

RNIB Charity

# RNIB The Clockhouse

## Inspection report

12 Shrewsbury Road  
Redhill  
Surrey  
RH1 6BH

Tel: 01737773851

Date of inspection visit:  
24 February 2016

Date of publication:  
09 May 2016

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

RNIB The Clockhouse (The Clockhouse) is a care home that is registered to provide residential care to a maximum of six adults who have sight difficulties. They may also have additional learning disabilities, autism, emotional or mental health needs. There were six people living in the home at the time of our inspection.

The inspection took place on 24 February 2016 and was unannounced.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The previous registered manager had left the organisation on 22nd January 2016 and the provider was actively recruiting to this position. The day to day management of the home was being undertaken by a team leader who was being overseen by the deputy manager and a service manager.

Due to some wider changes within the RNIB services, the people living at The Clockhouse had previously been living at another location. Due to the closure of their previous service, the people had moved to The Clockhouse in October 2015. Feedback indicated that overall this move resulted in positive outcomes for people in terms of a better living environment and greater community access. The process of achieving this move however had not always been effectively communicated by the provider. This had led to a period of uncertainty and anxiety within the service.

The service had a number of staff vacancies which whilst being recruited to were being covered by the use of agency and relief staff. Whilst it is beneficial to have a core of permanent staff, we were told that the service had taken appropriate steps to mitigate the impact of this by using regular agency staff who had become familiar to people and their needs.

Appropriate systems were in place to ensure only suitable staff were employed and all staff received relevant training to enable them to undertake their roles. People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them. Staff understood the importance of gaining consent from people and acted in accordance with the principles of the Mental Capacity Act 2005.

People received personalised care that was responsive to their needs. Each person had a detailed plan of care that was kept under regular review. Risks to people were identified and managed in a proactive and enabling way that balanced their safety and independence.

The service had a relaxed and friendly atmosphere. Staff were kind and caring towards people and upheld their privacy and dignity at all times. Staff had a good understanding of people's needs and engaged with

and supported them effectively.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Medicines were managed safely and there were good processes in place to ensure people received the right medication at the right time.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. Specialist dietary needs were managed well.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished. People were supported to follow their own daily routines and had opportunities to engage in meaningful activities.

The daily management of the home was good and staff felt the team leader was an excellent mentor for them and ambassador for people. The culture within the service was open and positive and provided care that placed people at the centre. The provider's monitoring systems had recently improved and the service had been encouraged to adopt reflective learning.

## 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.

People were protected from the risk of abuse, avoidable harm or discrimination because staff understood their roles and responsibilities in protecting them.

The service had good systems in place that appropriately identified and managed risks to people in a proactive and enabling way.

Appropriate checks were undertaken to ensure only suitable staff were employed. Staffing levels were sufficient to meet people's assessed needs.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time.

### Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs. Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice.

Gaining consent from people was something staff did automatically. Staff demonstrated an awareness of the Mental Capacity Act 2005.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well.

### Is the service caring?

Good ●

The service was caring.

People had positive relationships with the staff that supported them. The atmosphere in the service was relaxed and friendly.

Staff respected people's privacy and promoted their dignity at all times.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that was responsive to their needs.

Staff were working hard to support people to access a range of meaningful activities. People's individual routines and preferences were respected.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued.

### Is the service well-led?

Requires Improvement ●

The service was not wholly well-led.

The service did not have a registered manager and the provider's leadership was not always visible. Recent changes to the service had not been effectively communicated and as such this had caused a period of uncertainty and anxiety.

Systems for monitoring quality and auditing the service had recently improved and were being used to continually develop the service.

The daily management of the home was good and staff felt the team leader was an excellent mentor for them and ambassador for people. The culture within the service was open and positive and provided care that placed people at the centre.

# RNIB The Clockhouse

## 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 24 February 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

As part of our inspection we met with the six people who lived at the home. Due to the complex communication needs of some of the people who lived at RNIB The Clockhouse, we also undertook observations in addition to talking with them. We interviewed five staff, including the Deputy Manager for RNIB and the Team Leader who was responsible for the day to day management of the service. After the inspection we gathered feedback from two relatives, and one visiting professional. We also reviewed a variety of documents which included the care plans for two people, three staff files, medicines records and various other documentation relevant to the management of the home.

