Royal National Institute of Blind People

# RNIB Kathleen Chambers House

## Inspection report

Kathleen Chambers House
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Tel: 01278782142

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10 August 2018

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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

This inspection took place on 9 and 10 August 2018 and was un-announced. This is the first inspection of this service since it was re-registered from RNIB Charity to RNIB in 2017.

Kathleen Chambers House is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Kathleen Chambers House can accommodate up to 40 people. At the time of the inspection there were 34 people living at Kathleen Chambers House.

Older people with sensory impairments live at Kathleen House. The building had a range of aids and adaptations in place to assist people who had mobility difficulties. All bedrooms are for single occupancy. The service was staffed 24 hours a day and all areas were accessible to wheelchair users.

At the time of the inspection there was a registered manager in place. The manager had been registered with CQC since April 2017. 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 and their relatives told us they had complete trust in the staff and felt safe and secure living at Kathleen Chambers House. Feedback from people included, "This is the best place for [Person] staff are so good." One person said, "Oh yes I always feel safe here". Staff showed a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager was also aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

Care plans were detailed and contained risk assessments that documented areas of risk to people, such as nutrition and hydration or pressure areas. Systems were in place that showed people's medicines were managed consistently and safely by staff. The provider managed the building people lived in well, there was a full-time maintenance person who monitored health and safety and staff knew about the policies and procedures in place to manage health and safety within Kathleen Chambers House.

The provider employed enough staff to meet the needs of people and there was a robust recruitment and selection process in place where staff had been subject to criminal record checks before starting work at the service.

The provider had infection control arrangements in place and the home was clean, tidy and free from any unpleasant odour. Accident and incident reporting was robust. Staff knew the reporting process. Records showed that staff had taken proper action where necessary and made changes to reduce the risk of a re-occurrence of an incident.

The provider had suitable processes to assess people's needs and choices. The manager told us, "I always do a home visit first, I like to get to know people and families." Staff and volunteers had the skills, knowledge, and experience to support people. Supervision and appraisals were completed regularly to develop and motivate staff to improve on the care and support being delivered.

Staff supported people to eat, drink and keep a balanced diet. People told us that they had choices of food and that the quality of the food was good. People told us they had access to healthcare services such as GPs, Dentists, and Chiropodists. There was a range of specialised facilities and equipment to help people who were blind and partially sighted, these included talking notice boards, a lift, books, magnifiers, and signage that included Braille.

Consent to care and treatment was always sought in line with legislation and guidance. Staff treated people with kindness and compassion. People and visitors spoke highly of the staff. Comments included, "yes, they are lovely". And "I find them kind".

People's privacy, dignity and independence was respected and promoted. People went out when they wanted, one person told us, "I go to the shops and staff take us to the supermarket regularly so we can do some shopping".

People's support plans were set out clearly and easy to read and staff regularly reviewed them. They gave a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them.

People were supported to take part in activities that were socially and culturally relevant to them. The provider employed two activity co-ordinators who devised a varied activity schedule for people. These included, daily newspaper readings, book exchanges, quizzes, and craft work. The provider helped people celebrate special occasions such as birthdays and religious festivals such as Christmas.

People told us they were encouraged to give their views and raise concerns or complaints. One person said, "I would ring the bell and speak to the manager". Another person said, "I would complain through my daughter or keyworker".

The provider gave care to people at the end of their lives. Staff understood the importance of supporting people to have a good end of life as well as living life to the full whilst they were fit and able to do so.

The provider had a clear vision to deliver care and support that promoted a positive culture. Care and support was person-centred, and achieved good outcomes for people. The leadership was visible and accessible. The registered manager understood the importance and responsibility of their role and had clear lines of responsibility and accountability. There was a culture of support and cohesiveness amongst managers and staff.

The provider had arrangements in place to protect people's records. These were in line with data protection. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care.

