

## RNIB Charity

# RNIB Tate 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?

Good 

### Overall summary

This inspection took place on 17 November 2015 and was unannounced. Since the last visit to the service in February 2014 the registered provider has merged with a similar charity and formed RNIB Charity.

Tate House is a care home and is owned by RNIB Charity. The service is registered to provide personal care for up to thirty-nine people who have a visual impairment, and those requiring personal care. The service is close to Harrogate town centre.

The service had a registered manager. 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.

During the inspection there was a happy, friendly atmosphere and people who used the service were relaxed in the company of staff and others they lived with. People who used the service and staff told us they were very happy in the service.

# Summary of findings

People who used the service told us they felt safe and knew what to do if ever they felt unsafe. They were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines safely.

There were clear assessments about people's ability to consent to care and make choices. Where people were unable to make their own decisions about their care needs we saw the service had recorded best interest decisions. These had involved the person, their families and any relevant health and social care professionals.

People who used the service were well cared for. Staff knew people very well and understood how to meet people's needs. People were involved in making decisions about their care and were involved in the care planning process. People who used the service engaged in social activities which were person centred, this involved group activities and individual one to one sessions. Care was centred on the person.

Staff helped make sure people were safe. This involved having meetings with people and talking about how to stay safe and involved specialist input to make sure the environment was safe for those with a visual impairment. People who used the service helped to plan the menu and enjoyed the meals. They received good support to make sure their nutritional and health needs were met.

People who used the service told us staff were 'very very kind, understood them and what they needed.' Visitors also complimented the staff team. There were enough staff, and staff were skilled and experienced to meet people's needs because they received appropriate training and support. Some training was due to be repeated but this was planned and in progress.

The fabric and décor in some parts of the service were looking tired and showing signs of wear and tear. We noted that funds had been set aside to carry out some redecoration before the Christmas period and that an on-going programme of redecoration and refurbishment was being planned.

The service had good management and leadership procedures. The management team promoted quality and safety and had good systems in place to help ensure this was achieved. They worked alongside staff and therefore knew what was happening in the service. People who used the service told us they knew 'who was who' and knew staff names. People had no concerns about the care and knew how to make a complaint if they were unhappy with the service provided.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People who used the service were safeguarded from abuse. Regular discussions were held to help people understand how to stay safe. Medicine was managed safely and people received their medicine as prescribed.

Systems were in place to identify, manage and monitor risk, and for dealing with emergencies. Checks were carried out around the service to keep the building safe.

Some parts of the service were looking tired and fabric and décor was showing signs of wear and tear. We noted that an on-going programme of redecoration and refurbishment was being planned and that funds had been set aside to carry out some redecoration before the Christmas period.

There were enough staff who worked flexibly to meet people's individual needs.

Good



### Is the service effective?

The service was effective.

People's needs were met by staff who had the right skills, competencies and knowledge. Training was provided on an on-going basis.

People who used the service told us they enjoyed the food, which was varied and well-presented and that they had enough to eat and drink at all times during the day and night.

People who used the service received good support that made sure their healthcare needs were met. A range of other professionals were involved to support people to stay healthy.

Good



### Is the service caring?

The service was caring.

People who used the service and staff told us they were very happy living and working in the service.

The service had a 'person centred culture' which focused on everyone as an individual. The service was run for the benefit of those living there.

Staff demonstrated they knew people really well and had a good understanding of their wishes, needs and aspirations.

We noted throughout our visit that staff were attentive, professional and engaged with people in a sensitive and friendly manner.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed and care and support was planned. Support plans were person centred. They contained clear guidance for staff about the support people needed. There was information about people's life experiences before they moved into the service and this helped staff understand what was important to people.

Good



# Summary of findings

People who used the service enjoyed a range of person centred activities within the service and the wider community.

Systems were in place to respond to concerns and complaints and people who used the service were encouraged to give feedback about the service.