The home was last inspected in November 2013 when we had no concerns.

# Is the service safe?

## Our findings

The people we spoke with told us that they felt "Very safe" living at the service. People said that staff were kind to them and relatives confirmed that they had no concerns or worries about the way in which their family members were looked after.

People were protected from the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and demonstrated that they knew what to do if they thought someone was at risk of abuse. Training records showed that staff received regular refresher training in safeguarding and policies and procedures were in place for staff to follow if they suspected abuse. All staff confirmed that the team leader who was in charge of the day to day running of the home operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff were also clear about how to correctly report abuse to the outside agencies if necessary.

Risks to people had been identified and managed in a person centred way. We saw that staff adopted a proactive approach to risk assessment which enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, we saw that through the process of risk assessment people were able to develop their skills in the kitchen and undertake activities such as horse-riding and swimming safely.

Environmental risks were appropriately assessed and controlled. We found that the provider had undertaken a comprehensive set of risk assessments when people moved into The Clockhouse to ensure people were safe in their new environment. Whilst the stairs providing access to the first floor were steep and narrow, this risk had been highlighted and measures such as careful orientation of people around the home on admission and increased lighting had reduced the risk. We saw people moving safely and confidently around their home.

Each person had a Personal Emergency Evacuation Plan (PEEP). It was highlighted that people had demonstrated a reluctance to evacuate the building on the sounding of the alarm. As such, the team leader was consulting with the local fire service for advice. They had also arranged for bespoke fire training to be provided to people to help them understand the importance of evacuating the service in a fire.

Records showed that accidents and incidents were appropriately managed, recorded and reviewed with any follow-up action taken to prevent re-occurrence.

The provider had recently reviewed contingency plans to ensure the service could continue in the event of power failure or adverse weather. These plans now provided detailed guidance and useful contacts for staff to use in the event of an emergency situation.

Appropriate checks were undertaken before staff began work. We saw criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There

were also copies of other relevant documentation, including employment history written references and job descriptions in staff files to show that staff were suitable to work in the service.

Staffing levels were sufficient to meet people's assessed needs. Whilst there were a number of staff vacancies which the provider was actively recruiting to, required staffing numbers were being maintained through the use of agency staff. Relatives and staff highlighted the benefit of having staff that were permanently employed, but were also keen to point out that the agency were supplying regular staff and as such people still received support from people familiar to them. We saw that people had good relationships with the staff and it was evident that staff knew and understood their needs. Everyone spoken with during the inspection confirmed that staffing levels enabled people to be supported safely and effectively.

Staffing levels were flexible and responsive to people's needs and activities. We saw that the provider had recently responded to feedback from staff about people's changing needs at night. At the time of the inspection, the night duty arrangement provided one staff member asleep. This was however in the process of being changed to a waking staff member as one person frequently got up during the night. We saw that additional night staff had been recruited and the rota evidenced that this change was imminent. In the meantime, staff on sleep-in duties were working reduced hours the day after their shift to manage this situation.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time. People told us they were supported with their medicines and had no problems with this. We saw that Medication Administration Records (MAR) were completed accurately following administration of medicines. Each person had a locked medicines cupboard in their own room and we saw that this facilitated medicines being given in a person centred way.

Staff understood how to support people effectively with their medicines. Only staff that had completed training and competency assessments were permitted to administer medicines. Policies and procedures provided staff with appropriate guidance to support people with their medicines in accordance with safe practices. There was also a policy for the use of "homely" or "domestic" remedies, such as those for minor ailments and this was reviewed each year by the doctor. This helped to ensure that people could have swift access to treatment if they had a cough or cold. Where people were prescribed occasional (or PRN) medicines, such as pain relief, there were appropriate protocols to inform staff how and when these medicines should be administered.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that they knew what medicine was in the home at any one time. Staff also carried out regular audits of people's medicines and their medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.



## Is the service effective?

### Our findings

Relatives and the professional we spoke with described staff as "Fantastic", "Excellent" and "Really, really helpful." Feedback highlighted that people had good relationships with the staff who supported them.

