

Royal National Institute of Blind People

RNIB Gladstone House

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

RNIB Gladstone House (Gladstone House) is a residential care home providing personal care to up to six people who are living with sight loss. People may also have additional learning disabilities, autism, emotional or mental health needs. There were six people living in the home at the time of our inspection.

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 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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The last twelve months had continued to be a period of change at Gladstone House, with several different managers taking responsibility for the leadership of the service. Whilst this had naturally created a period of uncertainty for people and their relatives, a consistent core of staff, along with greater provider oversight had ensured that people achieved good outcomes. A new quality assurance framework and a clear development plan for the service had identified how further improvements to auditing and record keeping were going to be embedded and sustained.

Comprehensive assessments and care plans provided the basis of personalised care and ensured that staff supported people safely and in accordance with their needs and preferences. Risks to people were identified and managed in a way that balanced their safety with their right to freedom, choice and independence.

Staff continued to facilitate opportunities for people to engage in a range of meaningful activities, work towards goals and learn new skills that were personal to them. People were encouraged and supported to lead active and healthy lifestyles. People maintained relationships with those who were important to them and had opportunities to make new friends.

Staff were kind and passionate about their roles and had developed relationships with the people that were

inclusive and fun. Staff championed people's rights and worked collaboratively with each other and external partners to deliver a high standard of support.

People were now actively involved in the running of the service and regularly consulted about all aspects of their care and life within the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update)The last rating for this service was Requires Improvement (published 24 October 2018) and there were two breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

RNIB Gladstone House

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 team consisted of one inspector.

Service and service type

Gladstone House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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. The registered manager was on planned leave at the time of the inspection and an interim manager had been appointed to support the service for this period.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last 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

During the inspection we spoke with the six people who live at the service. We also spoke with four members of staff, including the interim manager.

We reviewed a range of records. These included two people's care and medicine records. We also looked at the recruitment files for two staff and information relating to their training and supervision. The interim manager showed us documents relating to the management of the service, including how feedback is gathered and acted upon and the audits in place to maintain the safety and quality of the care delivered.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance and governance records. We also spoke with two relatives of people who lived at the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

At our last inspection the provider had failed to assess and mitigate risks relating to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- People and their representatives told us people were supported in a way that kept them safe. One person told us, "Yes, I feel safe living here. I know my way around and staff know what they are doing."
- Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom. Staff had a good understanding of people's needs and talked confidently about the risks associated with their care. For example, how they supported people to safely access the community taking their sight loss into consideration. We observed staff checking that people had their sight aids before leaving the service.
- Each person's care plan contained personalised risk assessments that outlined the action needed by staff to keep people safe. People confirmed that the guidelines were reflective of the support they received.
- There were contingency plans in place to ensure people's care would continue in the event of an emergency. People had personal emergency plans which outlined the support they would need in the event of an emergency situation.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them. Relatives also confirmed they had no worries about their family member's safety at Gladstone House.
- Staff demonstrated that they understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe.
- The management team reported any safeguarding concerns to the relevant agencies without delay. The provider had also introduced new monitoring systems to ensure a more effective oversight of safeguarding incidents that occurred within the service.
- There were robust systems in place to safeguard people's financial affairs.

Staffing and recruitment

- People told us they always received the right support from staff and that they were there when they needed them. One person said, "It's a great staff team here." Another person commented, "We do have agency of bank staff supporting us sometimes, but they try and get the ones we know." Where people received additional one-to-one funding, they confirmed they always received this.

- Staff told us appropriate staffing levels were maintained and rotas were organised flexibly around people's needs and activities. For example, one staff member said, "We are actually changing the rota again at the moment to take into account the new sessions that people are doing at the skills centre."
- The provider continued to use appropriate recruitment checks to help ensure staff were safe to work with people who used care and support services. Recruitment information included the completion of a Disclosure and Barring Service (DBS) check for staff. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- People told us staff supported them to take their medicines in their preferred way. For example, one person said, "Staff help with my medicines" and another said, "I know what medicines I need to take, but staff remind me to take them at the right time."
- There were systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- Staff completed Medication Administration Records (MAR) following the administration of medicines. MAR were regularly audited to ensure any discrepancies were identified and rectified quickly.

Preventing and controlling infection

- People were encouraged to take an active role in keeping their rooms and belongings clean and told us staff supported them to do this appropriately.
- The service was clean and hygienic and there were appropriate systems in place to manage infection control.
- A designated infection control champion completed regular checks to ensure compliance with best practice guidance. There were no actions outstanding from the latest audit.

