

# Forward Vision Care Home Service

Royal Blind School  
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Unannounced

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**Service provided by:**

Royal Blind Asylum and School

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## About the service

This service has been operating since 2010 and registered with the Care Inspectorate since the Care Inspectorate was formed in 2011.

Forward Vision is located within the grounds of the Royal Blind School, Canaan Lane, and consists of three houses, Lomond, Morlich and Katrine. Each house has spacious living areas, kitchen, single bedrooms and well equipped bathrooms. The houses have access to a large front garden area. The houses are well maintained, furnished and decorated.

Forward Vision has its own secure entrance and is well signposted within the campus. The location allows very good access to local amenities and transport links. Each house has a dedicated senior and staff team.

The service provides long-term, medium term and respite care and support to young adults, most of whom have previously attended the Royal Blind School. The service can accommodate 14 young adults aged over 17 years. The focus of placement is to support young adults with visual impairments to live full lives and develop a range of living skills.

## What people told us

Most of the residents at Forward Vision did not use verbal communication. Those that did were positive in their comments saying that they liked living there and were happy. We saw that residents were generally relaxed and cheerful in their interactions with staff and each other.

We spoke with parents who were mainly happy with the service being provided. Positive comments were made about the commitment and dedication of the staff. We were told that some staff had known the young people since they had started school and knew them very well. Parents were generally happy with the level of contact from staff which kept them informed of the day-to-day lives of their children and any issues or concerns there might be. Parents also told us they were made welcome when they visited and felt able to interact with residents as well as their own child. During our inspection visit we saw examples of this.

A parent felt that there were times when there could be more activities available for residents and that they felt there were times when they were left with nothing to do other than watch TV. Other parents felt that there was a good balance between being occupied and being able to relax.

Parents visiting the Cranberry tearoom where residents participated were positive in their comments about the service and its ability to keep young people happy and safe. They also appreciated the support staff provided to enable them to keep in touch with the young people by facetime.

## From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	not assessed

How good is our staffing?	not assessed
How good is our setting?	not assessed
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

## How well do we support people's wellbeing?

**5 - Very Good**

During our inspection visit we experienced a pleasant caring ethos and atmosphere. There was a clear focus on meeting the assessed needs of the individual young people who used the service. Across the whole service we saw a good use of humour and involvement of young people in light-hearted interaction. There was clear evidence of very good relationships between staff, young people and their families. This included some examples of clear understanding from visiting and relief staff who clearly knew the young people. Staff were very clear about ways of communication and how individuals could express themselves. This meant that young people could ask for help and support when they needed it. It also ensured that dignity was preserved at all times for all young people during personal and intimate care when this was needed.

Staff generally kept in close contact with parents and carers to pass on information about any issues or concerns. Parents we spoke with said they were welcome in the houses and they could discuss matters with staff when needed.

Young people were encouraged and enabled to make choices about all aspects of their day-to-day life and express them. Links were in place with services and groups which provided opportunities for young people to attend activities and have new experiences. Young people were taken to places to try different activities and were encouraged, where feasible, to develop interests and make new friendships. Daily routines were in place for individuals and staff were aware of the impact of these on the day-to-day lives of the young people. These routines and patterns of activity were preserved as much as possible.

Young people were helped to keep in touch with their families including help to facetime parents and family members when they wanted to.

We saw young people involved in the Cranberry Tearoom which was held regularly on the RBS campus for young people, staff and visitors. They clearly enjoyed their roles in this activity.

The service had close links to medical agencies and professionals who were involved in the overall care of the young people. Staff observed any medical issues and contacted relevant people where necessary. All permanent staff were trained in medication administration. All medication was properly stored in locked areas and fridge temps are routinely checked. Medications were audited in the houses on a weekly basis and young people coming in for respite would have their supplies checked in and out. Some who stayed for large parts of every week kept their medication in the house they stayed in. In some cases, parents in arrangement with the house staff would provide the right supply for a short respite period.

While staff worked well to get to know young people and understand their needs, during our visit we saw a large number of staff deployed in the Forward Vision houses. Many of them were based in other parts of the Royal Blind (RB) organisation and worked in other locations. There were also a number of relief staff and agency staff deployed. It would benefit the development of relationships and help young people to get to know the adults caring for them if there was a more consistent core team covering most of the care duties.

While staff were aware of the preferred routines for resident young people there were times when individuals were left watching TV, at their own request, for periods of time. Staff should ensure they regularly check they are still relaxed and comfortable.

## How good is our leadership?

This key question was not assessed.

## How good is our staff team?

This key question was not assessed.

## How good is our setting?

This key question was not assessed.

## How well is our care and support planned?

4 - Good

Documents used for care planning were comprehensive and detailed. They included all aspects of care and described the individual needs of each resident and how they should be met. Young people and their care needs and emotional wellbeing were at the heart of all plans and assessments.

There was a range of assessments in place which had been carried out by care staff and specialist staff to cover all relevant care and support issues including the identification and use of specialist equipment. Also included were detailed instructions for the safe and appropriate use of different pieces of equipment.

There was a range of documents that covered all areas of each young person's health and wellbeing including their personal preferences and daily routines. The content of these documents had been routinely discussed with parents and carers of the young people to ensure that the information was up to date and relevant. The folders of information were used in the houses by care staff as a means of sharing information about daily events, achievements and any concerns or issues which had arisen regarding the health and wellbeing of the residents.

We also saw that messages and information from parents and other agencies regarding external appointments was gathered and stored to inform staff working directly with the individual young people and enable required treatment to be provided as effectively as possible.

At the time of our visit, there were a range of developments underway with regard to the effective planning of care for individual young people. An electronic system was used in a limited way and there was limited access to it. There was a clear need for a system to be put in place to enable the gathering, storing and sharing of information about meeting the needs of individual young people and how this could best be achieved. As a service provider, Royal Blind were exploring different electronic systems which would make clear communication across the staff team and other agencies as effective and time-efficient for staff as possible. This should be regarded as a service priority and we have added this as an Area for Improvement. **(See area for improvement 1.)**

The use in residential houses of large folders which contain a very wide range of documents should be reviewed. There was a range of different formats of documents with a number of logs being handwritten which often made them more difficult to fully understand than printed information.

The day-to-day use of numbers of very large document folders in living areas did not enhance the service's aim to make the individual houses as homely as possible. Smaller up to date folders with only live documents should be used where possible until an electronic system is developed and in place.

Overall, work was being carried out to deal with issues affecting care planning documents and we recognised that all relevant information was available to staff. However the systems in place will benefit from review and development and reduce repetitive administration tasks for staff.

### Areas for improvement

1. An electronic system to gather, share, and store care planning information and enable all staff to contribute and access relevant information should be developed as a priority. This would ensure that repetition across records was reduced and content could be clear, concise, and informative.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

- "If I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity" (HSCS 4.17).
- "I benefit from different organisations working together and sharing information about me promptly where appropriate, and I understand how my privacy and confidentiality are respected" (HSCS 4.18)

## Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at [www.careinspectorate.com](http://www.careinspectorate.com).

## Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health benefits from their care and support	5 - Very Good
How well is our care and support planned?	4 - Good
5.1 Assessment and care planning reflects people's planning needs and wishes	4 - Good

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