person-centred to respect the wishes of each person. A staff member said, "[The person] wanted to go on a holiday. He was nervous about going on a holiday as his surroundings are important to him. He was nervous about what would be there. We got pictures of where he would like to stay, he chose where he would like to go. Whilst on holiday [the person] wanted to go swimming. It was a very busy atmosphere in the pool and we encouraged him to try what he wanted to try. By the end of the day he was going down the lazy river and he shouted, 'I did it.' This was a huge personal goal for [the person]."
- We observed that people had access to a wide range of activities, such as going to the shops, swimming, walks, cycling and also day trips out. People had personalised books filled with photographs of the activities they had taken part in. These were used for them and their families to look through.
- One person had been asked by staff what job they would most like to do. The person said they wanted to work at a hairdresser. The staff had found a hairdresser who had offered the person employment on one day a week. They had gone for a trial and said they loved the job so they now went regularly. They told us how much they valued and enjoyed their job and they were saving their money for a new item they especially wanted.
- People's families were involved in making choices about activities. A relative told us, "Staff have thought about different types of activities that will be engaging for [my relative] and ensuring that he can try new things. They take him for hydrotherapy sessions and also trampolining, which he really loves to do and this has also had a positive benefit on his health." This person's mobility and posture had improved due to the range of activities, the support of physiotherapy and the equipment provided.
- People received person-centred care. Care plans included details such as what music or films people liked so these could be played for them. Daily notes were detailed and confirmed what activities people had completed, as well as what active support they had received

Improving care quality in response to complaints or concerns

- No new complaints had been received since the last inspection. The provider had a system for recording and handling complaints.

End of life care and support

- At the time of this inspection no one living at SeeAbility was receiving end of life care. However, care plans were being updated to support people if this occurred. The registered manager told us that new end of life plans were being developed for each person. Since the inspection we have been sent some examples of where this has now been implemented with a person-centred plan.

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

Good: 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

- Relatives told us the registered manager was approachable. One relative told us, "[The registered manager is very enthusiastic and positive and I am pleased that we have her to talk to when needed." Another relative said, "She's very good and keeps us informed." A volunteer said, "[The registered manager] is doing a wonderful job here, she treats the people that live here with such compassion and respect."
- Staff felt supported in their roles and listened to by the registered manager. One staff member told us, "[The registered manager] has been a breath of fresh air. She is ever present with us and is always around to support us. She is so approachable. If I ask [registered manager], she always gets it, she is always proactive and supportive. She has given us a sense of worth and I feel appreciated." Another staff member told us, "I really like [The registered manager]. She is good because she listens more, and she is here for us if we need her. Things get done when you ask for it. I have raised handovers stating they need to be a bit better and this was raised in the meeting and then this was improved straight away and this enabled me to better understand what people's needs were."

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

- The registered manager carried out regular audits. On the day of the inspection they checked that one member of staff was competent to continue giving medicines safely. The provider visited regularly and wrote a report which led to an action plan. The registered manager then completed the action plan and progress was checked at the next provider visit. People, families, staff and stakeholders were invited to an event in 2018 when they were asked about quality.
- A recent audit of financial safety for people found it would improve if all the services had standardised financial recording. The registered manager put this in place and it had helped all staff to maintain accurate records which were easier to check.
- The registered manager was aware of their responsibilities in ensuring that CQC were notified of significant events which occurred within the service.

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

- People were encouraged to be involved in the running of their home. Resident meetings took place where people were able to choose what meals and activities they would like during the week. The registered manager told us that another idea was for people to be more involved in the selection of new staff. As a result, one person was supported to write interview questions and when the next candidate visited the

home, the person would be involved in asking questions.

- The service actively sought feedback from relatives. One relative said, "They send me an annual survey asking for any feedback, but they also keep me updated of any changes with [my relative] as and when they happen." Another relative said, "When we visit they always ask us for our opinion on anything that we would like to discuss or raise."

Continuous learning and improving care. Working in partnership with others

- The registered manager worked with other managers to share best practice. They also worked with health care professionals to ensure people received the care and support they needed.