Essex Blind Charity

Read House

Inspection report

23 The Esplanade
Frinton On Sea
Essex
CO13 9AU

Tel: 01255673654
Website: www.essexblind.co.uk

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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

The inspection took place on 2nd May 2018 and was unannounced.

Read House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Read House is registered to provide accommodation and personal care for up to 40 older people who are blind or visually impaired or older people with physical disability. The service does not provide nursing care. At the time of our inspection there were 32 people using the service.

At the last inspection in 2016, the service was rated good. At this inspection, we found the service had maintained good.

The service had a registered manager in post. 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.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. Staff that had been trained and assessed as competent to administer medicines managed medicines safely and there were sufficient numbers of care staff with the correct skills and knowledge to safely meet people's needs.

The Care Quality Commission monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) and are required to report on what we find. The MCA sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The DoLS are a code of practice to supplement the main MCA code of practice. Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals. This ensured that the decision was taken in accordance with the Mental Capacity Act.

People had sufficient amounts to eat and drink to ensure their dietary nutritional needs were met. The service worked well with other professionals to ensure that people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from healthcare professionals.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times.

People were encouraged to follow their interests and hobbies and to engage in meaningful person centred activities. They were supported to keep in contact with their family and friends. People's care plans were individual and contained information about people's needs, likes and dislikes and their ability to make

decisions.
The service was brightly decorated and stimulating for the people living there. The communal areas were decorated to a high standard were clean and furnished giving an overall homely feel. The outside area had accessible gardens with benches and easy access for people with limited mobility.

People received support that was personalised and tailored to their needs. They were aware of how to complain and there were a number of opportunities available for people to give their feedback about the service.

There was an open culture and the management team encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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

Read 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 2 May 2018. It was unannounced and was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed information available to us about this service. The registered provider had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notification that had been sent to us. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection, we spoke with ten people who used the service, the registered manager, deputy manager, team leader, and four staff including the chef. We also spoke with five visitors that were visiting at the time of our inspection and two visiting health professionals.

We reviewed five people's care records, five staff recruitment records, medication charts, staffing rotas and records, which related to how the service monitored staffing levels and the quality of the service. We also looked at information, which related to the management of the service such as health and safety records, quality monitoring audits and records of complaints.

Good

Is the service safe?

Our findings

At our last inspection, we rated this key question good. At this inspection, we found that the home had sustained this rating.

People told us they felt safe living at the service. Comments included, "I have never felt unsafe with any of the staff here they all look after me very well", "When I call for help someone always comes quickly." A relative told us, "I have complete peace of mind about [name of relative] when I am not here it is a real relief."

There were policies and procedures regarding the safeguarding of people. Staff had received training, and understood their roles and responsibilities to recognise respond to and report any incidents or allegations of abuse, harm, or neglect. It was evident from our discussions with them staff had a good awareness of what constituted abuse or poor practice, and knew the processes for making safeguarding referrals to the local authority. Our records showed that the manager was aware of their responsibilities with regards to keeping people safe, and reported concerns appropriately.

Risks to people were managed well. Care records showed that each person had been assessed for risks before they moved into the home and again on admission. Any potential risks to people's safety were identified. Assessments included the risk of falls, skin damage, and nutritional risks, including the risk of choking and moving and handling. Where risks were identified, there were measures in place to reduce them where possible. For example, the layout of people's rooms had been planned to enable them to move around safely.

We saw that there were processes in place to manage risks related to the operation of the service. Health and safety checks were carried out and these covered all areas of the management of the property. Systems were in place for checking wheelchairs and ferrules on walking aids. There were appropriate plans in place in case of emergencies, for example evacuation procedures in the event of a fire.

We received positive comments from people and relatives about whether there was enough staff available to help them when they needed assistance. We saw that staff were not rushed and assisted people without the need to hurry them. They took time to talk to them and explained what they were doing, and gave one to one or two to one support when required. Throughout the inspection, call bells were responded to in a timely way. One person told us they were blind and therefore kept their call bell wrapped around their wrist. "I keep my call bell wrapped around my wrist and hold on to it this makes me feel safe. If I call them they always come as quickly as the can." We spoke to staff and asked them if the staffing levels were adequate without exception all of the staff told us there were enough staff on shift. Comments included, "Yes, there are enough staff on we all help out where needed." The home also employed housekeeping staff and a chef. This enabled the care staff to focus solely on the care required to meet the needs of the people that used the service, without having to carry out any other duties.