There were effective quality assurance arrangements to raise standards and drive improvements. The service worked with other health and social care professionals in line with people's specific needs. This enabled the staff to keep up to date with best practice, current guidance, and legislation. There was evidence that learning from incidents and accidents and investigations took place and appropriate changes

were implemented

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe

There were procedures in place to keep people safe, which staff understood.

Safe staff recruitment procedures were in place. There was enough staff to support people safely.

People's risks were assessed and risk management guidance was completed.

People received their medicines as prescribed.

### Is the service effective?

Good

The service was effective

People's relatives felt they received care from competent staff.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported by staff who were competent and well supported

People had access to healthcare professionals.

### Is the service caring?

Good

The service was caring

People were  relaxed and happy in the service

People's relatives spoke positively of the staff at the service.

Staff respected people's choices and decision-making.

People and their relatives were involved in their care and support planning.

### Is the service responsive?

Good

The service was responsive

People's care records were detailed and easy to read.

People's relatives felt staff were responsive.

Complaints had been acted upon when received.

Staff supported people to undertake activities of their choice.

There were links with the local community.

## Is the service well-led?

Good

The service was well led

The provider had a clear vision to deliver care and support that promoted a positive culture.

The provider had identified developments required to improve the service

Everyone we spoke with knew who the registered manager was.

# RNIB Kathleen Chambers 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 comprehensive inspection started on 9 August 2018 and ended on 10 August 2018. Day, one was unannounced and day two was announced.

One adult social care inspector, one medicine inspector and one expert by experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was dementia care.

Before the inspection we reviewed the Provider Information Record (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also looked at notifications sent in by the provider. A notification is information about important events, which the provider is required to tell us about by law.

During the inspection, we met with nine people who lived at Kathleen Chambers House and saw how staff interacted with people. We also met with three family members who were closely involved in people's care and support. We interviewed the registered manager, three care supervisors, five support workers, two kitchen staff and one maintenance person. We also spoke with three professionals that were visiting the service on the day of the inspection.

We looked at records relevant to the management of the service. These included 10 Care plans. We reviewed risk management plans, health and safety records, complaint and incident reports, nine staff recruitment files, training records, medicine management records, and performance monitoring reports.

Good

# Is the service safe?

## Our findings

People and their relatives told us they had complete trust in the staff and felt safe and secure living at Kathleen Chambers House. One relative commented, "This is the best place for [Person] staff are so good." One person said, "Oh yes I always feel safe here".

Policies in relation to safeguarding and whistleblowing reflected local procedures. Staff showed a good awareness of safeguarding procedures and knew who to inform if they saw or had an allegation of abuse reported to them. The registered manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.

The provider supported people to understand what keeping safe meant. The manager told us, "We don't use wording like safeguarding as that can be to formal". They said, "When we have resident's meetings we always ask people how things are". They added, "We ask things like, are there any concerns or is everything ok". Staff said, we always check if people are ok. One staff member said, "We have a safeguarding champion and we talk to the manager if we are concerned". The provider displayed safeguarding information in communal areas for people to access.

Staff described what they would do if they thought someone was being abused. One staff member said, "I would tell the manager, and if they did nothing I would go to senior staff or the local authority". Another staff member said, "If they did nothing I would go as far as contacting the police."

Risks to people were identified, assessed and managed to help keep them safe. Assessments were carried out to assess levels of risk to people's physical well-being. Care plans contained risk assessments that documented areas of risk to people, such as nutrition and hydration, pressure areas and moving and handling. Risk assessments included guidance for staff and the actions they should take to support people safely and promote their well-being. One relative told us, "(Persons name) would fall out of bed a lot, staff got them an alarm mat so they knew when they needed help". One person we spoke with said, "My key worker goes through all that with me, they are very good, I can do what I want safely because staff help me".

The provider managed the building people lived in well to promote people's safety and comfort. Staff knew about the policies and procedures in place to manage health and safety within Kathleen Chamber House. The provider had recruited a maintenance person who handled the maintenance of the property and kept the equipment safe. We reviewed records that included the fire risk assessment, this was dated June 2018. People had personal evacuation plans in place so that staff knew how to support them out of the building if there was an emergency.

