

The Royal School for the Blind

SeeAbility Bristol Support Service Office

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 29 June 2017 and was announced. The inspection was carried out by one adult social care inspector. We gave the provider 48 hours' notice of the inspection to ensure people we needed to speak with were available. The service supports people with a sensory disability and other complex needs. People live in self-contained flats, in supported living accommodation. At the time of the inspection the service was providing the regulated activity of personal care to ten people.

There was a registered manager in post. 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.

At our last inspection in April 2015 we rated the service overall as Good. However, at that inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the records were not fully effective in supporting staff to monitor people's health needs around fluid and nutritional intake.

Following that inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of that regulation. At this inspection we saw the provider had taken the action they had identified in their action plan. As a result improvements had been made and the service was no longer in breach of this regulation.

As a result of this inspection we have rated the service Good.

Why the service is rated Good

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, plans were in place about how to manage, monitor and review these.

People were supported by the service's recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

Staff had the knowledge and skills they needed to carry out their roles effectively. They were supported by the provider and the registered manager at all times. Staff had completed nationally recognised qualifications in health and social care and others were in the process of completing these.

People received a service that was based on their personal needs and wishes. Changes in people's needs

were quickly identified and their care arrangements amended to meet their changing needs. The service was flexible and responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions Mental Capacity Act (MCA) 2005 best interest decisions had been made.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The registered manager had implemented a programme of 'planned growth' that had been well managed and they were committed to continuous improvement. The registered manager demonstrated strong values and, a desire to learn about and implement best practice throughout the service.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

Further information is in the detailed findings below.

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 remains Safe.

Is the service effective?

Good ●

The service has improved to Good

The service was effective.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions.
The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

Where necessary people were provided with a healthy diet which promoted their health and well-being and, took into account their nutritional requirements and personal preferences.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service remains Well Led.

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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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During the inspection people were busy with plans they had made for the day but we did meet with two people who used the service and a relative. We also read written compliments/feedback people had made about staff and their views and experiences about the service. We spent time with the area manager, registered manager and four care staff. We looked at four people's care records, together with other records relating to their care and the running of the service. This included the policies and procedures relating to the delivery and management of the service, minutes of meetings, accidents, incidents, complaints and, audits and quality assurance reports.

Is the service safe?

Our findings

The service remained safe. A relative told us, "I know my son is in very safe hands and that's been a tremendous relief to me. The staff have all been very good". People were kept safe by staff who understood their role and responsibility to protect people. People had complex physical and mental health conditions and as such were at great risk of harm. Staff had a good knowledge of risk assessments and measures to be taken to keep people safe. Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person, both within their homes and the community. Risk assessments included a helpful, good level of detail about the action to be taken to minimise the chance of harm occurring. Examples included risk of choking, seizures, weight loss, falls and use of equipment.

People had complex physical disabilities and required specialist equipment to help keep them safe. All equipment was risk assessed, staff received training on how to use the equipment and the equipment was checked every month to further reduce the risks to people who used them. Equipment included, pressure relieving mattresses, profiling beds, specialist seating, ceiling and mobile hoists and equipment to help people shower and bathe safely.

Staff had identified when certain behaviours from people could impact on their safety, and that of other people who lived in the service, staff and visitors. Risk assessments provided information about how this should be managed. Staff considered what triggers may exacerbate certain behaviours so these could be avoided wherever possible, for example pain, anxiety and distress. Where this had not been possible staff knew how to support people to de-escalate the situation.

Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead up to events, what had happened and what action had been taken. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits helped staff identify any trends to help ensure further reoccurrences were prevented. If a person had fallen they reviewed the environment to see if risks could be eliminated, for example, by moving furniture, looking at flooring, and reviewing footwear or walking aids. The staff monitored for signs of infection as a possible cause of accidents or incidents. All incidents were considered through reflective sessions when staff received their one to one support with the registered manager/senior staff.

