SeeAbility

SeeAbility - Horley Support Service

Inspection report

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Date of inspection visit: 8 July 2014
Date of publication: 21/11/2014

Ratings

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

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

SeeAbility – Horley Support Service, is a supported living service which provides specialist support for up to six

Summary of findings

young people with a visual impairment and complex needs. The service enables people to maintain and develop their skills and to become independent where possible. This could range from doing their own cooking, making decisions on activities, or working in a part time job. People had tenancy's for their room and shared a communal lounge and dining area, as well as a kitchen. There were six people being supported by the service on the day of this inspection.

People and their relatives told us they felt they were safe in the hands of the staff. Records showed staff had received safeguarding vulnerable adults training and staff were able to tell us what they would do if they had any concerns. Staff were also able to satisfy us they had a good understanding of the Mental Capacity Act 2005 and knew when it would be appropriate to hold a 'best interest' meeting.

Support plans contained individual risk assessments in order to keep people safe and we observed during our visit there were sufficient numbers of staff on duty in order to support people when they needed it. Staff told us they felt they, "Work well as a team" to support people and keep them safe.

People were encouraged to make their own decisions about their food. Everyone participated in being involved in cooking or preparing their meals. Staff promoted a healthy eating regime for everyone and fresh fruit and drinks were available. One person said, "I like helping with the cooking."

People had access to other health care professionals as and when required. This was recorded in their support plans. We saw, where appropriate, guidance from health professionals was followed by staff.

Those who could, told us they felt staff treated them with respect and dignity and they could have privacy whenever they needed it. However, we felt through observation staff did not always take the time to communicate with people in a meaningful way. We observed occasions when we felt staff did not understand or promote respectful behaviour or social interaction.

We spoke with a professional from a registered charity. They told us there was a good commitment from staff to ensure that when individuals received support from them (the charity), staff continued this support to ensure consistent and co-ordinated care.

People made decisions about their own care and treatment. For example, whether or not they wished assistance with personal care, or undertaking an activity. This was recorded in the records and people confirmed this. One person said, "I make decisions about what I want to do." Relatives told us they were involved in reviewing the care and support provided to their family member.

Each person had a keyworker, and co-keyworker. This meant people were supported by staff who had the appropriate knowledge about each individual. One relative told us, "The staff know (my relative) very well." Staff were encouraged to progress professionally and attend training appropriate for their role.

Everyone had an individual activity plan. This ensured they also had access to the community, friends and relatives. Two people worked at a local charity shop during the week. One of them told us, "I like working at (the shop) best." There were also several volunteers involved with the service and activities were individualised to suit people's needs and preferences.

People were given information on how to make a complaint. The registered manager told us there had been no complaints in the last 12 months. There was an accident and incident log which recorded details of any incidents, together with the outcome and action taken.

Those who could, told us they were encouraged to feedback their views of the support they received. This was done either through the formal annual survey or by speaking to the registered manager. They said the registered manager was very approachable and supportive and would act on any issues raised with them. Regular audits were carried out, which included a quarterly regional manager visit. This showed us the provider checked they provided support in an appropriate and safe way and where necessary, improvements were made.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

We found the service was safe.

People told us they felt safe and knew who to speak to if they had concerns.

Staff knew how to recognise and respond to abuse correctly and we saw an example of how the service had responded to behaviour that challenged others.

The service followed robust recruitment processes to help ensure only suitable staff worked at the service.

We found the service to be meeting the requirements of the Mental Capacity Act 2005. This helped to ensure people's rights were respected.

Is the service effective?

Good

People's care was effective because staff knew the needs of a person.

Staff had up to date training and supervision and were encouraged to progress professionally. We heard how most staff had taken the national diploma in health and social care.

Most people had a choice about the food they ate. Those who did not have the capacity to make decisions about their food had choices made for them based on staff's knowledge of the person.

We saw people had access to other health care professionals when they needed it.

Is the service caring?

Requires Improvement

People were not always supported in a caring and respectful manner.

Everyone was positive about the care provided by staff but this was not supported by some of our observations. We felt care was sometimes task orientated and did not always include social interaction with people.

Is the service responsive?

Good

We found the service responsive because people told us they were able to make individual and everyday choices and we observed this during our inspection.

People were made aware of the activities available to them and each had their own individualised activity plan.

Summary of findings

Is the service well-led?

The provider needed to do more work to ensure the service was well-led. We observed times when we did not feel staff acted with kindness to people. This showed us that although the registered manager recognised improvements needed to be made, these had not yet impacted on the service.