Legionella checks were managed by an outside contractor who came each month to check the water temperatures and every six months to take water samples. Legionnaires' disease is a potentially fatal type of pneumonia, contracted by inhaling airborne water droplets holding viable Legionella bacteria. We also reviewed the electrical certificate dated 2016 and the gas certificate dated June 2018.

Risk management policies and procedures minimised restrictions on people's freedom, choice and control. People could leave the building as they pleased. There was a large reception area with a full-time receptionist who checked people coming in and out of the building during normal working hours. People told us they could go out when they wanted. One person said, "I go out all the time, they just want us to sign the book when we go out and when we come in." Throughout the day we saw people leaving the building with relatives and on their own.

Staff knew people's needs well and strategies for managing challenging behaviours and distress were carried out quickly and sensitively. Staff told us, one person did not like being alone and would scream if staff left them. The provider applied for continuing health care funding and bought one to one support. Staff told us, "(Persons name) has dementia they can't help it, they like music so if we have to leave the room we play their music".

The provider employed enough staff to meet people's needs. People told us and we could see for ourselves that there was enough staff available to meet people's needs and to keep them safe. People and relative's visiting on the day of the inspection confirmed this. One person said, "They come quickly, if I ring the bell they are there". One relative told us, "There does appear to be enough staff on duty, they [staff] are quick to attend to people's needs." Another relative said, "You can always do with more staff, if they had more staff people could do more things, but generally its fine." The manager told us the staffing was good, most staff had worked at Kathleen Chambers House for a long time. Staff said, "There's always plenty of staff, we have our busy days but we manage that".

Risks of abuse to people were minimised because a robust recruitment and selection process was in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and help employers to make safe recruitment decisions and prevent unsuitable staff being employed.

Systems were in place that showed people's medicines were managed consistently and safely. People received their medicines as prescribed. Trained carers administered medicines and recorded this on Medication Administration Records (MARs). We reviewed 15 MARS and saw that medicines were being given as intended by the prescriber. When there had been a change to the directions of medicines there was not always a signature to confirm who had made the change or a second signature to confirm it had been checked by a second member of staff. This meant there was a risk of errors being made and it was not in line with current guidance. We discussed this with the manager who gave assurances this would be implemented when any further changes were made to people's prescriptions.

We observed three people being given their medicines during the lunchtime round and they were given in a caring way. Creams and other external preparations were recorded on separate MARs. Body maps were filled in so carers knew where these should be applied. Staff were reviewing the topical charts daily to ensure people were receiving their creams as prescribed which enabled them to monitor the effectiveness. We reviewed three charts and saw creams were applied as directed.

There was information available to guide staff on when medicines that were prescribed to be taken 'when required' should be given and staff recorded the reasons these medicines were given on the MAR. Some protocols lacked person-specific detail, however, the staff we spoke with explained exactly when these medicines should be administered.

Some people were looking after their own medicines and risk assessments had been carried out to make sure it was safe for them to do so. Monthly stock checks were completed on these medicines to make sure

that people were taking them as prescribed.

Medicines were being stored in a locked treatment room, however, medicated eye drops and creams were not being stored securely. The registered manager took immediate action to lock these away on the day of the inspection. There were suitable arrangements for storing and recording medicines that needed extra security and balance checks were completed at every shift handover.

Fridge and room temperatures were recorded daily to ensure medicines were kept at appropriate temperatures. We saw evidence of action taken when temperatures were outside the recommended range. Opening dates were recorded on liquid medicines to ensure they were discarded within the required time range this meant the quality of the medicine is maintained.

We saw that medication audits were being completed and that action plans were being followed up. The supplying pharmacy had also recently completed a medicines audit. There was a system to report medicines errors and incidents so that actions could be taken to prevent them from happening again.