People were satisfied with the way their medications were managed. People were protected by safe systems

for the storage, administration, and recording of medicines. Medications were kept securely and at the right temperatures so that they did not spoil. Medications entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We saw staff administer medication safely, by checking each person's medication with their individual records before administering them, to confirm the right people got the right medication. Regular medication audits had been completed by the service. Staff had received training to administer peoples' medication safely and had regular competency assessments, which included observations of their practice.

Staff recruitment files demonstrated that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, the provision of previous employer references, proof of identity and a check under the Disclosure and Barring Scheme (DBS). This scheme enables the provider to check that candidates are suitable for employment. People could be assured that their needs were being met by staff that had been assessed as safe and competent, with the necessary skills for the job role they had been employed for.

The service had robust infection control systems in place, we observed throughout our visit staff maintaining high levels of cleanliness and infection control. On the day of our inspection throughout the home there were no offensive odours, everywhere looked clean and smelled fresh. Staff were trained and updated in food hygiene and infection control. Cleaning materials were organised and safely stored. Cleaning rotas and audits were available and updated. Communal areas were clean and inviting, and the kitchen where food was prepared was organised and clean. Staff had access to protective clothing for example gloves and aprons and there were facilities to dispose of these safely. Staff told us that when a person is discharged from hospital they are asked to stay in their room for a period of 24hrs to ensure they had not contracted a hospital-acquired infection. This was introduced following the spread of a sickness bug after a person had been discharged from hospital recently.

Good

Is the service effective?

Our findings

At the last inspection, we rated this key question good. At this inspection, we found that the home had sustained this rating.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are 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 their liberty were being met. We found people were being supported appropriately, in line with the law and guidance.

Staff told us they received that training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas, which included safeguarding, medication and communication. Staff told us they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. Staff told us they were able to request additional training. For example, one staff member had requested additional training on dementia and had completed two additional sessions. If staff expressed an interest, they were enrolled onto NVQ courses. Three staff had commenced their level 5 leadership and management course.

New staff received a comprehensive induction. Records showed that the staff's induction was in line with the 'Care Certificate' which consists of industry best practice standards to support staff working in adult social care to gain good basic care skills. It is designed to enable staff to demonstrate their understanding of how to provide high quality care and support, this is gained over several weeks. The induction included shadow shifts and training sessions with staff to enable them to empathise with a person with a visual impairment. For example, they had to take part in training session that involved them being fed and moved around in a wheelchair blind folded without verbal prompts and then repeated with verbal prompts, in order for staff to relate to the experience of the people they were supporting.

People who lived in the service confirmed they were supported by skilled and experienced staff who understood their needs and knew them well. One person told us, "Yes, the staff are well trained they know what they are doing." We observed staff using manual handling equipment for transferring people from a chair to a wheelchair. The staff carried out these tasks with confidence and put people's safety and dignity first.

People were supported to eat and drink sufficient to their needs and their weight was monitored to try to help prevent unplanned with loss. We saw evidence of input from speech and language therapist and the dietician had been asked for when appropriate. One person with declining cognition had been referred to a memory clinic and diagnosed with vascular dementia. Their care plan included information for staff to be made aware of in that their confusion was likely to increase if they had an infection.

We observed the lunchtime meal and people looked like they were enjoying their food. People told us they food was good comments included, "The food is good, I am not a big eater but there is always something to tempt me", "My favourite meal is breakfast such a choice I like to have a bacon or sausage sandwich, depends what I fancy. We have a good chef he talks to us and listens to what we like." The dining room was light and airy and the tables were laid with brightly coloured tablecloths with coloured placemats to help people with sight impairment. People had chosen their meal earlier on in the day but told us they could change their mind.

Whilst a menu was on the notice board individual table did not have menus on them and some people did not know what they had ordered. We recommend having a menu on each table in an appropriate format for people to be made aware of the different choices on offer.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. A nurse practitioner who was able to prescribe medication for minor concerns for example, earache, colds, sore throats, visited the service. We spoke with the practice matron who told us, "This is a lovely home, we love coming here, the communication is great, and the staff always listen to what we say. We always have a warm welcome."