The provider had ensured they had systems in place for monitoring the quality of the service. Audits were undertaken regularly and people, as well as their relatives, were encouraged to give their feedback or make suggestions on how to improve the service. For example, we saw the back garden was being developed to make it a nicer environment for people as a result of feedback.

Staff told us they felt involved in improving the service and had been encourage to suggest new ideas.

Everyone we spoke with told us the registered manager knew people well and was very approachable.

Requires Improvement

SeeAbility - Horley Support Service

Detailed findings

Background to this inspection

We last inspected the service on 2 August 2013 when we found there were no concerns. This inspection took place on 8 July 2014. During and after the inspection, we spoke with four relatives, three staff, the registered manager and one professional from a registered charity.

We met with four people who received support from SeeAbility during our inspection. Two people were able to communicate with us and tell of their experiences. Other people were not able to verbally communicate so, following our inspection, we spoke with their relatives.

We observed the support staff gave to people in the communal areas, such as assisting with their eating, or taking part in activities. As part of our inspection we also looked at policies, support plans and other relevant documentation held by the provider.

We reviewed three support plans and 10 staff files, as well as the volunteer recruitment folder. We also looked at general information displayed for people, as well as records relating to the general management of the service.

This was an unannounced inspection. The inspection team consisted of one adult social care inspector. Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This enabled us to ensure we were addressing potential areas of concern and those which had not been reviewed for a while. We also reviewed records held by CQC which included notifications, complaints and any safeguarding concerns.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

One person who used the service told us they felt safe with the staff. They told us, "I have no worries or concerns." We also asked relatives if they felt their family member was safe and they told us they did. One relative said, "They live in a safe, caring environment."

We reviewed training records and saw staff had received training in safeguarding vulnerable adults. Staff had a good understanding of the types of abuse which may take place and who they would report to should they have any suspicions or concerns. Staff were also aware Surrey County Council had overall lead for safeguarding in the area. This showed the provider had ensured staff were trained to identify the possibility of abuse and take action if they suspected abuse was taking place.

Staff received training on the Mental Capacity Act 2005 during their induction. This legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. Staff told us when they would need to hold a 'best interest' meeting which included relatives or other health care professionals and we saw an example of this in one support plan we reviewed. This was in relation to one person and the use of bed rails on their bed. We found people had no restrictions and were allowed to come and go as they pleased. Staff had worked closely with one person who had displayed behaviour which challenged others and we saw their support plan had been revised as staff worked with them to manage their behaviour. The three support plans we read included an 'assessing capacity to make a specific decision' form which had been completed by the registered manager, with input from the GP. This showed us staff understood the requirements when people did not have capacity to make decisions.

The support plans we reviewed contained individual risk assessments. For example, these related to mobility, accessing the community, risk of choking and specific health needs. We saw the risk assessments were reviewed regularly. One member of staff told us how they recorded and monitored individuals who were at risk of seizures. Other staff told us how some people were at a risk of choking and they had guidance to help reduce this risk. This helped staff maintain people's safety. One member of staff indicated to us no-one receiving support from the service was at risk of choking, however we had read in the paperwork (and had been told by other staff) that three people were. We spoke with the registered manager about this following the inspection who informed us this was a misunderstanding and the staff member concerned had read and signed the choking risk assessment in place

We read staff files and saw they contained all the necessary information for safe recruitment. This included application forms, photographic identification, references and a full employment history. Each member of staff had undergone a criminal records check prior to commencing at the service. We also noted these checks were carried out for volunteers who worked with the service.

There were six people being supported by the service on the day of this inspection. We were told by the registered manager there were three shifts and they ensured they had four staff on duty during the morning shift and three staff on duty during the afternoon shift. We reviewed a sample of staff rotas and these showed consistent staffing levels were maintained to support the individuals who used the service. The registered manager told us the service used long-standing bank staff during staff shortage. Staff said there were a sufficient number of staff available to support people with their individual care needs, although two staff felt an additional member of staff on occasions would enable them to spend more one to one time with individuals on specific activities, such as day trips. However, staff said people went out each day and they (staff) worked together as a team to enable individuals to undertake their preferred activities. We saw, where people required one to one care, staff provided this. This showed us the service ensured there was an appropriate number of staff to support people's in the way they required.

Good

Is the service effective?

Our findings

We saw from staff files that staff received regular appraisal and supervision. This was confirmed by staff. Staff told us they were encouraged to progress professionally and it was their choice whether or not they undertook additional training. For example, four members of staff were underway with the national qualification framework and during the day we saw one member of staff being observed by their mentor. Another member of staff told us they had taken Makaton (signs and symbols for communication) training and also attended an intensive interaction training course. We also read most staff had taken the national diploma in health and social care. A new member of staff said, "It's one of the reasons I came to work here. They seem to be a progressive service who keep their staff up to date." This told us the provider promoted developing the knowledge and skills of the staff to carry out their roles appropriately.