Learning lessons when things go wrong

- The management team had created a culture of reflective practice. Incidents and accidents were now routinely reviewed and areas for learning discussed both at management and staff level.
- The provider had learned from previous mistakes regarding the redevelopment of services and as such was now engaging in early conversations with people and their families about future plans for modernising the service.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had failed to support people in accordance with the principles of the Mental Capacity Act 2005 (MCA). This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People told us that staff respected their right to make their own choices. One person said, "Staff respect my decisions. For example, with what I want to eat, want to do and who I want to be helped by."
- Staff now understood the importance of gaining valid consent and knew how to make best interests' decisions if they identified a person lacked capacity. One staff member told us, "We've had training and a lot of discussions about people's mental capacity since the last inspection, so we are clear about what we should be doing now."
- Care records highlighted that people's capacity to make important decisions had been reviewed and steps taken to ensure care was provided in the least restrictive way. For example, the door alarm was now only used at night as it was recognised that it was an unnecessary restriction during the day. Where people had been assessed as lacking the mental capacity to make decisions about their care and treatment, appropriate DoLS referrals had been made.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessment information had been used to formulate personalised plans of care which outlined people's needs and choices.
- Whilst the service had no vacancies and no one new had moved in since the last inspection, people's needs had continued to be appropriately assessed and reviewed.
- People's level of sight was continually assessed, and guidelines put in place to enable staff to provide effective support.

Staff support: induction, training, skills and experience

- People and their relatives were positive about the staff who supported them. For example, one person told us, "Staff are good. I would rate living here as 9/10 and that is because the staff are so good, and the food is good." People talked about having good relationships with their keyworkers and liked the fact that they were allocated staff with whom they had shared interests. A keyworker is a member of staff who is designated specific duties and takes a lead role in supporting people.
- Staff told us they received ongoing mandatory and specialist training that provided them with the skills needed to deliver high quality support. For example, all staff completed a bespoke course in 'sight guiding' to ensure they were competent in supporting people with sight loss safely in the community.
- New staff shadowed more experienced staff and were supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. One new member of staff told us, "Even though I already had a National Vocational Qualification Level 3 in Care, I found the shadowing of staff and sight guiding training here really useful."
- Staff told us that they were now well supported by the management team who provided regular supervision and checks on their competency. Individual and group meetings with staff were used to knowledge check and develop skills in accordance with best practice.

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

- People were actively involved in the planning and preparing of their own meals. One person told us, "Staff support me to make my own breakfast and lunch each day." Another person said, "We have a weekly menu planning meeting where we choose the meals we want to eat for dinner. If someone chooses something I don't like though, then I just have something else on that day."
- Staff had a good knowledge of people's dietary preferences and encouraged people to make healthy choices, whilst still enjoying their favourite food. For example, one person told us, "The doctor has told me that I need to lose weight and so the staff encourage me to make healthy choices. They suggest alternative foods that are better for me, but they also respect it's my choice what I eat."
- Care records outlined people's nutritional needs, detailing dietary and cultural preferences to ensure support was appropriately tailored to the individual. One person told us they didn't eat meat for religious reasons and confirmed staff always ensured there was a vegetarian option for them.

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

- People told us staff supported them to visit other health care professionals such as a doctor or optician if they were unwell or due a health review. One person said, "They helped arrange for me to see a psychiatrist and that was really helpful."
- People had personalised health passports which were used to share key information about their health and support needs with other professionals.

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

- The design and layout of the premises was not wholly appropriate for people living with a visual impairment. The impact of this was mitigated for the people currently living there because they were familiar and adjusted to their home. People were observed moving independently and safely around the service. One person told us, "People think the stairs aren't safe here, but they don't bother me. I know my way around just fine."
- An ongoing re-development project in which new purpose-built premises were being built, meant that people would have future access to services that were designed specifically for their needs.

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 talked fondly about their relationships with staff. For example, one person said, "The staff are great. I'm feeling good about things at the moment, but I can talk to staff if I'm feeling down."
- Staff continued to support people with compassion and enthusiasm. One staff member told us, "We have great relationships with the guys and work well with their parents. There's so much going on and we're all in it to do the best we can for people."
- Care records included information about people's religious and cultural wishes. Staff were familiar with people's individual beliefs and described the way they supported them. For example, enabling people to regularly visit their preferred places of worship.

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

- People told us staff respected their decisions and always involved them in their care. One person said, "They treat us like adults here."
- We observed many occasions where staff empowered people and showed them respect in the way they provided support. For example, one person came into the lounge and said they wanted to watch television. A staff member immediately responded, "Would you like me to turn the tv on?" The person replied, "Yes, please." The staff member then asked them which channel they wanted to watch.
- Care records reflected people's choices about how their support should be delivered. For example, people had regular meetings with their keyworker where they talked about the things that were going well and what they would like to change. One person confirmed, "Staff talk to me about my support plan and check that I am happy with the things that are written down."

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way which respected people's privacy. People told us staff always sought permission before entering their space and allowed them privacy during personal care. One person said, "Staff always knock on my door and I have a key, so sometimes I like to lock the door when I go out."
- Support was provided in a way that encouraged people to be as independent as possible. For example, one person said, "I can shower myself, but I let staff know when I need them to come and help me to have a shave."
- Staff understood the importance of developing people's independence. One staff member told us, "We genuinely do support people to be as independent as possible. Like when we go out, we encourage people to carry their own money, order their own food and pay for things themselves."
- Care records showed that people had individual goals in respect of developing their independence. For

some people, this included goals about becoming more independent within the local community. One person told us, "We have a person who comes in once a week to assess how safe we are walking outside." They went on to tell us, "It's part of my personal goal to be able to travel independently and maybe get a job."

