The Royal School for the Blind

Seeability Surrey Support Service

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

Seeability Surrey Support Service is a domiciliary care agency and supported living service which provides supports to 11 people. The people who use this service live at two houses and are supported to 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.

People supported by the service had varying degrees of sight loss, learning disabilities and physical disabilities. The service provided a waking night and sleep in where appropriate for each home. People had varied communication needs and abilities. Some people were able to express themselves verbally; others used body language to communicate their needs. Some of the people's health needs and behaviour presented challenges and was responded to with one to one support from staff.

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.

The inspection took place on 3 October 2018 and was announced. 48 hours' notice of the inspection was given because we needed to be sure that the registered manager was available as they manage two services in different locations.

The service was run by a registered manager, who was present on the day of the inspection visit. 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.

Why the service is rated Good.

Policies, procedures and staff training were in place to protect people from avoidable harm and abuse. Staff had identified risks to people and these were managed safely. People were protected from the risk of infection. Recruitment processes were followed to ensure suitable staff worked at the service. Staffing levels were sufficient to ensure people's safety. Arrangements were in place to receive, record, store and administer medicines safely and securely.

People were cared for by staff who had received comprehensive training, support and supervision in their role. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People were supported to eat and drink sufficiently for their needs. Staff supported people to see a range of healthcare professionals in order to maintain good health and

wellbeing.

Risks to people's safety were identified and action taken to keep people as safe as possible. Accidents and incidents were reviewed and measures implemented to reduce the risk of them happening again. People's care would not be interrupted in the event of an emergency as there were contingency plans in place and people were made aware of fire procedures.

People's rights under the Mental Capacity Act 2005 were respected. Staff understood the importance of gaining people's consent to their care and how people communicated their decisions. The provider had supported safeguarding to make applications for deprivation of liberty orders where restrictions were imposed upon people to keep them safe.

Staff treated people with kindness. Staff supported people to make choices about their lives. Staff treated people with respect and upheld their dignity and human rights when delivering their care. People had a comprehensive assessment of their support needs and guidelines were produced for staff about how to meet people's individual needs and preferences. Support plans were reviewed with people and their families and relevant changes made where needed. Staff encouraged people to be as independent as possible. Staff encouraged people to connect with their local community on a daily basis.

Processes were in place to enable people to make complaints. The provider had effective governance processes in place. People, their families, staff and professionals were encouraged to be actively involved in the development and continuous improvement of the home. People benefitted from living in a well organised, forward thinking service where their needs were always at the centre. The culture of the service was open and people felt confident to express their views and opinions. The registered manager provided clear leadership and direction to staff and were committed and passionate about providing high quality services to people.

The provider had robust quality assurance systems which operated across all levels of the service. Staff had worked effectively in partnership with other agencies such as social workers, occupational therapists, physiotherapists, GP's, and pharmacies to promote positive outcomes for people.

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? The service remains Good	**Good**
Is the service effective? The service remains Good	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good	**Good**

Seeability Surrey Support Service

Detailed findings

Background to this inspection

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

We gave the service 48 hours' notice of the inspection visit because there are multiple locations and we needed to be sure that the manager would be in. The inspection was completed by one inspector.

With permission we visited the two supported living houses. We visited the office location on 3 October 2018 to see the manager and office staff; and to review care records, training records, quality assurance and policies and procedures.

Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We used information the provider sent us 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

We spoke to four people, two relatives and five staff members including the registered manager and the quality and compliance manager. We looked at three care plans and three staff files. We checked the complaints log, accident/incident records and surveys completed by people who used the service. We also checked quality monitoring audits and records of spot checks on staff.

Good

Is the service safe?

Our findings

People told us they felt safe with staff at the supported living houses. One person told us, "I feel safe living here because there are many staff working with us and they know our details and our preferences." One relative told us, "My daughter is safe there because they are good are carrying out safety checks such as fire drills. She has mobility problems and they have arranged transfers for her to cope with this."

