

The Royal School for the Blind

SeeAbility Bristol Support Service Office

Inspection report

Bradbury Court
115-117 Station Road, Henbury
Bristol
Avon
BS10 7QH

Tel: 01179506901

Website: www.seeability.org

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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 is a service providing personal care to people with learning difficulties and/or sensory impairments. At the time of our inspection there were nine people receiving support with personal care.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found

People received good care and support. The service had experienced some difficulties in recruiting and retaining a consistent staff team and this had led to some anxieties for people. However, there were robust plans in place to recruit and retain staff in order to rely less on agency staff.

People told us they felt safe. The inconsistencies in staffing had caused some concern for people, particularly in relation to their skills and training. However, we saw that there were procedures in place to induct agency staff and ensure they had clear information about people they were to support. Prior to the inspection there had been a number of medicines errors at the service. The registered manager had recognised this as a concern and taken action in response.

Staff were positive about the training and support they received and felt like senior staff were approachable and supportive. People were supported to maintain their health and nutrition.

The service was responsive and person centred in nature and took account of people's individual needs and wishes. Care plans were reviewed regularly to ensure they were up to date and reflected people's current needs. People were supported to take part in activities they enjoyed. People felt able to raise concerns and issues and felt confident they would be responded to.

The service was well led. The registered manager understood the responsibilities of their role; they were supported by a deputy manager and senior support staff. There were systems in place to monitor the safety and quality of the service.

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

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

The last rating for this service was good (published 5 September 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

SeeAbility Bristol Support Service Office

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was carried out by one inspector.

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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was to ensure there was someone available in the office to support the inspection.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection-

We met five people who use the service and one relative. We spoke with the registered manager, deputy manager and one support worker. We reviewed three people's care records, as well as other documentation relating to the running of the home such as complaints, medicines records and staff training.

After the inspection

We contacted two further members of staff by email.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Recruitment and staffing levels were the biggest challenge facing the service; there were currently vacancies for three support staff. This had led to use of agency staff to cover shifts when necessary. From feedback it was clear that this had been unsettling for some people. One person commented for example on how they found it difficult having a new member of staff who didn't understand their needs. Another person raised concern about a particular agency member of staff and how they had interacted with them. We fed this concern back to the registered manager so that they could address it with the agency concerned.
- Although the staffing situation was difficult, it was clear that the registered manager was doing what they could do to recruit the right staff. They told us how they had attended recruitment fairs and distributed leaflets locally and that a 'refer a friend' scheme had been particularly successful.
- We also saw how agency staff were given an induction and information about people when they attended shifts so they had an understanding of their needs.
- There was an acknowledgment that the service needed to retain existing staff as well as recruit to vacancies. This was being addressed through ensuring staff had good training and monitoring for stress/overwork.
- There were safe systems in place for recruiting new staff. Disclosure and barring service (DBS) checks were carried out. This check identified any convictions a person might have and whether they are barred from working with vulnerable adults. References were sought and any gaps in employment checked.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse because staff were trained to identify and report any concerns. People also told us they felt able to report any issues they had.
- One person told us about a concern they had related to an agency member of staff. We saw that the registered manager acted on this immediately.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments in place and it was evident they had been involved in developing these. This provided clear and consistent guidelines for staff to follow.
- People had personal evacuation plans, in place so that they could be supported safely in the event of emergency.

Using medicines safely

- Prior to inspecting the service, we were aware that there had been a high number of medicines errors at the service. We discussed the action taken in response to these with the registered manager. They told us

that reflective accounts had been written up by staff in response to each error.

- We also discussed how a number of errors had been related to the timing of one person's medicines. Reminders had been put on the staff phone to help ensure these medicines were given at the correct time.
- We saw that guidance was in place for PRN (as required) medicines and topical creams.
- Medicine Administration Record (MAR) charts were used to record when medicines were administered.

Preventing and controlling infection

- The service had responded to the Covid-19 pandemic by ensuring handwashing facilities were easily accessible and available. We were asked to wash our hands on arrival at the service. There were posters and information about the virus on display to inform people of current advice about hand hygiene.
- Support was provided to people to keep their accommodation clean and tidy, where this was an agreed part of their support.

Learning lessons when things go wrong

- The registered manager was responsive to any concerns or issues raised and we saw that action was taken in response.
- Accidents and incidents were recorded so that there was opportunity to identify and themes or trends in the kinds of incidents occurring.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were assessed and regularly reviewed to ensure they reflected people's current needs.
- Care planning took account of people's needs, choices and wishes. It was clear that people and their representatives took a proactive role in planning.

