

RNIB Charity

# RNIB Gladstone House

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

RNIB Gladstone House is a care home providing accommodation and personal care for up to six people who are aged 18 and over and have sight difficulties. They may also have additional learning disabilities, autism, emotional needs or mental health issues. There were four people living in the home at the time of our inspection.

The inspection took place on 7 July 2015 and was unannounced.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The physical environment was not safe and risks were heightened due to people's visual impairments. We found that fire escapes were cluttered with garden debris and other items. The garden was overgrown, pathways uneven and unused objects left lying on the floor.

Internal areas such as unguarded windows, uncovered hobs and steep stairways had either not been risk

# Summary of findings

assessed or where they had, no controls put in place to keep people safe from harm. It was not clear what steps the manager had taken to ensure the safety of people living at the home.

People had lived in the home for a number of years and were now well orientated with their environment. They told us that it had been difficult when they first moved in. With two vacant rooms, the environment poses additional risks for those who may be about to move in.

Daytime staffing levels provided people with the opportunity to live active lives, but at night it was not clear whether one person sleeping-in between the hours of 11pm and 7:30am promoted choice and protected their safety. People told us that they were expected to be in bed between these times because staff were “Off duty”. The fire risk assessments for people indicated that in the event of a fire each person would be sight guided by staff to evacuate the building. It would not be possible for one person sleeping in to facilitate this.

The registered manager is responsible for four other locations in addition to RNIB Gladstone House and as such is not in day to day charge of the home. Team leaders and deputy team leaders provided day to day management and oversight. Due to recent staffing changes at the service there had been a lack of leadership and direction. The provider’s auditing systems had failed to fully identify the shortfalls and respond to them in a timely way.

The staff changes had created a period of uncertainty for the people living at the home. They described feeling “Unsettled” and felt that the home was “Short staffed”. We found that the provider had taken steps to minimise the impact through the use of regular temporary staff, but people’s routines had been affected at this time.

RNIB Charity had a programme of training for staff and all staff had completed learning in supporting people living with visual impairment before they worked alone with people. Two staff members who had been employed for

several months had not completed induction training in line with the provider’s own expectations. This had recently been identified and was now being done, but it was not clear why they had not been more closely supervised at the start of their employment.

People were complimentary about the friendliness of staff and we observed positive relationships with lots of laughter and friendly banter between people and staff. The atmosphere was relaxed and people told us “Everything is good about this house.” People said they were happy to live there and had no wish to be anywhere else.

People told us that staff spent time with them discussing and planning their care and felt consulted with and involved in all aspects. Staff had a good understanding about people’s legal rights and respected their legal capacity to make decisions for themselves.

People received support that kept them physically healthy and had access to a wide range of activities that were meaningful and interesting to them. People told us that “Staff always encourage me to be as independent as possible.” Although, greater opportunity for people to be involved in preparing their own meals would be beneficial in developing their independent living skills further.

Food was plentiful and provided people with choice and variety. Staff acted on professional advice where people had dietary needs.

The registered manager had set up a range of systems to ensure people were regularly consulted with and feedback about the service sought. We saw that people were encouraged to speak openly and when they did, they felt listened to and valued.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

The physical environment of the home placed people at risk. Risk assessments failed to consider the impact of people's visual impairments in relation to steep stairs, uneven surfaces and other hazards around the home.

Staffing levels were sufficient to meet people's needs at the time of the inspection, but were not provided in accordance with the provider's own risk assessments at night. People felt their times of getting up and going to bed were restricted by staff working hours.

Medicines were managed safely, but the lack of permanent staff meant that there were times when there was no one working in the home who was trained to administer medicines.

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

Appropriate checks were undertaken when new staff were employed.

**Requires improvement**



### Is the service effective?

The service was not wholly effective.

The design and layout of the home was not wholly suitable for people living with visual impairment.

New staff had not received induction training in a timely way nor had they been effectively supervised to ensure support was provided in accordance with best practice.

People enjoyed their meals and had access to a choice of healthy food and drink. Staff did not however always encourage people to develop their independence by preparing their own meals, despite them having the skills and wish to do so.

People's legal rights were protected because staff routinely gained their consent and understood that each person had the capacity to make decisions for themselves.

People were supported to maintain good health and had regular access to a range of healthcare professionals.