The provider had infection control arrangements in place. The service was clean and tidy and free from any unpleasant odour. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available throughout the service to promote good infection control. We saw housekeeping staff cleaning the service during our inspection. Staff told us that personal protective equipment such as gloves and aprons for supporting people with personal care was always available to them when they needed it. Staff told us they had a lead in the team for infection control who delivered training regularly. One staff member said, "The lead sets up scenarios in empty rooms and we have to find the risk that could cause infection". One person told us, "they always clean my room every day, they are very good".

Accident and incident reporting was robust. Staff knew the reporting process. Records showed that staff had taken proper action where necessary and made changes to reduce the risk of a re-occurrence of an incident. Where incidents had occurred, the registered manager had investigated thoroughly and used this to make improvements to the service. Staff said they received the outcome of an incident through staff meetings and handovers, which meant staff, received learning from the incidents that occurred.

Good

# Is the service effective?

## Our findings

People's relatives expressed their confidence in the staff and felt they knew the needs of their family members well. One relative told us, "We are very lucky to have found Kathleen Chambers House, we looked at lots of places but the staff here just know how to handle (person's name)." Another relative told us, "It is like a home from home with very good staff."

The provider had suitable processes to assess people's needs and choices. The manager told us, "I always do a home visit first, I like to get to know people and families". They added, "we want to be sure we can manage people's needs".

The provider used equipment to deliver effective care and support, and to promote people's independence. One person told us, "They use the stand aid to help me so I can stand up".

Staff and volunteers had the skills, knowledge, and experience to support people. All staff completed a 12-week induction when they start working at Kathleen Chambers House. Staff told us they did not work unsupervised until they had completed their induction. Records showed mandatory training was comprehensive and regularly refreshed. Training included safeguarding, manual handling, nutrition, and hygiene. One staff member said, "Training is really good, we do loads". Another staff member said, "it's really good we can do anything we need to do to support people". They added, "we recently did sight training and how to work with people who have dementia".

The results of the training programme had become embedded in the values of staff and was clear in their performance. There was a focus on delivering training to all staff regardless of their role using creative methods such as scenarios to develop learning and understanding which related to people's specific needs. Staff referred to the care being delivered as a 'whole team' approach. Staff told us the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. One person we spoke with said, "Some carers were useless to begin with, but now they are super, it just takes time to train them up".

The service promoted the use of champions. These are staff who had shown a specific interest in a topic. They help to bring best practice into the home, sharing their learning, acting as role models for other staff, and supporting them to ensure people received good care and treatment. For example, the infection control champion regularly met with staff to look at problem solving and discuss new initiatives.

Supervision and appraisals were completed regularly to develop and motivate staff, review their practice or behaviours, and focus on professional development. Staff told us, "We meet with our line manager monthly but we get lots of support in between.

Staff supported people to eat and drink enough and keep a balanced diet. People told us that they had choices of food and that the quality of the food was good. One person said, "We don't do bad with food ". Another person told us, "I enjoy most meals they soon make something else if I don't like what's on offer".

Someone else said, "If you have friends or family visiting, they can pay for a meal and eat with you in the dining area". A relative we spoke with told us, "(Persons name) eats well here". Adding, "Teas, coffees and snacks are also available in the coffee lounge".

We observed lunch, it was a positive social experience for people. Staff offered people encouragement to eat and were available to aid people who needed help. People chose where they wanted to eat and before any aid was given, people's consent was gained. People ate at their own pace. Staff aided at various points and checked people were ok. Staff collected plates when people said they had finished eating.

The meal time experience was calm and relaxed and people engaged in conversation with others. People's records included information about how their dietary needs had been assessed and how their specific needs were met. If there were risks found relating to eating and drinking there were risk assessments in place to show how the risks had been reduced. This included people who were at risk of malnutrition. Where needed, other professionals were contacted for guidance and support to meet people's needs, such as a dietician or the speech and language therapy (SALT) team. Staff told us, "We offer a fully catered service to all our residents, serving breakfast, lunch and supper, as well as providing snacks throughout the day and night".