## Is the service well-led?

The service was well led.

Staff morale was high. The staff we spoke with told us how important it was to them that people received a good standard of care. They told us they felt well supported by the management team.

The manager and provider completed regular audits of the service to make sure they were providing good care.

People who used the service and staff spoke positively about the management team. They also told us they thought service was well led.

Everyone was encouraged to put forward suggestions to help improve the service.

**Good**



# RNIB Tate House

## 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.

This inspection took place on 17 November 2015 and was unannounced. One adult social care inspector visited the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to

make. We also reviewed all the information we held about the service, we contacted the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

At the time of our inspection there were 33 people living at the service. During our visit we spoke with twelve people who used the service, five members of staff, two volunteers who work alongside the staff team, the registered manager and the deputy manager. We looked at areas of the service including some people's bedrooms, bathrooms and communal areas. We spent time sitting with people who used the service, looking through documents and records that related to people's care and the management of the service. We looked at six people's care plans and associated documentation.

# Is the service safe?

## Our findings

People who used the service and their relatives told us the service was safe. One person told us, “I like living here.” Another person told us their relative was, “More than safe, the staff are very skilled and I am so pleased about the whole thing.”

People were protected from avoidable harm. Staff were confident about identifying and responding to any concerns about people’s well-being. They were aware of the possible types of abuse and how to report concerns. The service had an up to date safeguarding policy, which offered guidance to staff. All of the staff we spoke with told us they had received safeguarding training, and felt confident in applying this. They also told us if any concerns were raised they would be treated seriously and dealt with appropriately and promptly. Training records confirmed that safeguarding training had taken place. This helped ensure staff had the necessary knowledge and information to help them make sure people were protected from abuse.

The service took appropriate action to keep people safe. The registered manager was aware of their responsibility to notify the Care Quality Commission (CQC) about safeguarding concerns. The CQC had received three notifications in the last twelve months. We reviewed these with the registered manager who demonstrated detailed knowledge of each situation. The concerns had been investigated and appropriate action had been taken by the registered manager. The registered manager said there were no open safeguarding cases at the time of the inspection. This showed us that the registered manager understood their safeguarding responsibilities and had taken the necessary action to protect people.

People lived in a clean and safe environment. Assessments for managing risk were available and covered key areas such as infection control. There was a system in place to regularly carry out health and safety checks around the service. Records reviewed during the visit confirmed that this was being done appropriately and the provider could be confident that any problems would be picked up promptly and resolved. Equipment was checked to make sure it was in safe working order. We looked at records that showed fire equipment was tested and regular fire drills were practiced. The service had in place personal emergency evacuation plans for each person living at the service. The fabric and décor in some parts of the service

were looking tired and showing signs of wear and tear. We noted that funds had been set aside to carry out some redecoration before the Christmas period and that an on-going programme of redecoration and refurbishment was being planned. The registered manager was proactive in this area and discussed with us the plans they had for improving the environment.

Staff told us risk was well managed so people were kept safe and had the most freedom possible.

People’s care files contained a number of assessments and supporting documents that showed risk management was centred on the needs of the person. Individual risk assessments clearly identified hazards people might face and provided guidance about what action staff needed to take in order to reduce the risk of harm. This helped ensure people were supported to take responsible risks with the minimum necessary restrictions.

There were enough staff with the right experience to meet the needs of the people living at the service. People told us they spent time with members of staff and had opportunities to go out individually or as a group during the summer months. The grounds were suitable for people to use and included a level walk way and seating areas. On the day of the inspection a member of staff was unable to come to work due to illness, we noted during the handover between the staff team willingness for staff to work flexibly to make sure the service was adequately covered including staff changing their break times and working additional hours. This demonstrated the commitment the team had to make sure the service continued to run effectively.

The majority of staff had worked at the service for a significant number of years. There was also a bank of volunteers who worked at the service and spent time with people who lived there. The volunteers worked alongside members of staff. Everyone we spoke with said they thought these arrangements worked well and that the ‘set up made for a happy home.’