**Requires improvement**



### Is the service caring?

The service was caring.

People felt that they were treated with dignity and staff respected their privacy.

**Good**



# Summary of findings

People had positive relationships with the staff that supported them. The home had a relaxed and friendly atmosphere where there was lots of laughter and conversation.

Staff respected people's choices and allowed them to lead the lives they wished.

## Is the service responsive?

The service was responsive.

People were actively involved in the planning of their care and were consulted with as a matter of routine.

People had access to a wide range of meaningful activities and their choices about how they spent their time were respected.

People were confident about expressing their feelings and when they raised issues they felt listened to and valued.

**Good**



## Is the service well-led?

The service was not always well-led.

The registered manager was not based at the home and the service lacked day to day leadership and oversight.

The provider had a range of audit tools, but these were not always effective in identifying quality issues with the home.

The home had a positive culture and people were empowered to speak openly and the service operated good systems for gaining feedback from people.

**Requires improvement**



# RNIB Gladstone 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 07 July and was unannounced. The inspection team consisted of two inspectors 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. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were carrying out this inspection in relation to some concerns we had about the home.

As part of our inspection we spoke with the four people who lived at the home, five staff, three relatives, the registered manager, deputy manager and one healthcare professional. We also reviewed a variety of documents which included the care plans for three people, four staff files, medicines records and various other documentation relevant to the management of the home. Some records were held centrally and as such we also visited the provider's main office as part of the inspection.

The home was last inspected in January 2014 when we had no concerns.

# Is the service safe?

## Our findings

People said that they felt safe at the home. RNIB Gladstone House accommodates people living with visual impairment. The home was not safely providing this service. The fire procedure on display identified two fire exits from the rear garden. The pathways to both these exits were blocked with items such as a bike, buckets and garden debris. One of these exits led to an enclosed front area of the house and as such people would not be able to evacuate from this area without climbing over a set of railings. Staff said that this exit was not used, but the fire procedure identified both as exits.

People were not protected in the event of a fire as there had not been regular fire evacuation tests and fire alarm testing had not been carried out in line with the providers stated policy. There had not been a fire alarm test in nearly a month. Had the fire evacuation tests been carried out they would have identified the concerns we raised about the fire exits.

The building was two semi-detached houses that had been joined as one. Access to the first floor was by way of two staircases which were narrow and steep. The entrance to the top of both sets of stairs was directly opposite people's bedrooms and immediately adjacent to communal bathrooms. There was nothing in place to warn people with a visual impairment that they were approaching the top of the stairs. We observed that people navigated well around the house, but they told us that they had found it difficult when they first arrived. The home had two vacancies which we were expected to be offered to people soon. Risk assessments in relation to the physical environment of the home were inadequate. The assessment for the stairs only recorded "Stairs are safe for all users." No account had been taken for people's individual level of sight, time of day or other disabilities such as epilepsy.

We found that first floor windows were unrestricted which contradicted a risk assessment the home had completed in April 2013. This stated that all windows were restricted. A health and safety audit completed on behalf of the provider in October 2013 recorded that the registered manager had been asked why there were no window restrictors in place but no action had been taken to address this.

The home had a domestic kitchen which we saw people spending time in during the course of the day. The oven was fitted with a standard electric hob. We asked people and staff how they would know if the hob was hot. They could not tell us, only that there had been no accidents and that people were well orientated with the home. This meant that people may not be protected from the risks of avoidable harm. Doors were fitted with electronic open and close devices, but on testing these we found that they did not stop if an object was in the way and as such placed people at risk of being hit by them. The environmental risk assessments had not identified these risks and no controls were in place to minimise them.

The environmental risk assessment for one person documented that there were call bells in bathrooms – these were not in situ. It was not possible from the information recorded to ascertain whether or not these were necessary.

The home markets itself as having "a large private garden." We saw that the whole area was cluttered, overgrown and not fit for purpose. Surfaces were uneven, structures unstable and there were trip hazards as a result of scattered garden debris and other items.

The environment not being safe for the intended purpose and failing to appropriately assess risks are breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us that the home was "Short staffed" and when we spoke with them they told us that three members of permanent staff had recently left. The home was using temporary staff to maintain required levels. People said that they found this unsettling because they had not always had a regular keyworker. A keyworker is a term used to describe a member of staff that is allocated to work with a particular person and plan their care with them. Feedback from one social worker told us that the person they had placed in the home had been affected by the high turnover of staff and changes to their allocated keyworker. A relative also informed us that the high staff turnover at the home had been their "Biggest worry".