Staff support: induction, training, skills and experience

- Prior to the inspection we received a concern about staff moving and handling training and this had been shared with the registered manager to investigate. They told us that all staff had received their relevant training but at the time of the complaint, not all had received their yearly competency check. This was being addressed and at the time of our inspection, most staff had been checked. These checks had not raised any issues about staff skills. The registered manager had also sought feedback from people using the service to see if they had any concerns about moving and handling.
- One person we spoke with told us that things weren't "perfect" in relation to staff skills but they had improved in the last few months. Through discussion, it was evident that their concern was predominantly in relation to agency staff when they covered for regular staff. This was fed back to the registered manager.
- Staff had opportunity to discuss their performance and development needs on a regular basis in formal one to one sessions with their line manager. They told us they also felt well supported informally and could seek support at any time.

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

- There was clear information in people's care documentation about the support they needed with eating and drinking. One person for example, needed support to have their meals cut in to bite size pieces. We visited this person in their flat at lunch time and saw that staff had prepared their meal as described.
- Care documentation contained information about people's likes and preferences.

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

- Staff worked with other health and social care professionals to ensure people's needs were met. Support was given for people to attend appointments if this was needed.

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

- People held their own tenancies and accommodation was the responsibility of the person and their landlord. However, we did see that support was given to people if they needed to address anything in relation to their accommodation.

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We saw that information about people's capacity to make decisions was included in their care documentation.
- The registered manager told us about people using the service who they had discussed with the local authority and for whom an application to the court of protection was necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated with dignity and respect. We saw how staff spoke with people in a respectful way and used good humour to build positive relationships.
- A relative told us how they felt reassured their relative was being cared for and well supported.

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

- People were encouraged to take an active part in planning their own care and support. There was also opportunity for people to give their views and opinions about the wider running of the service.
- It was clear in care documentation what support people needed with making decisions. We also saw that an agreement had been reached with families and relatives as to what involvement they would have in the person's care and support.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be independent as far as possible. One member of staff told us for example how they had worked with a person to support them in bringing their dirty laundry to the washing machine. This person would also go to their room and shut their door when they wanted quiet time by themselves, and this was respected.
- We saw how staff knocked on door and announced their arrival before entering people's flats.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were person centred in nature and took account of people's individual needs and preferences. They were reviewed regularly.
- Care planning took account of people's diverse needs. For example, we read how one person's mental health should be supported through staff providing reassurance and distracting them from situations that caused distress.
- If a person could sometimes show behaviours that challenged, there were guidelines for staff to follow to ensure this was managed safely. The registered manager confirmed that no restraint was used to manage behaviour.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- There was a member of staff within the organisation with responsibility for producing documentation in formats that were accessible for people using the service. We saw for example, how information had been produced on CD for people who preferred information in audio. Other people preferred to have information read to them.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- People were able to take part in activities and events they enjoyed. One person for example told us staff supported them to go regularly to football matches.
- In another person's support plan, we read that they enjoyed going to the gym and going swimming.
- For one person with a sight impairment, the support they needed whilst in the community was described. For example, staff describing the environment for them so they could walk safely.

Improving care quality in response to complaints or concerns

- There was a system in place for responding to and managing complaints. People all told us they would

able to make a complaint if they needed to.

- In their PIR the registered manager told us that they aimed to investigate and respond to complaints within 28 days and all formal complaints made in the previous 12 months had met this target.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a person centred culture within the service. People were valued as individuals with their own needs and wishes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People told us, and it was evident during the inspection that they felt able to raise any concerns or issues with the registered manager. They told us they felt confident issues would be addressed.
- When concerns had been raised directly with CQC, the registered manager responded to these robustly and took any necessary action.
- The registered manager understood the requirements of their role. The rating from our last inspection was on display as per the legal requirement. Notifications were also made to CQC in line with legislation.
- There were systems in place to monitor the quality and safety of the service. This included auditing the service to help identify any areas for improvement. We saw how governance systems had been successful in identifying medicine errors as a concern; action was taken as a result.

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

- Meetings took place with people using the service to encourage to take a part in running the service. We saw from the meeting minutes for example that people had been invited to be part of the recruitment process for new staff. People were invited to put forward any questions they felt should be asked at staff interviews.
- There was a forum for people using services across the organisation; this was called 'taking control'. We read about themes coming out of this forum such as people wanting to be supported to stay out later and people having their medicines reviewed in line with the STOMP agenda. STOMP is an initiative to stop the over medication of people with learning difficulties and autism.
- Satisfaction surveys were used with people as a further means to gather feedback. The results of these were analysed and action plans drawn up.
- A newsletter was produced to ensure families were kept up to date with developments in the service. For example, new staff were introduced and any celebrations that had taken place in the service.

Working in partnership with others

- The service worked in partnership with families and other professionals to ensure people got the support they needed. There was an agreement in place with families to set out how and when they would be involved in their relative's support.