People’s care plans contained detailed information about the medicines they were prescribed.

Most medicines came in a blister pack which had been prepared by a pharmacist. We noted that medication records included a picture of the person. This helped to prevent any errors in administration. Medicines were kept in a locked office to make sure they were stored securely. Controlled drugs were also stored safely.

## Is the service safe?

The service had clear protocols for people who needed as required medicine (PRN). For people who had PRN medicine the service had clear risk assessments and protocols in place. There was evidence of strategies which should be used before medicine was administered. If it was required to alleviate anxiety or distress an incident form was completed and these were reviewed every month by the management team. The manager told us it was important to look at any patterns and if the medicine had been used regularly this would trigger the need for a review by the appropriate healthcare professional. This meant people were being safeguarded from any incorrect use of medicine.

We saw medicine being given to five people. The member of staff gave people time to take their medicine and did this in a calm and patient way and at the person's pace. They gave verbal cues whilst giving the medicine. This demonstrated medicines were administered in a person centred way.

The registered manager explained they completed monthly audits of medicines. In addition to this the team member responsible for running each shift completed a stock check of controlled drugs on every shift. This meant if any errors

were found the service could take the appropriate action in a timely manner. Staff received medicines training and observations were carried out by a senior member of the staff team before the person was deemed competent to administer medicines.

Accidents and incidents were recorded. These were reviewed by the management team each month. We could see management action plans had been developed as a result of these reviews. The service was keen to look at trends or patterns of incidents and to learn from these to make sure people were given the support they needed.

The provider followed a thorough recruitment and selection process to ensure staff recruited had the right skills and experience to meet the needs of people who lived in the service. This included carrying out a Disclosure and Barring Service (DBS) check and obtaining appropriate references. Staff we spoke with confirmed they were not able to start work until all the required documentation had been received. We also noted that when there were issues with a person's working practices this was dealt with promptly and appropriately. Where necessary additional supervision and training was given.

# Is the service effective?

## Our findings

People who used the service told us that they received the care and support they needed. One person told us, “They take good care of you here, if there is anything wrong they do something about it. They get the doctor if I need attention.” A relative told us, “They look after us too, the relatives. It is a really good place for my [relative].” One member of staff told us, “I love my job. We work as a team and we know what is important to people. Another member of staff told us, “A lot of us give our own time to make sure the care is delivered and people remain happy. We are proud of the work we do.” A volunteer told us, “Care here is very good, staff cope well with the people here, they are all different and need different approaches sometimes. The staff know that and do it right.”

Staff had the skills and knowledge required to support people who used the service. Some of the training was due for updating and this was planned and organised. Staff told us they thought the training was good and they particularly benefited from the client specific training, for example topics covering sight impairment and blindness. One member of staff said, “We get a lot of training and we are kept up to date with new guidance and procedures. They are keen on that here.”

People’s needs were met by staff who had the right skills, competencies and knowledge. We looked at training records which showed staff had completed a range of training courses including first aid, food hygiene, safeguarding vulnerable adults, person centred planning, moving and handling, equality and diversity, autism, medication and diabetes. Although records we reviewed evidenced staff had received training, it was difficult to establish that all staff had completed all the necessary training or when they were due to attend refresher training. The registered manager told us they would introduce a training matrix to ensure all training requirements were clearly captured.

Staff we spoke with said they were well supported by the management team, who were accessible. They told us they received regular supervision where they had opportunities to discuss their work, training needs and professional development. We looked at staff records which showed staff had received an annual performance review and formal supervision sessions. It was clear to us that the

registered manager and senior staff worked closely with the team and spent time working alongside individual members of staff. This helped support staff in their work and share best practice as necessary.