People told us that at night the home was staffed by one staff member sleeping at the home. Staff told us that people slept well and that they were rarely disturbed during the night. The fire risk assessment however

## Is the service safe?

identified that people would need to be “sight guided” from the home in the event of a fire. If there was a fire at night, it would not be possible for one person to wake up and guide all the people living in the home to safety.

Both people and staff referred to the time between 11pm and 7:30am as a period when staff were “Off duty”. We were told one person would regularly wake up before 7:30am, but that staff and other people told them to go back to bed until 7:30am. When we raised this with the deputy manager they said that shift times could be changed and that people should have freedom over when they sleep. This was not however the current practice in the home.

Daytime staffing levels observed during the course of our inspection were sufficient to meet the needs of people living at the home. We saw that staffing levels were flexible according to people’s activities for the day. We looked at the rota and saw that the home currently had three members of permanent staff allocated to the home. Staff told us that the temporary staff being used regularly worked at the home and therefore knew people well. One member of temporary staff was a previous employee of the home. As such, whilst staffing arrangements were uncertain, the provider had made good attempts to promote continuity of care.

The provider carried out appropriate checks to help ensure they employed suitable people to work at the home. Staff files had all the required information, such as a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with people who use care and support services.

At the provider’s office we read a document entitled ‘Business Continuity Plan’. We expect provider’s to have this plan in order to ensure people continue to receive

appropriate care in the event of unforeseen disruption to the service such as flood or fire. The policy did not provide any practical guidance as to how such a situation would be managed.

Medicines were handled safely and securely. People told us they were supported with their medicines and had no problems with this. There was 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.

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. 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.

People told us that they felt the home was a safe place to be and that their possessions were secure. People could lock their bedroom doors if they chose too and one person said they always did. People said that they got on well with everyone else they lived with, but said that if there were any problems then they knew they could discuss these with staff. The home had clear policies and procedures in respect of safeguarding people, with a flow chart of who staff should contact if they suspected abuse. All staff spoken with were confident about their roles and responsibilities in respect of safeguarding and said they would not hesitate to report any concerns. A review of the records in relation to safeguarding showed one allegation that had been handled appropriately.



# Is the service effective?

## Our findings

The people living at Gladstone House had all lived at the home for a number of years. As such they were familiar with their surroundings and able to navigate their way around the inside of the home. For those not used to the home however, the design and layout was not wholly suitable for people with a visual impairment. There were no markings to differentiate between rooms or identify thresholds or other hazards. The registered manager said that they provided an orientation programme for people when they moved into the home. She also stated that they would need to do some additional work to make the environment more safely accessible to people with a visual impairment before any new person moved in.

People spoke positively about staff and felt that they were competent in their roles. One person told us “Staff are qualified and understand my [care] needs.” The provider required that all staff completed a “Sight Guide” course before they worked with people and all staff spoken with confirmed that they had undertaken this training. Due to the recent turnover of staff, there was a lack of permanent staff. Two of the three permanent staff currently employed at RNIB Gladstone House were still completing their mandatory induction training despite having commenced employment six months previously. One staff member told us that there had been a delay in them accessing this training until the new deputy team leader had been assigned to the home two weeks previously. The training records confirmed that for both these two care staff, their training was not up to date. Staff said that they felt much better equipped to do their jobs now that they were undertaking the training available. It was evident that the provider had a programme of training and where staff had completed courses, they were knowledgeable. It was not clear why new staff had not been more closely monitored until recently.

Staff told us that they had received supervision from their line manager. A supervision is a 1-1 meeting with the staff member to discuss their practice and training requirements. We saw the minutes for some of these meetings. It was evident that the provider had a programme for supervisions, but that had not been conducted at the same frequency for all staff. Staff told us

that the level of support they had received from their line managers had also been variable. Overall staff said that they had been better supported since the new deputy team leader had been based at the home.