Most people were involved in making their own decisions about the food they ate. Those who did not have the capacity to make decisions about their food had choices made for them based on staff's knowledge of the person. Each person was supported to go out once a week to make purchases of food or personal items.

Individuals made, or were supported to make, their own lunch and everyone came together in the evening to share a meal. Staff used 'Change 4 Life' recipe cards which gave healthy meal options. Each Sunday the cards would be laid out to allow people to choose the meals for the week.

Ingredients were bought on a daily basis and although staff cooked the evening meals, people participated in this activity. We saw one person being supported individually to make a drink for themselves and another make their own lunch. One person told us they liked salad and we saw they had this for their lunch. They told us staff had helped them develop a healthy eating regime so they could lose weight. Another person used 'body' language to indicate they wished to have a drink. We saw staff respond to this person in a timely manner. This meant people were included in decisions about their food and were encouraged to eat a healthy balanced meal.

SeeAbility had their own speech and language therapist who worked with staff in relation to people who had specific dietary needs. For example, where someone was at risk of choking. We saw guidance to staff in one support folder. One member of staff told us, "Three people need a higher support in relation to their food because they are at risk of choking." The support plans we reviewed showed evidence of people's access to other health care professionals, such as a GP, dentist, optician or physiotherapist. This showed us people had access to other health care professionals when needed.

Support plans contained the most up to date information on people's needs, preferences and risks to their care. For example, if they had any specific dietary, mobility or communication needs. This meant staff would be working with the most recent information in relation to an individual.

Requires Improvement

Is the service caring?

Our findings

During our observations we saw people ate lunch at different times. This was because they had either been out on an activity or needed support with preparing their meal, or eating it. We saw that although staff assisted people to eat in a slow and unhurried way, there was little social interaction during this time. We heard staff talking to each other, rather than the person they were assisting. In addition, food was given without explanation, which would be important to an individual with a visual impairment. We also observed one person sitting on a sofa in the lounge area. The registered manager brought a basket of sensory items over to this person, placing it on the floor in front of them so they could access it. However, some time later we noticed a member of staff pick up one of the items from the floor and 'drop' it into the person's lap without explanation or warning. This did not respect people's dignity or treat them with respect and consideration. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Each person had a keyworker, and co-keyworker. This meant people were supported by staff who had the appropriate knowledge about each individual. From our observations staff knew people well, particularly in relation to their individual preferences. For example, the music one person liked or the activity they enjoyed. We also saw staff responded to people when they needed it. People had privacy when they needed or wanted it. For example, we saw one person go into their room to spend time on their own. Another was being visited by a volunteer that afternoon and they were deciding how they wished to spend their time with the volunteer. One person told us, "I can have my privacy." All of the relatives we spoke with said staff treated their family member with respect and dignity, with one relative telling us, "(My relative) is very happy there, it is their home and they look forward to going back after time with us."

People, together with their relatives, told us staff supported them with kindness and in a caring manner. One person told us, "I am really happy here and I can do what I want." Another person said, "I can make decisions about what I want to do. Staff speak to me nicely." Relatives said, "Staff know (my relative) well and anticipate their needs."

Good

Is the service responsive?

Our findings

People received support in accordance with their individual preferences. The registered manager told us one person liked having a bath as this helped them to relax. They did not have a bath in their en-suite, so an application had been made by the service for a financial grant to change their bathroom to accommodate a bath. Another person expressed their wish to lose weight. They told us how staff had helped them introduce and maintain a daily healthy eating and exercise routine to achieve this. A further person wished to make their own tea and following support from staff were able to do so. We also heard one person required support to improve their interaction and socialisation with people. We read in this persons support plan that the service had involved 'Us in a Bus' - a registered charity which works with people who may be isolated or find communication a challenge – and as a result their anxiety levels had lowered and they were more comfortable with staff sitting next to, or touching them. This meant people were encouraged and supported to express what was important to them and the service responded appropriately.

One person was away for the night with their family on the day of our visit. Another person called their relative each day and a third person's relatives were in daily contact to keep up to date with what they (the individual) had done. This ensured people had access to the community and were able to maintain relationships with friends and relatives.