The provider had an up to date safeguarding policy in place. Records detailed the local procedure and contacts for the safeguarding team. Staff understood what constituted abuse and knew the processes to follow in order to safeguard people in their care. Policies and procedures were available and training updates attended to refresh their knowledge and understanding. The registered manager and staff recognised their responsibilities and duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified would include the local authority, CQC and the police.

People were supported by sufficient staff with the appropriate skills, experience and knowledge to meet their needs. Care was usually provided by staff on a one to one basis and, in some circumstances dependency and needs meant that more than one staff member would be in place. This included such things as a decline in health, when receiving end of life care, or for those following a discharge from a hospital, requiring rehabilitation. Regular staff were allocated to people to help ensure consistency and continuity when receiving care.

Safe recruitment procedures were followed at all times. Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people. The registered manager told us about plans for the coming year to involve people who use the service in future staff recruitment. This would include the decision making process for recruitment of individuals and attending recruitment events.

There were clear policies and procedures for the safe handling and administration of medicines. Staff completed safe medicine administration training before they were able to support people with their medicines and this was confirmed by those staff members we spoke with. Staff were observed/supported until they felt confident and competent to do this alone. Practical competency reviews were completed with all staff to ensure best practice was being followed. There had been some medicine errors and there was clear evidence how this had been investigated and resolved to help prevent further occurrence. People had not come to any harm from the errors and lessons had been learnt and improvements made.

Is the service effective?

Our findings

At the inspection of April 2015 the records in place were not always effective in recording and monitoring people's food and fluid intake. The total amount of fluids that a person had taken over the day was not always recorded. This meant there was a risk that people's health would not be effectively monitored. In the case of one individual this was particularly important because there were concerns about the person becoming dehydrated. In another case, there were limited recordings on the days we viewed. Staff told us that this was because the individual had been out for the day, however this had not been noted on the chart. This was a breach of regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection of April 2015 we found improvements had been made and the breach had been rectified. Recording had improved and evidenced a good level of detail about people's intake. This meant staff would have information that would alert them should a person be at risk of weight loss or dehydration. People were provided with support to eat and drink where this had been identified as a care and support need during the assessment process. The exact level of support a person required was recorded in the care plan. Staff reported any concerns they had about a person's food and drink intake to the registered manager. We saw that referrals had been made to speech and language therapists because there were concerns over people's swallow reflex and an increased risk of choking. Advice and guidance had also been sought from GP's and dieticians when people had been at risk of weight loss.

The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's physical and psychological needs. Newly appointed staff completed their induction training. An induction checklist monitored staff had completed the necessary training to care for people safely. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. Staff confirmed that the induction and subsequent training they received was effective. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident within the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. All staff received core training which included; first aid, infection control, fire safety, food hygiene, administration of medicines and safeguarding vulnerable adults. Specific training to meet people's needs was also provided, for example, sign language, autism and positive behavioural support. One staff member told us they had recently enjoyed the training on epilepsy and mental health awareness. This in turn had raised a particular interest in resourcing some additional training around understanding and supporting people with a diagnosis of depression.

The service had a small, steadfast group of staff who felt supported on a daily basis by the registered manager, and other colleagues. Additional support through supervision and quality checks were provided to all staff. Staff liked the opportunity to talk about what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to

explore. Comments from staff included, "I feel very supported by the manager and I can talk to him about anything" and, "They are very useful, I look forward to them, my supervisor is great the sessions work well and allows time for reflection".

The provider had policies and procedures on the Mental Capacity Act 2005 (MCA). The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack capacity to make some decisions. Information in people's care records showed the service had assessed people in relation to their mental capacity. Everyone had a good understanding of the MCA. Records and discussion with the registered manager and staff reflected that any decisions made were in people's best interests for those people that lacked capacity. Staff understood their responsibilities with respect to people's choices. Staff were clear when people had the mental capacity to make their own choices, and respected those decisions. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professional's involved in their care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Is the service caring?