Daily notes were kept for each person. These had a summary of the care and support people had received, along with detailed person-centred care plans. We observed a staff handover meeting which detailed all aspects of care provided to each person throughout the shift, including any changes in people's needs or ongoing concerns with their health or presentation. We saw evidence of referrals to other health agencies to ensure people received effective care and treatment across other organisations.

People told us they had access to healthcare services such as GPs, Dentists and Chiropodists. One person said, "When the doctor comes a member of staff sits with me. I can't always hear what he says so they can tell me". Another person said, "I had a fall and they got the doctor straight away". Other people told us, "The chiropodist comes every 6 weeks." Adding, "They are here today". Someone else told us "I have my hair done here as well". The manager told us people could use the regular hairdresser or people often had their own hairdresser come to the service.

Throughout Kathleen Chambers House there was a range of specialised facilities and equipment to help blind and partially sighted people keep their independence. These included talking notice boards, a lift, books, magnifiers, and signage with Braille. Colour contrasting was used throughout the building, including light switches and bedroom doors. Hand rails, different textures of flooring, and wall coverings helped everyone find their way around the building both inside and outside.

Toilets and bathrooms were marked, and had adaptations to make them easier for people with mobility difficulties to use. Rooms were large enough for people to use mobility aids and for staff to aid them with transfers, if this was necessary. People could spend time sitting in quiet lounges if they wanted to be alone or entertain family, or outside in the garden which was easily accessed from communal areas.

Staff worked in line with the requirements of the Mental Capacity Act 2005 (MCA). This 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 they lack mental capacity to take specific decisions, any made on their behalf must be in their best interests and the least restrictive possible.

People had given consent to their care, and staff emphasised that people's decisions about their care must

be respected, unless they lacked ability to make those decisions. The manager and staff had received training about the MCA and understood when mental capacity should be assessed and best interest decisions made regarding care.

The manager understood the requirements of the Deprivation of Liberty Safeguards. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There was a system for ensuring applications were made to the local authority if there were concerns that people were unable to consent to staying at the service under the constant supervision of staff. At the time of the inspection one person was subject to DoLS.

Good

# Is the service caring?

## Our findings

Staff treated people with kindness and compassion. People and visitors spoke highly of the staff. Comments included, "yes, they are lovely". And "I find them kind". One person said, "I have an extremely good keyworker". Another person said, "yes, they are kind and friendly". One relative said, "They are kind to mum, chat to her, especially the cleaners".

We observed staff interacting with people in an informal but respectful way. They were attentive and responded promptly when people needed reassurance or encouragement. They spoke gently but allowing people time to respond and each time a staff member walked past someone they would acknowledge the person and say their, (staff members) name, so people knew who was approaching them.

Staff knew and respected the people they were supporting, and people felt valued by the staff. Comments from people included: "I have my own ideas for example, I don't like them to dust with a damp cloth, so I provide a dry duster and they use it". Another person said, "If they don't know they ask". A third person said, "Definitely, I am a creature of habit and have my own routine". Adding, "They know which order I like things for example I do my teeth first then my face".

People's care records had information about their life history, interests, significant people and preferences and the manager and staff were familiar with these details. People were actively encouraged to express their views and be involved in decisions about their care and support. Any changes to care plans were agreed between the person, care staff, health and social care professionals and, if appropriate, the person's relatives.

People who lacked the capacity to make decisions about their care and who had no relatives involved in their care were referred for advocacy support to represent their interests in making decisions about care.

Staff encouraged people to be independent and make choices about day-to-day aspects of their life at the home. For example, one person said, "They let me get on with it but help if I need it". Another person said, "I am restricted, but I know what I can do". Adding, "My keyworker is always encouraging me to go out more". A third person told us, "The more I do for myself the less they have to do". A relative told us, "(Persons name) doesn't always want to have a bath, staff encourage it, but when (person's name) said no staff respect their choice." They also said, "Even though (person's name) had difficulty eating fish and chips, staff respected their choice when they asked for fish and chips, rather than saying no they helped them eat it safely".