The Mental Capacity Act (MCA) 2005 provides a legal framework for acting and making decisions on behalf of people who lack the ability to make specific decisions for themselves. The staff we spoke with had a good understanding of the Mental Capacity Act 2005.

We saw staff consult people and seek their consent throughout the inspection. Staff offered people choices to support them to make decisions. Where people were unable to make decisions we saw evidence that staff applied the principles of the legislation.

Where there was any doubt about a person’s ability to consent to an important decision a mental capacity assessment had been completed. A best interest meeting had then been held. This is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision was then made based on what was felt to be in the best interest of the person. We saw best interest meetings regarding behaviour management and consent to care and support.

The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards are in place to protect the rights of people who use services, by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect people from harm. Four people who used the service had authorised Deprivation of Liberty Safeguards (DoLS) in place. A copy of the DoLS authorisation was kept in each person’s file and gave clear reasons for why restriction was necessary.

People’s care records contained information about promoting choice and supporting people to make decisions. We saw one person’s records clearly showed they had communicated their wishes in relation to nutrition and healthcare. Staff arranged for the person to meet the GP, who respected the person’s wishes and agreed to revisit to discuss the situation within a short period of time. This demonstrated staff considered the person’s capacity to make decisions and involved the right professionals.



## Is the service effective?

People told us the quality of food was good and menu choices were varied and interesting. They said they always had plenty to eat and drink, including during the night. One person told us, “The food is very nice; it’s hot, appetising and well presented.” Another person told us, “We choose from the menu a few days in advance. I can forget what I asked for but it’s not a problem, you still have a choice on the day.” We noted that a variety of plates with guards and specialist cutlery was provided according to people’s individual needs. One person, who was staying at the service for a period of respite care, told us they didn’t use such a plate whilst at service, but would be buying one as

they felt it helped them to keep their food on the plate. We noted that staff described food fully when serving the meal and offered assistance. We looked at the menu sheets which showed people ate a varied and balanced diet.

People told us they received good support with their health needs. People were supported to maintain their health and well-being and had access to health services as needed. Care plans contained clear information about peoples’ health needs. There was guidance about particular conditions relevant to each individual so that staff had a better understanding of their needs. There was evidence of the involvement of healthcare professionals such as the local doctor and dentist.

# Is the service caring?

## Our findings

People told us they were well looked after and that staff were friendly, kind and attentive. One person told us, “The staff are kindness itself. They make sure I am comfortable and have everything I need.” Another person told us about a family event which had had a huge impact on them; they went on to describe how impressed they had been by the way staff had helped them cope and had done things in their own time to help. One relative we spoke with explained to us the circumstances their relative had faced before moving into the service. They told us how satisfied they were with the support their relative had received and the support staff had given them in the transition. Another person told us, “I like visiting; I always get a warm welcome. And it doesn’t smell like an old people’s home.” This they said was important to them and their relative.

All of the interaction we observed between people and staff was compassionate, kind and caring. Staff knew people well and were able to describe to us their likes and dislikes and what was important to people. This reflected what we saw in people’s care plans. It was important for staff to know people well as not everyone who used the service could tell staff what they needed.

We looked how people were involved in decisions about their day to day lives. We saw that people had their own routines and preferences respected. For example, the care plan we looked at included information about the person’s daily routine. This included spending time in their room

and when and where they wanted their meals. During our visit we saw that this took place. People spent time in the communal areas or in their own rooms according to their own preferences and needs.

We saw staff knocked on people’s bedroom doors before they entered. Staff we spoke with provided us with practical examples of how protected people’s dignity and privacy. For example staff told us they covered people with towels when they were supporting with personal care and bathing.

We noted that all the staff we spoke with were enthusiastic and a committed to providing good, person centred care, which was based on the needs of each individual. All of the staff we spoke with said they would be happy for their relative to be supported by the service, if they needed this type of care. One member of staff said, “It’s not like a care home, we make it as homely as we can.” Staff described a sense of job satisfaction around helping and supporting people, and gave examples of when they had made progress with someone’s well-being following periods of illness or sadness.