The environment was suitable for people in regards to safety and cleanliness. The service was in a good state of décor and repair and there was planned and routine maintenance. The manager told us they had had a new boiler and new carpets fitted. The environment was spacious and designed to enable people to move around easily.

Good

Is the service caring?

Our findings

At our last inspection, we rated this key question good. At this inspection, we found the service had maintained this rating.

During the inspection, we observed staff interactions with people were positive. They were kind and considerate; the atmosphere within the service was welcoming, relaxed, and calm. Staff demonstrated affection, warmth, and compassion, for the people they were supporting. For example, people made eye contact by kneeling or sitting next to them and listened to what people were saying, and responded accordingly. People were not rushed they were given time to respond to a question. We observed staff being tactile, placing an arm around someone, and giving people a hug. People were comfortable with staff interactions.

One person told us, "Prior to coming to live at Read House I had come on respite I was then and still am extremely grateful that staff treat me with respect, don't take over and don't treat me as if I am stupid. They listen to me. Another person told us, "I didn't like it at first I wanted to be at home, but the care staff are so kind and friendly and treat me wonderfully, I am happy here now."

Relatives we spoke with told us they were also supported by the staff. One person had turned up to take their relative out in their wheelchair on a showery day with an umbrella not realising the difficulty in pushing wheelchair with an umbrella. They told us, "This sums the staff up they have found me a coat to wear with a hood so that I don't get wet. They genuinely care about me too." Another relative told us, [name of relative] can't see what they are wearing but the staff always colour coordinate their clothing and make sure they look lovely. I think that is wonderful of them, and shows just how caring and kind they are."

We looked at five peoples care plans and saw that they contained information about people's likes an dislikes and their personal history including important events and how they like to spend their time. For example, one person's care plan included details about the flowers they had in their wedding bouquet. Staff told us, "This is peoples home we focus on people and what they want and need."

No one living at the service was currently using braille. Staff gave examples of how they supported people with communication needs. For example, one person used their finger to write initials on staffs hands such as 'h' for hello and 't' or 'c' for tea and coffee. Another person placed the staffs hand on her cheek and understood what staff were saying form the vibrations created when they spoke. Staff spoke about the importance of not only introducing yourself when you went into a room but also letting people know when you were leaving. One staff member told us, "Communication is everything, especially if someone is not able to see clearly what is happening or what you are doing."

People's records identified the areas of their care that people could attend to independently and how this should be respected. We saw that staff encouraged people's independence, such as when they moved around the service using walking aids staff offered verbal support and encouragement.

People told us that they felt that their choices, independence, privacy, and dignity was promoted and respected. One person said, "They give me privacy if I want it I like to eat all my meals in my room and the staff respect that." We observed staff knocking on people's doors and waiting for a reply before entering and when talking to people about their personal needs such as using the toilet this was done in a discreet way.

Good

Is the service responsive?

Our findings

At our last inspection, we rated this key question as outstanding. We found the service had sustained this rating.

The service was responsive to people's needs. People and their relatives were involved in planning and reviewing their care needs. People were supported as individuals. This included looking after their interests and well-being. People's spiritual and cultural needs were met details were documented clearly within their care plan.

Before people came to live at Read House, their needs were assessed to see if they could be met by the service and care plans developed detailing the care, treatment and support needed to ensure personalised care was provided to people. One relative told us, "We discussed [relative] needs and I was fully involved in compiling [name of relative] care plan I was asked for as much information as possible, communication is very good I feel fully informed about [name of relative]." Each care plan was personalised and reflected in detail people's personal choices and preferences regarding how they wished to live their daily lives. Care plans were reviewed and updated regularly to reflect people' changing needs and these had been identified promptly. People and their relatives were involved in the review process. People's mobility needs, falls, moving and repositioning and dietary requirements were detailed in order that staff could respond to their needs appropriately.

People told us they had plenty to do comments included, "The activities on the sheet always happen, they don't let us down I like the pianist who comes and we have a choir too who are really good", "We have visits from the farm they bring animals in we really look forward to seeing them." We were shown a copy of the weekly activities programme detailing morning and evening activities for each day of the week, including weekends. We were told that these activities were never cancelled and that they were planned after consultation with people regarding their wishes and preferences.

During our inspection we observed people being engaged in activities for example, a crossword club was taking place, which was a real social event. A staff member read out the clues and the group of people worked together to complete the crosswords. Some clues led to discussions about the answers and it was clear that people thoroughly enjoyed their time together. One person told us, "We know it's important to keep our brains active, and this helps in that respect."

