Essex Blind Charity

Read House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 15 January 2016 and 20 January 2016 and was unannounced.

Read House provides 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.

There was a registered manager in post at the service. 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 the management team and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were treated with kindness and respect by staff who knew them well.

Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

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?

Good

The service was safe

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Is the service effective?

Good

Staff received the support and training they needed to provide them with the information to support people effectively.

People's health and nutritional needs were met by staff who understood their individual needs and preferences.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Is the service caring?

Good

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to people's needs and respected their need for privacy.

People were encouraged to be express their views and these were respected by staff.

Is the service responsive?

Good

People's choices were respected and their preferences were

taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain family and social relationships with people who were important to them.

There were processes in place to deal with people's concerns or complaints.

Is the service well-led?

Good

The service was well led.

The service was run by a competent management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support. Teamwork was encouraged and staff morale was high.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

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 on 15 January 2016 and 20 January 2016 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This 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 five people who used the service and four relatives about their views of the care provided. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the management team, including the registered manager, four members of care staff and housekeeping staff and a visiting social care professional.

We looked at four people's care records and examined information relating to the management of the service such as health and safety records, recruitment and personnel records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

A visitor told us, "I am so pleased with the level of care. I absolutely feel my [relative] is safe."

Staff understood their responsibilities to keep people safe and protect them from harm. They were able to demonstrate how to report concerns should they see or hear anything which they were concerned about. Staff also told us they were confident they could raise concerns and they would be listened to. One member of care staff explained that they were a safeguarding 'champion' and supported staff with top-up learning sessions using case studies from the Social Care Institute for Excellence (SCIE). The member of staff gave examples and demonstrated a detailed knowledge and understanding of how to keep people safe. In the event of safeguarding concerns being identified, there were processes in place to deal with these appropriately by the management team.

There were processes in place to manage risk and people's care records contained assessments of risks relevant to the person. Where a risk was identified there were measures in place to reduce the risk for the person to an acceptable level without placing unacceptable restrictions on them. The training manager explained that they had a detailed programme of training for staff to give them the knowledge and understanding to help reduce the risks of falls. They explained that they had short periods of practical training in 10 minute sessions every week over a period of eight weeks covering a specific risk factor each week including the structure of bones, feet and footwear, mobility aids, use of sensors and cognition. Staff were given information hand-outs to refer to and laminated guidelines were available for staff to consult. Staff told us that they found the information useful.

We saw that there were sufficient staff to support people and assistance was provided promptly when needed. One person told us their call bell was always within reach and they could call for help when necessary. They told us they were not kept waiting. A visitor said, "The staff come quickly when [my relative] uses the buzzer." We saw during the lunch period, even when staff were busy, answering call bells remained a priority. The management team explained that if call bells were not answered within three minutes they went into "emergency mode", staff were aware of this and made sure people were not left waiting.

The management team explained the systems in place to recruit staff, which helped keep people safe because relevant checks were carried out before a prospective member of staff was employed. Checks on the suitability of applicants were carried out including taking up relevant references. Disclosure and Barring Service (DBS) checks were in place to establish that the member of staff was not prohibited from working with people who required care and support. The management team were committed to employing the right people who knew how to provide good care and keep people safe.

The provider had systems in place for the safe receipt, storage and administration of medicines. Medicines were delivered from the pharmacy already dispensed in individual sealed pots called 'pods'. There was clear information about what medicines were in the pods, which were stored securely. Regular checks were carried out to assess whether procedures were being followed and records were completed appropriately. A full audit of all medicines was carried out once a month and every six months a representative of the

pharmacy carried out a further full audit. Staff were well trained with formal training delivered by the pharmacy and internal updates. Staff displayed an in depth knowledge of people's medicines and also demonstrated an understanding of safe procedures to be followed when administering medicines. People could be confident that they would be supported to receive their prescribed medicines by staff who understood how to follow safe procedures.

A number of checks and audits were carried out to monitor cleanliness and infection control. There were regular planned domestic audits as well as random checks carried out by a supervisor from the domestic team. Every six months a full infection control audit was completed. We saw that the domestic team were visible throughout the days of our inspection and that the environment was clean, fresh and well-maintained.

Good

Is the service effective?

Our findings

Staff knew people well and were able to demonstrate a good understanding about people's individual needs. Staff told us they were satisfied with the range of training that they had received which gave them the information they needed to carry out their role, in particular specific training to support people with a visual impairment. One staff member said, "I'm happy with the training." They told us they had completed a range of mandatory training that included safeguarding and moving and handling. The member of staff told us they were also going to be a dementia trainer and were involved in developing a programme to be rolled out to other staff.

Staff received visual awareness training as part of their induction and this was followed with in-depth training to give staff a greater awareness and understanding of the effects of visual impairment on individuals. The service used a simulation training aid, 'Simspecs', that enabled staff to understand the difficulties people with visual impairment face so that they understood how to support and guide 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.