People were supported to maintain relationships with family and friends. They were also encouraged to attend local community facilities. People looked well cared for. They were tidy and clean in their appearance, which is achieved through good standards of care. One relative described how clothing was hung in wardrobes, in colour order, so that people could wear clothing which matched, which was important to them.

# Is the service responsive?

## Our findings

People received person centred care which was responsive to their needs. Each person had an assessment of their needs before they moved into the service. This meant the service considered whether they could meet the person's needs before they moved in.

It was clear from discussions with people who used the service and records that people received consistent, person centred care and support. Care records showed people's lifestyle was developed around their needs and preferences. Their social life/leisure care plan outlined what they enjoyed doing. People told us they enjoyed activities within the service and the wider community.

People's care and support needs were assessed and plans identified how care should be delivered. There was good evidence to show people had been involved in the care planning process and talked about what they enjoyed and how they wanted their care needs met. Each person had a range of assessments which were personalised and covered important areas such as personal care, relationships, health and cultural needs.

The registered manager discussed the arrangements they had in place for ensuring the service was responsive. They told us some people had lived at the service for several years and a large proportion of the staff team were long

standing. This meant that people knew each other well. The registered manager said the staff team were very committed, motivated and enthusiastic, and continuously looked at how they could improve people's quality of life. They told us communication was very effective and something everyone did well.

People who used the service enjoyed a range of person centred activities within the service and the wider community. They also benefited from the links the service had with specialist manufacturers and agencies who could provide equipment which made people's lives easier when living with a visual impairment or blindness. For example, reading books on tape, talking clocks; large print material and décor with contrasting colour to assist with moving around the service.

People who used the service told us they had no concerns about the way the service was operated or that they were unhappy. We saw there was information displayed in the service about how people could make a complaint if they were unhappy with the service. A relative told us they found the service responsive and that they were confident that if they or their relative raised an issue that it would be listened to, responded to and that they would be informed if necessary. This was confirmed by their relative, who could not think of anything they thought could be improved.

# Is the service well-led?

## Our findings

At the time of our inspection the manager was registered with the Care Quality Commission. They dealt with day to day issues within the service and worked alongside staff overseeing the care given and providing support and guidance where needed.

Throughout the inspection the registered manager and staff team were well organised and demonstrated they understood their responsibilities. They told us they were well supported by the provider.

We received positive feedback about the management team. One person who used the service said, “[name of registered manager] is always around, he is lovely and always talks to me.” A visitor told us the registered manager was approachable and was seen regularly engaging with people and making sure the service was well run.

People and their relatives were actively involved in the day to day running of the service and their contribution was encouraged. Quality assurance arrangements ensured people received care and support that was safe and met their individual needs. People were encouraged to discuss their views about the service on an individual basis and at the house meetings. People told us their views and experiences were taken into account and that they thought their views were listened to.

Staff told us they were encouraged to put forward ideas to help improve the service and suggestions were always well received. They knew what was expected of them and understood their role in ensuring people received the care and support they required. A member of staff told us, “It’s well managed. It’s professional and it matters to us all that we get it right.”

Staff meetings were held on a monthly basis, which gave opportunities for staff to contribute to the running of the service. However, the registered manager told us he also gained a lot from informal meetings and discussions with staff during the working day.

There was a system of audits completed by staff and the management team. Records showed the audits and checks were carried out on a regular basis and covered key areas such as cleanliness, food hygiene, water temperatures, window restrictors, medication and fire safety. Staff told us good systems were in place to make sure everything was done properly.

Representatives of the provider also carried out audits when they visited the service. Reports were completed and areas for development were identified. We looked at a visit report for October 2015 which showed during the visit the area manager had reviewed key areas and noted actions for completion. This included key worker documentation, hand washing signs to be provided and a review was required.