Later on in the day, the scrabble club met where two tables of people enjoyed a very lively and sociable time playing scrabble. One table played independently, the other table had a large scrabble board and large letter tiles to enable those with poorer eyesight to participate. A member of staff sat at this table, and supported people who needed help. Throughout the game, it was clear that the scrabble club generated much discussion, friendship, and laughter.

On the day of our inspection, the local church minister came to share Holy Communion with people who wished to attend. One person told us, "This is very important to me, and I'm grateful that he comes along. I

have always been to church as a child." We noticed that there were events advertised on the notice board that were taking place at the church, which was just around the corner. People we spoke to told us that staff supported them to go to any events they wanted to attend.

The home has its own hair and beauty salon and the hairdresser comes on a regular basis. If people wanted their hair, done by their own hairdresser that was not a problem and they could still access the salon. This showed us that people's preferences were taken into consideration and that people could still maintain links with the outside community.

We saw that the service routinely listened to people through care reviews and organised meetings. People told us that residents meetings took place on a regular basis and were attended by a representative from each department, finance, food, domestic and care. One person told us, "We have the chance to speak and they listen to us, we tell them what we think. They also keep us informed about what work is being done. We have just had new lights in our rooms we can operate them ourselves and control the amount of light as they have three different light settings they are much better."

People told us they had no complaints but would speak to the manager. One person told us they had spoken with the manager in the past about a staff member they were not happy with. "It was sorted out straight away, the manager spoke with them, and now it is all fine." One relative told us, "The manager is always around I would talk to her straight away if I wasn't happy." People told us that if they raised a minor issue it was always dealt with straight away.

Care plans described how people wanted to be supported during the end stages of their life and their wishes were recorded. Where people had made a decision about resuscitation a completed 'Do Not Attempt Resuscitation' (DNAR) directive was in place. The DNAR clearly stated who had been involved in making the decision, on what basis the decision had been made and they were signed by a medical professional. Where possible people had been involved in their care plan and when this had not been possible a family member had been consulted about the care their relative needed.

Good

Is the service well-led?

Our findings

At the last inspection, we rated this key question as good. At this inspection, we found that the service had maintained this rating.

People and staff told us that the manager was accessible and approachable. One staff member told us, "I never worry about speaking to [name of manager] about anything they are so supportive."

A deputy manager supported the registered manager in the day-to-day running of the home. A senior was also being up-skilled to take over some additional responsibility on a day-to-day basis. This staff member was also qualified as a trainer and spoke enthusiastically about the training they carried out and how they kept themselves updated. The staff member told us, "[Name of managers] are really encouraging me to learn additional tasks I am enjoying the extra responsibility."

The registered manager told us they cascaded information to enable staff to learn and thought it was important to promote from within when possible and to give encouragement to staff to take on additional roles and responsibilities to support their development.

The deputy manager carried out a range of audits to monitor quality within the service. These included health and safety checks, monitoring the management of medication, support plans, and infection control monitoring. Action plans had been implemented with given timescales of when actions needed to be completed. We could see that the actions had been completed within the given timescales.

People we spoke to during the inspection all told us the manager was available to speak to them whenever they visited the service. We saw that the manager had sent out quality assurance questionnaires to people that lived in the service, their relatives and healthcare professionals in order for them to share their views. As a result of the most recent survey, the trustees had agreed to finance an inner porch following feedback that people were not happy standing in the rain while waiting for staff to answer the front door.

The registered manager told us that the board of trustees for Essex Blind Charity were supportive and when they had identified areas for improvements or additional resources were needed these were forthcoming.

Each month the registered manager compiled a newsletter which included notes from recent residents meetings and forthcoming events. The newsletter we were shown gave information on activities that had taken place including photographs that people and their families could request. People were told that a recruitment day was taking place and that any prospective new staff would be taken around the home, which would enable people to meet and have a chat with them if they wanted to. There was also a crossword with answers given in the following months newsletter.

Actions were taken to learn from accidents and incidents. These were monitored and analysed to check if there were any emerging trends or patterns, which could be addressed to reduce the likelihood of reoccurrence. Attention was given to see how things could be done differently and improved, including what

the impact would be to people. Healthcare professionals told us that they had a good relationship with the manager and that communication between themselves and the home was very good.