The management team understood their responsibilities under the MCA and staff knew that people may have the capacity to make certain decisions such as what they wanted to eat or whether to engage in social activities but may not have the capacity to understand the consequences of refusing medicines. Staff understood that people's capacity could change and one member of staff gave an example of when they would carry out an MCA assessment if someone's ability to make decisions was temporarily affected by a health need such as an infection which could cause confusion.

We saw from people's care records that there were assessments of people's capacity to make day-to-day decisions and there were examples of input from relatives to assist with making decisions in their family member's best interests. We also saw that when people were able to make informed choices they had been fully involved in decisions about their care and support. A visitor told us, "My [relative] has chosen not to go into hospital. They are adamant they do not want to be resuscitated and their wishes have all been fully documented."

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 found the service was working within the principles of the MCA and, where appropriate, DoLS applications had been made to the local authority. Staff knew about DoLS and told us, "Anyone with a black folder has a DoLS in place."

People were provided with a variety of food and drink that they enjoyed and which met their nutritional needs. People living at the service and visitors were all complimentary about the standard of meals. A person told us, "The food is marvellous. I love the meat pudding and all the old fashioned dinners." People also praised the chef; one person said, "The chef is really good and makes wonderful sauces, even if it's only sausages they are wonderful." A visitor told us, "The food is really good, we see it come out and it looks so nice." The service had recently introduced a mid-morning 'smoothie' round to encourage people to drink more healthy fruit smoothies. This helped to encourage people to have 'five-a-day' portions of fruit and vegetables as recommended for healthy eating. Written feedback from a visitor was positive about the support their relative received around nutrition. They stated, "I wish to thank the chef and all who went beyond the call of duty to find things my [relative] could eat with their dietary problems."

People were consulted about their views on the food and were encouraged to make suggestions at the regular residents' meetings. We observed the lunchtime meal on one of the days of our inspection. There were six staff in the dining room and they asked each person individually what they wanted to eat. There was a choice of two hot meals and if anyone wanted something different the request was accommodated as well. We noted that a member of staff told the chef that someone wanted some salad with their meal and that was promptly prepared. When people were eating their meals staff went round offering drinks as well as other accompaniments such as poppadums to eat with the curry and they checked with people that they were happy with their meal.

People could choose where they preferred to eat. One person explained that when they had visitors they would have lunch with them in the quiet lounge and said, "I can have a sherry with my meal if I want." A visitor told us, "My [relative] chooses not to socialise at mealtimes and prefers to eat in [their] room" and said that staff respected this choice.

People's health needs were met with support from community nursing services and local doctor's surgeries. We saw records of visits from a range of health professionals which included a chiropodist, optician, diabetic eye screening clinic and the falls prevention team. A training room was available at the service and staff received training from health professionals relating to people's specific health needs, for example how to understand and interpret tests for monitoring people's diabetes. A visitor told us that their relative was always consulted about their health and care needs and they were given the information they needed to make informed choices. They said, "What I like about it is they talk to [my relative] about things. They talk to us through [our relative]. For example, they explained the results of tests for [a specific health condition] thoroughly."

A visitor told us that they were happy with the support their relative received around their health needs. They said, "Now that my [relative's] health is deteriorating they are providing very good support. Staff have moved [my relative] to another room and they are checked frequently – every 15 minutes – and the doctor and district nurse visit regularly." Another relative commented on the "Excellent care and attention, especially the prompt action of the staff when [a health emergency occurred]."

Read House was set up to provide a specialised service for people with impaired vision or sight loss and areas of the environment were designed with this in mind such as colour contrast handrails. An interior review of the premises had been carried out to identify areas for improvement and an action plan was in place to carry out any required refurbishment. Other equipment was available on an individual basis according to the assessed needs of the person. For example some people may have needed a talking clock to enable them to tell the time whereas others may have preferred an easy to see clock. The management team stressed that every person was individual and there was no 'one size fits all'. Even people with similar diagnosis or impairment might have in place different equipment or support to give them the best outcome

to live with their condition.

Good

Is the service caring?

Our findings

People were complimentary about the attitude of care staff. One person told us, "I have a laugh and a joke with staff" and another said, "The staff are friendly and helpful." They also told us that they were happy living at the service. One person told us that they could sometimes be unsettled or get anxious during the night. They said that sometimes this meant that they used their call bell a lot but staff understood and were always polite.

A relative told us that their family member had chosen this service when their needs changed and they required additional support. They told us that their relative had previously used the day centre and when the time came to make the move, "It was the only home we considered." They explained that they knew from experience that the care was good and staff were polite and considerate. Family members also gave written feedback. One said, "My [relative] is simply bowled over by the friendly, welcoming ambiance and really loves Read House." Another person who used the service stated, "From arrival to departure the kindness and care shown to us both has been brilliant. This is from all carers, management and senior care assistants alike plus the cleaning staff."

A social care professional gave positive feedback about how people were treated at the service. They stated, "The residents appear to be very happy and are always treated with respect as it should be."

We observed that staff were courteous and considerate when providing care and support. Interactions were polite and good humoured. A senior member of staff explained how they shared information with staff and said it was important to be a good role model. They spoke with enthusiasm about listening to people and treating them with dignity. "You've got to bring it down to day-to-day life. If somebody needs help with personal care, listen to their choice, what they want, whether they prefer male or female support. It's important."