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

- People confirmed they continued to receive support in a personalised way that met their needs and expectations. One person said, "I'm still happy here and I like the way staff support us." Another person said, "Gladstone is really good, and the staff give me the help I need."
- People received support that was tailored to their individual needs and choices. Staff recognised how people were feeling and were responsive to changes in both their physical needs or emotional well-being.
- Each person had a detailed plan of care that outlined how support should be delivered to meet their personal goals. Staff understood people's individual needs and the support they described reflected the information recorded in people's care plans.
- People had the opportunity to spend their time as they wished, and staff facilitated maintaining relationships that were important to people. People talked to us about their regular visits to and from family members and one person said, "Everything is so good here – I have lots of visits from my friends."
- People regularly accessed the community; attending adult education classes, enjoying drinks and meals out and participating in local events. One person told us, "I have just joined a computing course which I really enjoy, and I am learning lots."
- People were supported to plan holidays and day trips to locations that were meaningful to them. Two people talked about their holiday to Lanzarote which they had planned and thoroughly enjoyed this year.

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.

- Care records included communication profiles and staff had the necessary skills to communicate effectively with people.
- Staff ensured that information was made available to people in a format that they could understand. For example, people were familiar with the information included in their care plans and key information had been produced in a pictorial or simplified format.
- The service had continued to increase the use of technology to improve people's communication and independence. One staff member told us, "We're trying to bring people up to date with technology than can help them, but we have to do it at their pace. Voice activated devices are working well."

Improving care quality in response to complaints or concerns

- People told us that they would always raise any issues straight away, confident that concerns would be

dealt with. One person told us, "I know I have a right to complain and will talk to anyone who works here if I'm not happy." They went on to say, "We had a member of agency staff once who was always talking on their phone. It wasn't right them doing that, so I reported them, and they haven't worked here again since."

- There was a clear complaints policy available and people had an accessible version available in their rooms.

End of life care and support

- The service was not currently supporting people with end of life care. However, staff were starting to record information about people's wishes, including spiritual preferences to be observed in the event of a sudden death.

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 Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- People told us they were very happy with the support they received at Gladstone House, but there had been a lot of management changes over the last year and this had been a bit unsettling. For example, one person said, "The management is alright, just been a lot of changes that's all." Likewise, a relative said, "Overall, I've got no big issues, but I've not had much contact with management and I think it would be good if they made themselves a bit more known to families."
- The registered manager was on a period of planned absence and whilst the provider had taken steps to mitigate the impact of this by recruiting interim managers, the leadership changes had created some delays in improvements being implemented.
- The current interim manager had only been in post two weeks at the time of the inspection and was in the process of devising a service development plan which was shared with us after the inspection.
- The provider had recently introduced a new governance framework. Shortfalls around meaningful auditing and documentation had been identified through this process and were starting to be actioned. What was needed now, was a period of stability to enable system changes to be embedded and improvement plans to be implemented.

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

- People told us they liked living at Gladstone House because it was their home and they felt safe and well-cared for. Relatives echoed that their loved ones were happy with the service they received.
- The culture was open, and people were empowered to have choice and control over both their daily lives and the running of the service.
- The management team recognised individual staff skills and supported them to develop for the benefit of people. For example, staff were allocated to key work people with whom they shared similar interests. Likewise, staff were encouraged to take lead roles in areas they were passionate about. As such, one staff member had established good links with local day service providers and had taken the role of reviewing people's educational sessions with them.

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

- The law requires providers to follow a duty of candour. This means that following an unexpected or

unintended incident in respect of a person, the registered manager must provide an explanation and an apology to the person or their representative, both verbally and in writing. The management team understood their responsibilities in respect of this.

- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. The management team had submitted notifications of this nature in a timely way which meant we could check that appropriate action had been taken.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care;

- People told us management engaged with them about decisions that affected them. For example, one person said, "The RNIB have been talking to us about the changes that are being proposed. For example, the new site opening and whether we might be asked to move house."

- Managers have acknowledged and apologised for previous mistakes and demonstrated a commitment to learning and engaging with people throughout periods of change.

- People and their representatives had regular opportunities to both formally and informally share their views with staff and managers in a way that enabled them to influence the running of the service. For example, individual and group stakeholder meetings were held, in addition to satisfaction surveys.

- Daily handovers and monthly staff meetings were used to ensure that staff were kept up to date with changes at the service and delivered care in line with best practice.

Working in partnership with others

- Staff had worked in partnership with other professionals to support people effectively. For example, staff had proactively used advice from specialists to update their own knowledge and skills.

- People were supported to attend a wide range of community events which enabled them to meet other people living with similar needs and interests. One person talked to us about their membership of a local choir. This created a sense of belonging that was wider than the service.