People confirmed they could have visitors whenever it suited them; for example, one person said, "Yes I get visitors they can come in whenever they want." Visitors told us they felt welcome, one visitor said, "Staff are always friendly and approachable and we can have coffee and even eat with our relatives if we want to".

People's privacy, dignity and independence was respected and promoted. Staff called people by their preferred name and they were discreet when offering personal care, which was provided in private. One person told us, "Staff always knock on my door, especially the young ones". Another person said, "They try

and keep me covered when having a wash". A third person said, "I am not shy, but I don't like a male carer to shower me and that's ok".

People went out when they wanted, one person told us, "I go to the shops and staff take us to the supermarket regularly so we can do some shopping". Some people went out to church on Sundays and other people had the choice of attending services at the home.

Good

# Is the service responsive?

## Our findings

People received person-centred care. Person-centred care planning is a way of helping someone to plan their care and support, focusing on what is important to them. The manager said, "I visit people in their own homes before they come to us so I can get an idea of what's important to them and meet people family members". They added, "I assess people's needs to ensure Kathleen Chambers House is the right place for them". Staff told us, "We create a tailored care plan with people to ensure they get the care and support they need". One person told us, "When I arrived I had a battle I couldn't use the bath so they put a shower in for me". One relative said; "The initial meeting with the manager included all the family". In addition, they said, "It was very comprehensive, we are always kept up to date with things or any changes they are always available".

People's support plans were set out clearly and easy to read and staff regularly reviewed them. They gave a wide range of information about the person that included their preferred daily routines, likes, and dislikes and details of people and things that were important to them. Staff told us, "If people's care needs change during their stay with us, we will always try to accommodate them". One staff member said, "this is a home for life, we offer round-the-clock care at Kathleen Chambers House, with a 24-hour emergency call system available in all rooms," This meant staff could be with people quickly if they required help or support. One person told us, "I only ring the bell and they are there straight away".

People were supported to take part in activities that were socially and culturally relevant to them. Volunteers visited Kathleen Chambers House often, offering people the chance to have a cup of tea and a chat, go on additional trips, or receive one-to-one emotional support. The provider also had links with local school choirs and speakers from the local community. People told us they had family events throughout the year to coincide with seasonal events such as summer barbeques, and Christmas.

The provider also employed two activity co-ordinators who devised a varied activity schedule for people. These included, daily newspaper readings, book exchanges, quizzes, and craft work. Daily activities were displayed via talking notice boards in most communal areas. Each person also had a copy in their rooms. On the day of the inspection people were going out on a trip to Wells Cathedral. People told us, "There is a good choice and people come in to entertain." Another person told us, "A volunteer visitor is taking me out to lunch today". A third person said, "There are one to ones for those who don't come out of their rooms as well". A relative told us, "They have family days here and fund raisers, we all get invited."

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Each person had a communication profile in their care and support plans which gave staff some sign of how people communicated. Staff told us they used a variety of methods to communicate with people, which included verbal communication and braille.

The provider helped people celebrate special occasions such as birthdays and religious festivals such as

Christmas. One person told us, "You always get to choose a birthday cake and they sing happy birthday to me".

People who wished to continue to practice their faith but were unable to attend services outside the home could attend a monthly church service at the home. Staff told us local clergy conducted these services and they would visit people in their rooms if they could not attend the main area. Staff said they would always try to accommodate people's individual faiths and religions.

People told us they were encouraged to give their views and raise concerns or complaints. One person said, "I would ring the bell and speak to the manager". Another person said, "I would complain through my daughter or keyworker". One relative said, "The manager has an open-door policy, so I can speak to them whenever". When people were asked if they had ever had to raise a concern and if so were they happy with how it was managed, one person said, "Yes, I couldn't use the bath and so I asked if I could have a shower fitted. I think they did it very well'.

The registered manager confirmed any concerns or complaints were taken seriously, explored, and responded to. The complaints folder showed since the previous inspection there had not been any complaints made about the service by relatives or people living in the home. Older complaints had been fully investigated by the registered manger and a full response provided to the complainant.