Staff had the skills and knowledge to meet people's needs. Staff talked confidently to us about people's needs, preferences and communication styles. It was obvious that staff had a good knowledge of people and understood their role in supporting them effectively. For example we observed that when one person became distressed, staff instantly recognised the problem and took immediate steps to reassure them.

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff told us that they had access to a range of training courses relevant to their role. For example, all staff completed mandatory training in supporting people with visual impairment before they were permitted to support people. This training was extended to external agency staff. In addition we saw that staff had completed ongoing training such as safeguarding, dignity in care and various courses relating to health and safety. Training records showed us that bank staff completed the same training as permanent staff.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had been recently recruited confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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. Staff demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff always asked for their consent. We read in care records that people's consent had been considered in relation to a range of topics and that gaining people's consent was something that was done at The Clockhouse as a matter of routine. The service had made appropriate referrals to the local authority in respect of people they had assessed as potentially being deprived of their liberty.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. We saw that people were regularly offered drinks and snacks and that their choices about

food were respected. The lunchtime meal was provided flexibly according to people's individual routines and preferences. Where people required support with their meals, this was offered appropriately and sensitively.

Staff showed us that menus were compiled on a weekly basis in consultation with people. Each person chose the main meal for one day of the week and staff told us that people were supported to prepare that meal for others on that day. We saw that people were free to select something different from the planned meal and the service had a good stock of food to facilitate any last minute changes or requests.

People with specialist dietary needs received good support to manage their well-being. For example, one person had a health care need that impacted on their food and fluid intake. As such, the service had worked with the person, their family and healthcare professionals to devise a bespoke menu plan that was appropriate for them. This person's relatives told us that the level of support their family member had received in relation to their dietary needs had been "Excellent."

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Care records documented that people attended regular health checks with their doctors, dentists, opticians and chiropodists. Each person had a 'Care Passport' which was a document that provided a summary of key information about people's health needs which could be shared with other healthcare professionals in the event of an admission to hospital.

One person had complex healthcare needs and their relatives told us "We are incredibly grateful for the care our family member has received with their health." The relatives went on to describe how the person had recently required medical treatment during visits home to them and how the service had still provided staff to support them at the hospital.

## Is the service caring?

### Our findings

People told us that staff were kind to them and treated them with dignity and respect. One person told us that staff were "extremely good." Relatives also highlighted the positive relationships between staff and their family members. One relative told us "The Clockhouse staff cope with everything in a really fantastic way." Relatives said that visiting was unrestricted and that they were always made to feel welcome when they visited.

The atmosphere in the home was relaxed and friendly and it was obvious that people were comfortable in the company of staff. We observed people laughing and joking with staff and support was provided in a discreet and caring way which reflected that people were treated as equals. For example, we saw that when one person expressed that they had abdominal pain, not only were they offered pain relief, but a staff member also made them a hot water bottle and supported them to relax.

People's privacy was respected. We observed that staff respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. The open plan layout of the communal areas of the home enabled staff to support people effectively without crowding their space. Similarly we saw that where people preferred to spend time in their rooms, staff monitored these people in a thoughtful way that balanced safety and privacy considerations.

Staff were passionate about the people they supported. Through our discussions with staff we noticed that staff had a genuine commitment and empathy for people. They demonstrated a good understanding of people, their preferences and how best to support them. For example, one staff member talked to us about how "Proud" they were of one person in overcoming obstacles. They also described how they had discovered that music relaxed the person when they were anxious about something and as such now took a portable music player with them when they attended appointments that the person was nervous about.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and allowing them to live their lives as they wished. Care records showed that people were involved in the planning and reviewing of their care.

We saw people's bedrooms had been personalised and furnished with their own belongings. The team leader told us how people had been involved in choosing the colour for their rooms to be decorated in before they moved to the service. People proudly showed us their rooms and said that they were supported to keep their rooms clean and tidy.

## Is the service responsive?

### Our findings

People's care and support was planned in partnership with them and it was clear that people had choice and control over their daily routines and decisions about their lives.

Each person had a detailed plan of care that outlined their individual needs and preferences. This included a pen portrait of the person that provided a summary of their needs, interests and care preferences. Staff told us that they had found the pen portrait along with the overview of people's typical day useful tools when they commenced working at the service as they provided a good level of information to support people effectively.