People were protected from the risk of abuse by knowledgeable staff and correct policies. Policies in relation to safeguarding and whistleblowing reflected local procedures and relevant contact information. Staff demonstrated a good awareness of safeguarding procedures and knew who to inform if they witnessed or had an allegation of abuse reported to them. One staff member said, "If I saw abuse I would contact the police and/or safeguarding." The registered manager and deputy manager were aware of their responsibility to liaise with the local authority if safeguarding concerns were raised and previous incidents had been managed well.

There were clear business continuity plans in place to ensure continued care for people living at the service. Every person at the service had a personal emergency evacuation plan in the event of a fire which was accessible to staff.

Risks to people were managed by detailed and person-centred risk assessments. For example, one person's care plan contained a risk assessment on how they transferred from their bed to their wheelchair. This involved two members of staff using a hoist in a step by step process which had been set out using photographs in the care plan. This risk assessment enabled new staff to easily understand how to manage the risks associated with supporting this person every day. One person said, "They talk about risks with me. If we had a risk then they would tell us about the risk and how to avoid it."

There were sufficient numbers of staff to meet the needs of the people being supported at the two houses. People and their relatives told us that staffing levels were always sufficient to meet their needs. Dependency levels had been assessed and agreed with the respective local authorities who funded people's placements. Some people were funded for one to one care and we observed that this was provided. Staff told us that appropriate staffing levels were always maintained and the rotas confirmed the same.

The provider carried out checks to ensure staff were suitable for their roles. Checks included a full work history, references and a check with the Disclosure & Barring Service (DBS). The DBS keeps a record of potential staff who would not be appropriate to work in social care.

Medicines were safely managed by staff as people received their medicines as prescribed. All medicine administration records (MARs) we saw had been filled out correctly and with no gaps. Medicines were stored safely and where liquid medicines had been prescribed there were open dates and expiry dates clearly labelled on the bottles which ensured they remained fit for use. Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

Lessons were learnt and improvements were made when things went wrong. There was an incidents and accidents folder which contained records of each persons' history along with an overview and analysis to spot patterns or trends. Staff responded appropriately to accidents or incidents and the records supported this. For example, one person had recently suffered multiple seizures. In response staff had provided first aid and then taken the person to hospital. The registered manager held records which analysed and reviewed incidents which meant that they could respond to any trends that they identified.

People were protected from the risk of infection. We observed staff wore aprons and gloves when preparing food or carrying out personal care. Staff were quick to wash their hands and any equipment used after completing personal care.

Good

Is the service effective?

Our findings

Peoples' needs and choices were assessed and considered so that care and support could be effectively delivered by staff. This service was quite unique in that both houses had been purchased and organised specifically for the people living there and the service/staff operating there. Each person's care plan contained detailed needs assessments for staff to consider and understand. One person who was unable to communicate verbally and had limited physical movement had been provided with a digital tablet which enabled them to communicate via eye movement. We saw this piece of technology in use and how it enabled the person to interact with staff and make decisions and choices about their care and support.

People received effective care because staff were well supported with induction, training, supervision and appraisal. All new staff completed an induction programme at the start of their employment which followed nationally recognised standards. Staff confirmed that during their induction they had been given sufficient time to shadow other staff, get to know people and read their care records so they understood how to support people well. One staff member told us, "I've had a lot of training such as safeguarding, first aid, mental capacity act, infection control and manual handling."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedure for this within supported living services is for the Local Authority to apply for authorisation from the Court of Protection for Deprivation of Liberty Safeguards (DoLS).

We found that staff had a good understanding about how to support people in a way that protected their human rights. One person told us, "They always ask me if I am happy with what they are doing." The registered manager understood his responsibilities in relation to the MCA and DoLS. He had supported representatives from the local authority to prepare applications with people for authorisation of DoLS, as required. As part of this process mental capacity assessments had been completed and best interests meetings held and recorded. People were routinely asked for their consent by staff. Staff knew people well and understood their individual communication systems. We heard staff offering people choices about their daily lives and allowing them the time to express their views. Staff were able to tell us how they knew when people were giving their consent or not, either verbally, or through facial expression, body language and gesture.