People said they liked the food provided and one person described their meals as “Excellent.” People told us that they were fully involved in the planning of menus and that a meeting was held every week to discuss the meals they wanted for the following week. People said they had plenty of choice and flexibility and if they didn’t like something or changed their mind, an alternative was always offered. Once person was a vegetarian and they confirmed that their meal preferences were always respected. We saw that people helped themselves to drinks and snacks throughout the day.

People told us that they usually ate their meals together and that they were prepared by staff. Some people indicated that they would like to be more involved in cooking and meal preparation, but said that staff were “Usually too busy” to prepare meals individually with them. A recent survey completed by people also highlighted that they would like to be more involved at mealtimes. We read clear guidelines in one person’s care plan about how to support them with cooking. Discussion with staff however confirmed that this was not currently happening. The registered manager told us they were aware that more work was needed to develop independence in this area.

We observed the lunchtime meal and saw it was a social occasion. People had choice over their food and chatted as they ate together. Menus showed that people had a range of meals.

People told us that staff always asked for their consent and respected their capacity to make decisions. Staff demonstrated that they understood people’s legal rights and had knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). As the four people who lived at RNIB Gladstone House had full capacity to make all decisions, no one was being deprived of their liberty. Care records showed that people were consulted with about all aspects of their care and had signed their support plans in agreement.

Staff ensured that people had access to external healthcare professionals and received the healthcare support that they required. We found evidence of people attending regular health checks with their doctors, dentists, opticians



## Is the service effective?

and chiropodists. We also found information in care records to show that where a professional had given specific advice, this had been discussed with the person and incorporated into a support plan for them. For example, one person had recently been advised by their doctor to lose some weight. Guidelines had been drawn up

as a result of this advice to support the person with a healthy living programme in respect of food and exercise. One relative said that their only criticism had been that there had not always been sufficient staff available to support all healthcare appointments.

# Is the service caring?

## Our findings

People told us that they were treated with dignity and respect. They each had their own rooms and said that staff and others respected their private space. Each person had a sign on their door reminding staff to knock before entering and we observed that staff followed this practice. A recent survey of people's views of the care identified that not all staff knocked on people's doors all of the time.

Throughout the inspection we observed a positive and friendly environment. Staff treated people in a kind and caring way. Staff took the time to talk with people and explained what they were doing. People were consistently complimentary about the friendliness of staff. One person told us "I think the deputy team leader is excellent and has a good sense of humour."

People's religious and cultural beliefs were respected with staff promoting their individual differences and preferences.

One person didn't want to do a particular activity and as such we saw staff do multiple journeys to the day service so that people could attend the exact activities they wanted. Staff treated people as equals and from the laughter and jokes shared it was evident that they knew people well.

Relatives said that they could visit any time and were always made to feel welcome. They told us that staff were kind to their relative and that they were happy with the care people received. One relative said that their son "Almost always mentions staff in glowing terms." They also fed back that they had established a good rapport with the home and felt that everyone worked together to ensure the well being of people.

We saw that staff were knowledgeable about the support people required and this was provided in a discreet and dignified way throughout the inspection. When we spoke with staff they presented as passionate about their work and the people they supported. They demonstrated a good knowledge of people's likes and dislikes. One staff member said "I travel four hours a day to come to work and I do that because I really care about the people who live here."

Care records showed evidence of regular meetings between people and their keyworkers. This gave people the opportunity to discuss their care, what is working well for them and what they would like to change.

We saw people's bedrooms had been personalised and furnished with their own belongings. 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

Care plans provided detailed information about how to support people. The documentation was personalised and identified people's individual needs and preferences for how they were to be met. People told us that their support plans and guidelines had been developed with them and we saw that they had signed to confirm their agreement. People met with their keyworker each month to discuss their care and the activities co-ordinator every week to discuss their lifestyle choices.

We read that information about people's care was holistic and guided staff to support both people's physical and emotional needs. The documentation in place reflected the corporate values of the RNIB Charity to "Deliver transitional opportunities, develop person centred autonomy, citizenship, maximise independence and develop work focussed skills." One of the key ways people were supported to achieve these values, was through the comprehensive programme of activities that people were engaged with throughout the week.

We saw that each person had been supported to develop their own activity programme which allowed them to spend their time during the week doing things that interested and developed them. On the day of the inspection we saw people engaged in a range of differing activities including swimming, attending day service activities and receiving individual tuition in key life skills such as handling money.