Care plans were kept under regular review and staff described them as "Working documents" within the home. Throughout the inspection we observed staff referring to care plans and updating them following visits from other professionals. In addition, staff maintained daily records about people's care, including details about people's health, well-being, social activity and appetites.

The management of risks to people's health or well-being were well documented and regularly reviewed. For example, people were weighed each month and appropriate action taken where changes occurred. Similarly, where people had identified behavioural support needs there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to support the person and the necessary interventions if behaviours escalated.

Staff were working hard to support people to access a range of meaningful activities. Some staff reported that there had been a dip in the level of activities available to people following the move to the Clockhouse location and the settling in period that ensued. That said, we found that each person had a weekly programme of activities which included access to a range of meaningful activities. The team leader told us that the proximity of service to the town centre meant that people were now able to engage in more community based activities because they were no longer reliant on transport. During the inspection we saw that staff responded flexibly to people's requests to go out and as such one person went out for breakfast and another enjoyed a walk to the local shop.

Planned activities such as horse-riding were also taking place, with one person out at this activity on our arrival. The team leader was also in the process of registering people to join the local gym which was something people told us they were looking forward using.

People's individual routines and preferences were respected. We saw that people were free to spend their time as they wished. People told us that they could get up and go to bed at times of their choosing and staff reiterated the flexibility around this.

People were supported to develop their independent living skills and achieve their potential. Each person had individual goals that they were working towards and staff were clear about what these were and described how they assisted people develop.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. Relatives also told us that whilst they had not had cause to complain, that they would feel confident to do so.

A copy of the complaints policy was displayed in the entrance of the home. This also included a voice recorder for people to leave messages about anything they were unhappy about. The service reported that it had not received any formal complaints and believed that this was due to the open relationship they had with people and their relatives meaning that any issues were resolved before they escalated to complaint level.

## Is the service well-led?

### Our findings

The service did not have a registered manager and the provider's leadership was not always visible. The registered manager left working for the provider on 22 January 2016 and a replacement had not yet been found. Management of the service was being overseen in the interim by a service manager and the deputy manager.

The service had recently experienced a period of considerable change and whilst this was part of a high level plan by the provider, the detail of the changes had not always been effectively communicated by the provider. For example, staff told us that they had not been kept informed of where or when the moves were to take place. As such, some staff had been moved to work in other services run by provider. This had led to a period of anxiety and uncertainty amongst the staff team which had also impacted on people using the service because some had transferred to the new location without their keyworker. A keyworker is a named member of staff with a designated lead for supporting an individual person. A review of staff and resident meetings minutes were not able to confirm whether appropriate engagement had taken place.

The provider shared with us the minutes of a recent management meeting that had been held to reflect on the recent changes and discuss the lessons learnt. This demonstrated a level of transparency and a willingness to make improvements for the future. At the time of our inspection people presented as settled and relatives told us that they thought overall the move had been a positive one. Staff reported that despite the initial teething problems, they could see the benefits to people using the service of their new living environment. For example, they told us that the layout of the home was better suited to people's needs and the geographical location of the house provided better access to community facilities.

Systems for monitoring quality and auditing the service had recently improved. We found that the provider had introduced designated champions to lead on key areas such as health and safety, infection control and medication. Leads were expected to undertake regular auditing. These had led to the provider identifying their own areas for improvement and taking appropriate action. For example, a cover had been fitted to the electric hob to prevent people burning themselves when it was hot.

Staff reported that there had recently been increased engagement from the provider and we saw that monthly monitoring visits were being completed by either the service manager or the deputy manager. The reports from these showed a comprehensive audit had been completed with clear actions that had been set and followed up.

A satisfaction survey had not been completed in the last 12 months due to the changes and a staff survey was in progress at the time of the inspection. The lessons learnt meeting however identified that feedback from people, relatives and staff was being listened to and the commissioning of a new summer house was in direct response to the views that people and staff needed an additional quiet area in the home.

The daily management of the home was by a team leader. We saw that people had a positive relationship with this person and it was evident that he had a good knowledge of how to support them. Staff described

how the team leader was an excellent mentor for them and ambassador for people. Similarly, relatives told us that they had confidence in the day to day running of the home. The culture within the service was open and positive and provided care that placed people at the centre.