The provider gave care to people at the end of their lives. Staff understood the importance of supporting people to have a good end of life as well as living life to the full whilst they were fit and able to do so. Funeral plans were in place and people who wanted to, completed forms about their wishes around resuscitation. Staff told us, people stayed at Kathleen Chambers House until the end. One staff member said, "This is a home for life, we support everyone and if we can't, we get specialists in so people can stay here".

We reviewed plans where staff had recorded people's preferences. For example, one person wanted staff to help them keep links with family and ensure they are kept informed if they become unwell. At the time of the inspection one person was receiving end of life care. Staff told us, "we have had training and the local hospice supports us." One staff member said, "(Persons name) has extra one to one care but we like to sit with them and check they are ok regularly".

Good

# Is the service well-led?

## Our findings

The provider had a clear vision to deliver care and support that promoted a positive culture. Care and support was person-centred, and achieved good outcomes for people

There was a registered manager at the home. 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.

A deputy manager supported the registered manager. The deputy was not available on the day of the inspection but staff we spoke with told us they showed an excellent knowledge of people and their care needs. During the inspection, the registered manager spent time in the communal areas talking with people. Everyone was very comfortable and relaxed with them.

The leadership was visible and accessible to people who lived at the home, visitors and staff. The registered manager understood the importance and responsibility of their role and had clear lines of responsibility and accountability. There was a culture of support and cohesiveness amongst managers and staff making sure communication was open and transparent. The registered manager told us the senior management team supported them through attendance at regular managers meetings.

We observed open, honest, skilled leadership at the service. People and their relatives said the registered manager was very approachable. People also spoke highly of the staff. One person said, "I have no complaints". Another person said, "The best thing I ever did was to come here. I have no complaints". A third person told us, "Yes, the manager knows their job and is approachable." Adding, "It always seems very calm whatever's happening".

Staff received feedback from managers in a constructive and motivating way, through regular supervision and appraisals. This meant staff knew what action they needed to take to meet people's needs. There were clear processes for staff to account for their decisions, actions, behaviours, and performance. We reviewed an incident that had been investigated in line with RNIB Disciplinary policy & procedures.

The provider had robust arrangements to ensure records and data management systems were in line with data security standards. This ensured people's personal details were kept confidential.

The provider was transparent, collaborative, and open with all relevant external stakeholders and agencies. Staff worked in partnership with key organisations to support care provision, service development, and joined-up care. For example, community nurses visited the service to see people who had physical healthcare needs and needed additional support. This helped to make sure people received care and support in line with best practice guidance. We spoke with one professional who told us, "Staff they are always supportive and know people well". Adding "staff always carry out any actions we ask them to". Another professional said, staff were always helpful, and respectful.

The registered manager had a clear understanding of the key values and focus of the service. They and the provider were committed to continuously improving the service people received. This was clear when the registered manager spoke about their plans for the service as well as the day-to-day experience of people living at the service. They could reflect on past decisions and consider if they could improve their approach. One person told us, "They have helped me over some things, like I told the manager staff needed to speak to me and make themselves known because I can't see who it is, and I don't know they are there." They added, "They do this now".

People lived in a home where the provider checked the standards of care and sought people's views. The service's approach to quality assurance included completion of an annual survey. The results of the most recent stakeholder survey had been extremely positive. The registered manager also carried out regular audits to ensure quality in all areas of the service was checked, maintained, and where necessary improved. Audits that were regularly completed included medicine records, care plans, and monitoring accidents, and incidents. There was a culture of openness and honesty. Feedback on the service was encouraged and sought through a number of forums, including regular resident's meetings, resident forums, coffee mornings, family events and team meetings.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance, and legislation. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together, for example, GPs and community nurses. Medical reviews took place to ensure people's current and changing needs were met.

The service also worked with the wider community to ensure the service was integrated into the local community. The activities co-ordinators worked with a local primary school to develop working relationships. Pupils had visited the service. The service also supported the local colleges with placements for work experience.

There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented. The registered manager had notified CQC appropriately of incidents in the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.