During the lunchtime meal we saw many sociable and jovial interactions between staff and people in the dining room. We heard a member of staff speak with a person about their choice of meal. They said, "You like your curry don't you?" and the person responded with a chuckle, smiled and made a satisfied noise. We saw a lot of laughing, jokey conversations in the dining room and people were smiling. Staff took time to chat to people about things that interested them when they were carrying out their duties. A visitor said, "The staff are wonderful. One nice touch was that we heard a member of staff chatting to [our relative] about perfumes."

Staff were attentive to people when providing care and support. We noted that a member of staff spoke softly with words of encouragement when supporting someone to walk down the corridor. The person was given plenty of reassurance and was able to walk at their own pace and stop when they wanted.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support they received at the service and explained how staff provided care that met their specific needs. A visitor said, "I can't fault it. I think it is wonderful here" and they told us their relative was, "Treated as an individual."

Staff knew about people's personal history, their likes, dislikes and preferences and they were able to give examples of how they used this information to talk to people about things that interested them. A visitor told us about their relative's specific interests before moving to the service and how they were supported to continue with their hobbies. They said, "In the past my [relative] has been an artist and musician and, when [my relative was] able staff supported these activities. They bought a table that tilted to enable [our relative] to paint." They further explained that their relative chose not to socialise or take part in organised activities and these choices were respected by staff.

People enjoyed organised activities and were also supported to continue to enjoy their hobbies and interests. Where people enjoyed activities such as reading or games these were available in versions that were more suitable to be used by people with impaired vision. For example people had access to large print books or talking books as well as large versions of games like Scrabble. During our inspection we saw a group of people enjoying a game of 'upwards scrabble'. This game had extra-large tiles so that people could distinguish the letters more clearly and they were supported by a member of staff who facilitated the game and helped people if they needed any clarification. We saw that it was a sociable occasion with people working in pairs and there was conversation and laughter.

People told us they enjoyed community involvement with visits to a local school as well as trips to a nearby garden centre. We saw that a visitor told a member of staff that their relative wanted to go out for a walk later and staff made sure that the person was supported to go out.

The management team demonstrated the importance of good communication and prioritised sharing information so that people could make informed decisions about their care and support. For example, people who lived at the service were consulted by the management team about a proposed change to the pharmacy providing people's medicines. The manager explained the reasons for the proposed change and what it would mean. They asked people whether they had any objections or if they had concerns and following full discussions people agreed to the proposal.

The provider demonstrated a commitment to helping people to keep informed by making free wi-fi connection available so that people and their relatives could have easy access to the Internet. This enabled them to access information or keep in touch with relatives.

People told us that their concerns were listened to. Relatives confirmed that the management team and staff were open to suggestions and were always ready to listen. One visitor said, "If I had any anxieties I would speak with [the management team] and they would sort it out." Another visitor told us how their relative had some concerns as their vision deteriorated and they became distressed because of noise from a

particular room which made them anxious. They explained how management and staff dealt with the concerns and made some changes that solved the problem. The visitor said, "The atmosphere is calm but not too quiet which would be isolating for [my relative] who likes the bustle."

Good

Is the service well-led?

Our findings

An established member of staff told us that they felt well supported by the manager and there was an open culture where staff and management supported one another. They said, "It's a lovely place to work. Everybody works well together. We're a team." A social care professional who completed feedback as part of the provider's quality monitoring processes stated, "Working with [the manager] is a privilege. They empower others to learn and the guidance given is wonderful."
Staff told us that morale was good and they felt valued by the management team.

The provider had a range of processes in place to monitor the quality of the service and to seek the views of people who used the service and their relatives. For example meetings were held every six weeks so that people and their relatives could discuss issues that were important to them. The minutes of the most recent meeting confirmed that people discussed their views on the food, planned activities and entertainment and they were consulted about a proposed change to a supplier. The manager explained the reasons behind the proposed change and people agreed.

A complete review of the premises was carried out to identify areas for improvement. Through discussions with the senior management team they explained that there was an action plan in place and work was in progress to continue to make improvements. The management team explained that Essex Blind Charity was very supportive when they identified areas for improvements and resources were made available to develop and enhance the service, for example funding for refurbishments or equipment.

Compliments and complaints forms were easily accessible in the reception area so that visitors could also express their views. We saw that visitors and relatives had completed feedback using these forms, which was positive and complimentary. Visitors told us that they did not have any concerns or complaints but said that they would not hesitate to raise any issues with the manager.

Notifications about incidents were submitted to the Care Quality Commission (CQC) as required by regulations. Information in notifications was clear and well presented, informing us how incidents were managed and, where relevant, what measures were in place to reduce the risks of further similar occurrences. The management team were able to demonstrate and give examples of how incidents were analysed and the information used to make improvements to the service.

The management team carried out a range of checks including health and safety audits such as fire systems and equipment. People's care records were well maintained, up-to-date and contained relevant, clear information. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.