Discussion with the activity co-ordinator highlighted that people led active lives and had opportunities to socialise with other people outside of the home through activities such as horse riding, music sessions and current affairs discussions. Many of the activities were held centrally at a location referred to by people as "The Hub". People spoke positively about the courses they undertook there and how they were able to select the sessions that were meaningful and interesting to them. One person attended a Current Affairs session on the day of the inspection and told us how much they enjoyed this activity.

People also had the opportunity to develop workplace skills through running a tea kiosk at the local law court. People said they particularly enjoyed this activity and had learnt a lot from their time there.

People told us that through their daily routines they were supported to develop their independent living skills and it was evident from discussion with the registered manager that they were focussed on people progressing through residential care to supported living where possible. People reiterated this sentiment and told us "Staff always encourage me to be as independent as possible" and "They discuss all my needs and are deeply interested in education."

People were encouraged to speak openly about their views of the service and raise any concerns. People said they felt confident to do this because staff and management met with them regularly and were always approachable and willing to listen.

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 registered manager said that the complaints policy could be made available in other formats, such as braille. They also said that they had found the residents' meetings with the activities co-ordinator each week to be the most effective way of supporting people to voice concerns.

The records available at the provider's office showed that where complaints had been made by relatives, that these had been thoroughly investigated and left open until the complainant confirmed that they were satisfied with the outcome. Where complaints had been made, the feedback had been used to develop and improve the service. For example, where complaints had been made about food, the registered manager had undertaken a full review of the individual's nutrition support plan and a bespoke menu for the person introduced.

# Is the service well-led?

## Our findings

The registered manager was not based at the home and day to day oversight was provided by a team leader and deputy team leader. Following a period of change the home had lacked day to day leadership and direction. Although there were systems in place to assess the quality of the service provided in the home we found that these were not always effective. The provider's own monitoring systems had not ensured that people were protected against some key risks described in this report. Where risks such as unrestricted windows, unsafe garden and lack of experienced staff had been identified, they had not been addressed in a timely way.

These matters were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People who lived in the home and their visitors said they knew the registered manager and would be confident speaking to them if they had any concerns about the service provided. People told us that they were regularly asked for their views about the service. They had weekly meetings with the activities co-ordinator, monthly meetings with their keyworker and 6-weekly meetings with the registered manager. We saw records of the meetings which showed that people had been asked for their opinions and the action that had been taken in response to people's comments. Following the recent turnover of staff at the home, a survey had been sent to people asking for their views on the home. As a result of this feedback, a meeting had been set up to discuss how their experiences could be improved, particularly in relation to developing their independence within the home.

Staff completed an annual survey which asked if they were happy working at Gladstone House and if they had any suggestions for how the service could be improved. It was not clear what specific actions had been taken as a result of this. The staff also had some opportunities to attend staff meetings and formal supervision meetings with a senior staff member where they could raise any concerns about the service.

Discussion with the registered manager following the inspection, highlighted that their focus for the service had been on developing support plans and person centred care. It was evident that these were areas of strength and where audits had highlighted improvements, these had been acted on. The registered manager said they were aware of the need to improve the quality assurance system and had developed a new auditing system with nominated staff as champions of key areas, such as health & safety, fire, medication and infection control. We saw evidence that these systems had been set up, but they had not been embedded at the time of this inspection.

The registered manager recognised and understood the importance of an open and honest culture within the work place. Consideration had been given to the Duty of Candour regulation which was introduced on the 1 April 2015 by the Care Quality Commission (CQC). Under this regulation, the CQC expects organisations to be open and honest when safety incidences occur. The provider had implemented a Duty of Candour policy and the registered manager understood their responsibilities under the regulation. This had filtered down to all levels of the home with staff being open about the areas for improvement and not being defensive about the concerns we raised. It was also evident that people were encouraged to speak freely about the home without fear of reprisal.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected from the risk of harm because the provider had failed to accurately assess and manage health and safety within the home. Regulation 12(1)(a)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services and others were not protected against the risks associated with unsafe or unsuitable premises because they were not maintained in accordance with the intended purpose of the home. Regulation 12(1)(d)

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had failed to assess, monitor and improve the quality of services and mitigate risks relating to health and safety. Regulation 17(2)(a)&(b)

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.