Our findings

The service provided was very caring. Positive, caring relationships had been developed with people and their families. Continuity of staff for individuals was seen as an important aspect to ensure consistency wherever possible. People appreciated the efforts of the registered manager when co-ordinating this. People received care, as much as possible, from the same familiar staff. The keyworker role played an essential part in this. The registered manager explained how it was essential to match the right member of staff with the right person to ensure the keyworker role was meaningful for people. One member of staff spoke with us about the keyworker role and how this had enhanced a person centred approach to care.

Staff provided us with a good background of people's lives prior to using the service. This included family support and existing relationships, what made people happy and sad and how they communicated this. Staff had supported people for some years and they were dedicated and caring. People were confident in their surroundings and with staff who supported and cared for them. It was evident when we met with two people who used the service that staff supported people with kindness and compassion. One lady was very happy to meet with us before they went out for the day. There was a lot of happy exchanges between the staff and this lady and we were treated to a rendition of one of their favourite songs. One staff member we met was very respectful and patient when introducing us to the person they were supporting that day. They sensitively explained to the person who we were and, asked if they wished to invite us into their apartment and, if we could look at their care documents. It was evident that the staff respected they were privileged visitors in people's homes.

A relative told us, "The staff I have met have been first class there is no downside". We saw in the written compliments received from people that one staff member had been complimented on their approach to people and their genuine kindness. The staff member had been observed by a person using the service whilst they were supporting another service user. They wrote, "She had such a way of working with the person and was able to calm them down very quickly, she had a nice tone and a caring voice".

The ethos of the service was that people should be afforded every opportunity to live a normal life and enjoy those things that everyone has a right to. Ideas and initiatives to support this were constantly thought about and discussed with people and amongst staff. People were supported to take holidays, have an education, and follow personal interests such as football and rugby, going to disco's and attending choir. People's lives were busy and enjoyable on a daily basis. The registered manager told us, "Whatever they want we will support them, if I say I am going to do something I will do it, we will not let them down".

There was a sense of an empowering culture for people. Independence and autonomy was promoted at all times and was at the centre of all care and support people received. Support pathways were developed with individuals and relevant professionals to support phased progression. The registered manager and staff recognised individual capabilities and worked on strengthening these. Staff were proud of individual successes around people's improved independence and exercising control of their lives. People had been referred to community physiotherapist and occupational therapist (OT) professionals so that staff were equipped with guidance, knowledge and equipment to support people effectively and safely.

The respect and kindness shown to people was shared amongst the staff group so that everyone felt valued within their individual roles. The registered manager spoke with us about their ethos on supporting staff. Staff wellbeing was paramount in helping to ensure they felt valued, empowered and supported. This approach had a positive impact both individually and as a team, in addition to the care and support people subsequently received. They were happy working at the home and this was reflected in their attitudes and integrity during the inspection. Staff were approachable, helpful, willing and friendly with a good mix of personalities.

Staff morale was positive and they were enthusiastic about the service they provided as a team. Comments from staff included, "I enjoy supporting people and making them happy", "The care is focused on the person and is individualised, it's all about them, I love what I do" and, "We have grown fond of people, they are important to us and for them to happy with their lives is all that matters".

Is the service responsive?

Our findings

The service remains responsive. The service provided was person centred. It was flexible and responsive to people's individual needs and preferences and aimed for people to live a full and active life. The registered manager completed a thorough assessment when people were considering using the service. In addition people were supported to invite significant others to be part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the registered manager and person to make a decision as to whether the service was suitable and their needs could be met.

Care plans were developed detailing how people wanted to be supported. The care plans were informative and interesting. They reflected that people had been fully involved in developing their plans and outlined personal preferences, likes and dislikes. They provided staff with a good level of guidance about people's preferred daily routines and what level of assistance was required. People's changing needs were responded to quickly and appropriately. Plans captured a holistic approach to care and included the support people required for physical, emotional and social well-being. They were personalised and included information on people's life experiences, interests, hobbies and likes and dislikes. There was specific, detailed information about behaviours, personalities and personal backgrounds. This included how people preferred to be spoken to, preferred routines and methods of communication.