People were proactively supported to maintain good health and had access to external healthcare support as necessary. Staff ensured people had access to other healthcare professionals and records showed that appropriate referrals were made to professionals such as doctors, dentists, opticians and dieticians.

People were supported to eat and drink enough to maintain a balanced diet. "The food is good here because you can choose what you want. I get to choose what I eat for every meal." The kitchens at both houses were open and accessible to people living there so that they could prepare and cook meals with assistance from staff. Staff assisted people to make drinks throughout the day along with sandwiches and other snacks. One staff member told us, "I know (person) really well. She has a very varied diet. She loves

fruit. We can go to a Chinese or Indian restaurant and she loves it. Every morning at breakfast I give her a choice of cereal, she will touch things she wants. She is capable of grabbing what she wants."

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion by staff. One person told us, "The staff are patient with me. The staff are friendly. They know what you want to do and always help you to do it." A staff member said, "I know who she gets along with and she responds to well. I try to make sure she is with them." Staff introduced everyone that entered the service throughout the day to all of the people living there so that they knew and understood what was happening. Where a person was a wheelchair user and unable to be independently mobile, staff made sure that they accompanied this person throughout the day regardless of their work to make sure that they were not alone. One relative told us, "Our keyworker is absolutely caring. I couldn't ask for better. I'm delighted with her. She really cares about my daughter, she wants to be with her as much as we do."

Peoples independence was respected and promoted. One staff member told us, "We have needed to encourage them to do things themselves." A second staff member said, "I'm (person's) keyworker so that's who I generally spend time with. I ask her if she wants to go for a walk. I can tell if she wants to go because she will get her shoes and be ready." A third staff member said, "I support (person) a lot to do things for herself such as putting on her own socks, turning on the light switch or the shower."

Peoples' privacy and dignity was considered and upheld by staff. Staff knocked on peoples' doors before entering their rooms. One relative told us, "They ask her what she wants to do, if she goes to the toilet then they give her privacy. They make sure that all people's rooms are private unless people are invited inside." A second relative told us, "They are good at making sure people have independence and privacy at the homes."

People are supported to express their views consistently by staff and the registered manager. House meetings are held regularly for the residents with staff. This enabled people to find out what was happening that week and to be updated with any changes in the house. Staff ensured that people were treated as individuals and could choose how to spend their days. One staff member told us, "We have house meetings for people living here every week. At the last one they said they wanted the lounge redecorated for the colour and they wanted new shelves installed in the lounge. We got colours and stuck them to the wall and asked them which ones they wanted. We also got shelves for the room and installed them. Those meetings are helpful and we use them to ensure we are doing all we can for the people." People's beliefs and cultures were noted and considered by staff. Several people were supported to maintain connections with local churches and communities.

Good

Is the service responsive?

Our findings

Care plans were person centred and detailed. Each plan included information around each person's personality, preferences and needs. For example, one care plan included details around the person's friends, detailed communication preferences, personal history, family, photographs of them and their friends/family and their achievements. This person had struggled to communicate with their family before they had moved into the service. Since they had moved into the service they had begun to speak in short sentences which enabled us to communicate with them. The care plan also included details of their facial expressions and sounds along with their meanings. Staff observed and interacted with this person well by interpreting their visual and audial expressions.

People were engaged by meaningful and varied activities. One person told us, "I've been horse carriage riding today. It was really good. Its Wednesdays and Tuesdays that I go to it. On Tuesday I go to swans which is a disabled swimming club. We can go the gym as well." Another person told us, "I can go out shopping, I can go out to the pub and I can go out in the evening. We can choose where we go because they allow us to choose. Its gives us freedom." A third person told us, "I get to do what I want. I sit on the horses back. I get to go swimming. I get to go shopping." One relative said, "Our daughter is very happy there. The staff go out of their way to take people to special places."