The registered manager said people who had capacity to make a decision had been fully involved in developing their support plan. We saw evidence of this when we looked at them. We saw each support plan had been written in a personalised way and outlined people's preferences, likes/dislikes and how they wished to be supported. Relatives told us they were involved in support plan reviews and could make suggested changes to a person's support plan and these would be acted upon. Staff said support plans were, "Personalised to individuals" and, "Streamlined, applicable and effective." For example, we read one person's aim was to 'self- medicate'. This person said that with support and discussion they were now able to hold the keys to their own medication cabinet and the next step would be to take their medication unsupervised. Another person liked to remain healthy and had asked staff to support them in doing so. Staff felt they worked together well as a team and ensured during handovers and with the use of the communications book, everyone was aware of any changes to a person's needs. This meant people who were involved as partners in their own care. It also meant staff worked to the most up to date information about a person.

Everyone had an individual activity plan and were made aware of the activities available to them. Those we spoke with told us they were able to make individual and everyday choices, such as how they spent their time. We observed this during the inspection. Two people worked at a local charity shop during the week. One of them told us, "I like working at (the shop) best." Another person enjoyed swimming and had been taken that morning by a member of staff. A third person enjoyed music and we saw them put on their own choice of music whilst in the lounge area. There were also several volunteers involved with the service and one person told us, "My befriender (volunteer) takes me to the pub which I enjoy." Outside activities were individualised to suit people's needs and preferences, for example, horse riding, swimming, shopping or going for a meal. Some relatives told us however, they would like to see more meaningful personalised activities whilst people were indoors. For example, crafts.

Complaint information in pictorial (picture) format was available to people. People who were able told us they knew who to speak to if they had any worries or concerns. One person said, "I would speak to any of the staff." The registered manager told us they had not received any complaints during the last 12 months but they had discussed the complaints policy with staff during a recent staff meeting. This showed us people were made aware of how to make a complaint or raise a concern if they needed to. It also helped ensure staff were aware of their role in dealing with a complaint.

We spoke with a professional from 'Us in a Bus', who told us SeeAbility had, "Shown commitment to the work they did", as several of the SeeAbility staff had accessed the 'Us in a Bus' training programme. We spoke with a relative in relation to another person. They said they had seen a marked difference in their family member since they had started receiving support from the service. They told us, "Absolutely massive change, they are more confident and independent. Their speech has come on, their language

Good

Is the service responsive?

and their posture is so much better." They said this was as a result of staff commitment and professional involvement from outside. This meant people received coordinated care and support from care staff and external professionals.

Requires Improvement

Is the service well-led?

Our findings

We asked staff and relatives how well-led they thought the service was. They all told us they felt it was. Staff said the registered manager was very hands-on, approachable, knew people well and would act on any issues raised with them. This was reiterated by others. We were told, "It's a well-led organisation. It's in the top five of the services I visit."

The service had written values and principles displayed and there was a 'dignity charter' in the staff room which outlined the expectations of staff. The registered manager told us they were proud SeeAbility was, "A service that provides responsive, personalised care to people who must be seen as individuals." They added they felt staff, "Have the right skills, values and attitudes." However the registered manager recognised they needed to improve on, "Interacting with individuals and making sure people who can't speak or communicate are not being left isolated." For example, they said they were working with staff on how they could better communicate and interact with people. This included intensive interaction training by Us in a Bus and Makaton training. Although this showed the registered manager had a motivated, caring and open attitude to improving the service, we felt this had not yet impacted on the service as we had seen instances when staff had shown lack of consideration to people. Further work was needed by the registered manager to ensure all staff practised the values and attitudes of the service consistently.

Staff had access to a whistleblowing policy and we saw the service held safeguarding, accidents and incidents records. Records showed staff had acted on any accidents and incidents and staff learnt from these. We saw the registered manager had contacted the local safeguarding team in relation to a recent safeguarding incident and as a result of this had reviewed their procedures. This meant the registered manager responded appropriately to incidents within the service.

An occupational therapist had been involved in the assessment for the major adaptation of one person's bathroom and supported the funding application made by the service. This showed us where required the service was able to work in partnership with others.

The provider's regional service manager carried out quarterly monitoring visits which included speaking to people, reviewing support plans, complaints and health and safety checks. An action plan was produced following the visit and we saw the registered manager had acted on any actions identified. For example, to ensure all risk assessments were signed by staff. In addition, the registered manager carried out unannounced 'spot checks' to, "Understand what is going on." This showed us the provider had systems in place to regularly review the safety and quality of the service provided.

The registered manager attended a manager's meeting every three months and SeeAbility had an 'employee assistance' programme available to staff for advice and support. Within the service, the manager held regular team meetings. The minutes of recent meetings showed that the manager had discussed dignity training and complaints with staff. 'House' meetings were held where people could make suggestions on the menu or individual activities. Staff told us they were encouraged and supported to make suggestions. For example, one staff member had suggested the menu cards and this had been adopted.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services How the regulation was not being met: People who used the service were not treated with dignity. People who used the service were not treated with consideration and respect.