The philosophy of the service was to promote community and social networking. This was personal to each individual and offered choice, empowerment and independence, so that that people could lead enriched and fulfilling lives. In order to achieve this staff had written support plans which captured people's needs with regards to their social wellbeing. These provided staff with specific information about what people wanted to do and how they were to be supported.

Staff recognised when people were unwell and reported any concerns to a person in charge. They were confident enough to contact GP's or emergency services if required. We heard examples where continuous daily evaluation helped identify deterioration in people's health, where needs had changed and intervention was required. This included things such as treatment for infections, review of medicines and assessment for equipment in their homes.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff were aware of any changes to people's care needs and to ensure a consistent approach. A handover is where important information is shared between the staff during shift changeovers. There were written records of the handover so staff could keep up to date if they had been off for a few days.

The complaints policy and procedure was provided to people when they started using the service and kept in a folder in their homes. It helped people understand how to express what they were feeling and what they

could do if they had any concerns. The registered manager and all staff encouraged people to express any concerns or anxieties and dealt with these promptly. They felt that this approach prevented concerns escalating to formal complaints from relatives and relieved any anxiety that people may be feeling. One relative told us, "Any niggles I have had they have dealt with straight away, they are always willing to listen and address things". The registered manager told us, "We listen to people and hear what they are saying. I will always do my very best for them". Because staff knew people they supported very well they recognised when they were unhappy about something. People had one to one support throughout the day. This gave them the opportunity to speak or communicate with their support worker about anything that may be worrying them.

Each person had a "transfer passport". This was a detailed overview about people and was used when they transferred between services for example hospital admissions or when attending appointments. These provided other care providers with essential information to help support consistency in care and promote people's safety. The passports were particularly important to support those people who were unable to communicate verbally and provided emergency contact numbers, previous and current medical history, current medicines, people's capacity and communication needs.

Is the service well-led?

Our findings

People received care and support from a well-led service. The registered manager had been in post for approximately eight months. During this time the service had developed and sustained a positive culture. Throughout our inspection we found the registered manager and area manager demonstrated a commitment to providing effective leadership and management. They were keen to ensure a good quality service was provided, that staff were well supported and managed and that the service was promoted in the best possible light.

There was an emphasis on striving to improve the service provided. The registered manager had implemented a programme of 'planned growth' that had been well managed. The service was proud of the achievements to date. They had slowly built a small staff team with a clear management structure. They had formed a cohesive group who were committed to the people they supported. Staff were all feeling settled and excited about moving the service forward. They were proud of the service and wanted it to be a positive experience and place for everyone who used it.

Relationships of trust and confidence were being promoted by the area manager in order to ensure the registered manager was respected and approachable. Since commencing their post the registered manager had displayed enthusiasm, commitment and passion about the service and those who used it. Both the area manager and the manager promoted and encouraged open communication amongst everyone who used the service. Comments we received from staff included, "The manager is very passionate about what he does here and it rubs off on you", "I can always speak with the manager and I know he will listen and support me" and, "Things have improved all round and this has had a positive impact for the people we support". The area manager told us, "The staff are very positive about the new management, the atmosphere is lovely since the manager has been here, he has transformed the service in many ways and feedback from people has been brilliant".

People were actively involved in developing the service and felt they were listened to. SeeAbility has a service user forum called 'Speak Easy'. The forum supports people from all its locations to influence their individual service and the development of the charity in addition to raising issues, and sharing ideals. One person who uses the service plays an active part in representing all who use the Bristol support service. Everyone is asked if they have anything to share and take to the meetings and feedback following the meeting is given to people and staff.

The registered manager led by example. Although they were supernumerary on each shift they were readily available to offer support, guidance and hands on help should carers need assistance. The registered manager also covered vacant shifts, when other staff members were not available. This promoted continuity of care and kept them up to date with people's needs.

The service considered the Key Lines of Enquiry (KLOE) which CQC inspect against and, how they will plan for the future to improve and further enhance current good practice they were achieving. There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services

provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had all given sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.