The registered manager involved and engaged families (where agreed by people) in the care being provided. This enabled relatives to see the work that went on with other professionals and to provide their input. This had proved valuable in that it had helped the staff team to develop close relationships with everyone concerned. For example, families were invited to meetings where specific issues around people's specialised care were discussed. This created an environment where everyone involved could discuss and decide on the best way to support the person consistently.

The complaints policy was clearly presented on the wall of the reception next to the front doors in both houses. There was also a complaints process in easy to read format for people in their care plans. Staff had access to communication books which included pictures of processes such as complaints which would enable people to make a complaint if they wanted to. Where one complaint had been made by a relative the provider and registered manager had taken
immediate action in investigating, responding and resolving the matter. As a result of the incident, clear improvements had been made. One relative told us, "We have complained in the past about minor things and the manager has been very good at resolving the issues."

There were end of life care plans in place for some people supported by the service. These had been created with the people and their families. No one was receiving end of life care at the time of our inspection.

Good

Is the service well-led?

Our findings

People gave us positive feedback about the registered manager and provider. One person said, "(Registered Manager) is good. They are very good at communicating things to me and if they have a problem they are good at coming back to me and explaining it to me." One staff member told us, "They are good at communicating. They always give advice and support. If there are any changes they will tell me." A second staff member said, "Management are fantastic. It's the little things. When I had a family crisis the manager immediately gave me time off. They are empathetic and caring with us." One relative told us, "The management are good at communicating with us. They will ring us if there is anything wrong. They also update us with emails." A second relative told us, "You only have to contact the managers and they will resolve things."

People, relatives and staff were engaged and involved with the service in many ways. One person was involved in training new staff members, they told us, "I am the spokesperson for the house. I have meetings to attend and speak at. I am also involved in running training for new staff at the head office. I go up to the head office and give speeches about our care to new staff." One relative said, "We attend meetings with the managers and staff every month. We bring up problems or things that were think need looking at. We needed drivers for people and once we brought it to their attention they made sure to employ staff that could drive." A second relative said, "Management is good at involving us. It's got better recently. We have meetings for relatives and meetings for people in the houses. If we wanted a further meeting at any time they would be happy to hold one."

There was a clear and credible strategy in place to promote person centred care and achieve good outcomes at both houses. People benefitted from an open and inclusive culture as everyone employed by the service worked by the provider's philosophy of care. The registered manager had plans in place for the use of further technology such as digital tablets, more international holidays to places and more activities with local agencies or organisations. The PIR mentioned plans to involve people in more community based activities and this was evidently being developed. People had recently been to an event organised by Mencap for the local community which every thoroughly enjoyed.

Staff were engaged and involved by the service by meetings and surveys. One staff member said, "Seeability ask me for my input and feedback. They ask me for my opinion often because I know so much about who I care for. Normally the input is about my person that I am the keyworker for." A second staff member told us, "Staff meetings are very Tuesday and (Manager) is always in those. They are very useful." A third staff member said, "The staff meetings are useful because it's good to discuss things as a team and share the information."

Both houses and the service as a whole were involved in local events, activities and agencies. One staff member told us, "We are involved with all local services and events such as festivals. Some people are very involved in the community such as (Person) who is from (Local Area). We shop locally around there and they know everyone in the shops." Both houses had both attended an event organised by Mencap the weekend before the inspection, one staff member described it to us, "They had sensory stories, they had glowstick

dancing in a tent to good music in a tent. They had smoothie making. And they had a theatrical group performing also."

There was accurate and contemporaneous record keeping which provided a clear audit trail in respect of all aspects of care and service delivery. Information was stored securely and in accordance with data protection. The registered manager was aware of their legal responsibilities in respect of documentation and the need to report significant events. Notifications had been submitted to CQC in a timely and transparent way. Through the completion of the provider information return (PIR) the registered manager demonstrated a good overview of the service and how it continued to meet the required standards.

There were comprehensive audits being completed every few months to monitor the overall quality of services provided by this service. The information had been analysed and used to implement changes and improvements. For example, following the audit completed in May 2018, an action plan had been created to address each concern highlighted. We could see that the action plan had been referred to and completed since the audit.