

# Royal National Institute of Blind People

## RNIB Community Living Service Redhill

### 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?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

RNIB Domiciliary Community Living Service - Redhill (RNIB CLS) provides personal care to people either living in their own independent accommodation or in one of the service's supported living properties. The service offers specialist support to adults with visual impairment or sight loss. People may also have additional learning disabilities, emotional or mental health needs. RNIB CLS supports people across a range of locations; at the time of our inspection, the service was providing the regulated activity of personal care to 17 people across three locations. CQC does not regulate the premises used for supported living; this inspection only looked at people's personal care and support.

### People's experience of using this service

People were now being supported to live more independently and develop their skills. The management team had worked hard to engage more effectively with people and their representatives and develop the service in line with the values that underpin the 'Registering the Right Support' and other best practice guidance. These values include choice, promotion of independence and inclusion to ensure that people with learning disabilities or autism can live as ordinary a life as any citizen. The service was becoming better in its mission to provide bespoke support to people living with visual impairment or sight loss.

A real focus on the recruitment of permanent staff now enabled people to be supported by a regular team of staff that they trusted and who knew and understood their needs. Appropriate employment checks were carried out to ensure staff were vetted prior to appointment. Staff received induction and ongoing training and support to enable them to carry out their roles effectively.

Comprehensive assessments and care plans provided the basis of personalised care and ensured that staff supported people safely and in accordance with their needs and preferences. Risks to people were identified and managed in a way that balanced their safety with their right to freedom.

Staff facilitated opportunities for people to engage in a range of meaningful activities and work towards goals which were personal to them. People were encouraged and supported to lead active and healthy lifestyles.

Staff were kind and compassionate and people enjoyed relationships with them that were fun and inclusive. The management team championed people's rights and worked collaboratively with each other and external partners to constantly improve the service.

### Rating at last inspection

## Requires Improvement (16/01/2018)

### Why we inspected

This was a scheduled inspection based on the previous rating. We inspect all services rated as 'Requires improvement' every 12 months to ensure that we regularly monitor and review the quality and safety of the service people receive. At the last inspection we found that some people were not able to live fulfilling lives that enabled them to reach their full potential. We also identified that management and governance systems needed to be further strengthened and embedded to ensure the service was able to consistently deliver high quality and specialist support to people living with a visual impairment. At this inspection, we saw that improvements had been made to the service people received since our last inspection. We found that people's support was not more personalised and they had greater opportunities to participate in activities that were meaningful and developed their independence.

### Follow up

We will continue to engage with the provider and monitor the progress they are making against their own development plan.

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

# RNIB Community Living Service Redhill

## **Detailed findings**

## Background to this inspection

### The 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 checked 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.

### Inspection team

The inspection was carried out by two inspectors.

### Service and service type

RNIB CLS provides personal care to people either living in their own independent accommodation or in one of the service's supported living properties. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.'

### Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was to enable the registered manager to speak with the people using the service and arrange for us to meet at a time and place that was convenient for them.

Inspection site visit activity started on 3 December 2018 and ended on 30 January when we completed our telephone interviews with relatives of people

### What we did

We reviewed the information we held about the service. This included the previous inspection report, action

plans and notifications. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We visited the office location to see the registered manager, meet with staff; and to review care records and policies and procedures. We reviewed four people's care records, three staff files around staff recruitment, training and supervision. Records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider were also reviewed.

We spent two days on site, during which we spoke individually with 12 people who used the service and interviewed five members of staff, including the registered manager. Following the inspection visits, we made follow-up telephone calls to six relatives to gain their view of the service.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

At our last inspection in January 2018, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained safe. People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- ☐ People felt safe with the staff who supported them. One person told us, "Everything makes me feel safe and I get on well with all the staff." A relative also confirmed, "I know she is safe and I don't have to worry about her which means a lot to me."
- ☐ Staff demonstrated that they understood their roles and responsibilities in protecting people from harm and were committed to keeping people safe.
- ☐ The provider had recently improved the systems, processes and practices in place to safeguard people from abuse. These improvements included more comprehensive training for managers and staff and a new safeguarding mailbox which was overseen by senior leaders within the organisation.
- ☐ The registered manager continued to ensure any safeguarding concerns were appropriately reported to all relevant agencies without delay.

### Assessing risk, safety monitoring and management

- ☐ Risks to people were assessed and managed in a way that balanced people's safety with their right to freedom. For example, one person had been supported to learn the necessary skills to access their local church independently. Similarly, other people were now able to use public transport on their own.
- ☐ Each person's care plan was linked to a comprehensive set of risk assessments that outlined the action needed by staff to keep people safe. Personal Emergency Evacuation Plans had recently been reviewed and updated alongside the provider's fire safety policies and procedures to ensure people would receive the right support in the event of a fire.
- ☐ There were contingency plans in place to ensure people's care would continue in the event of an emergency situation which meant people had to leave their homes.

### Staffing levels

- ☐ People and their relatives told us that they were pleased the provider had managed to recruit more staff as this meant they were now being supported by staff who knew them. For example, one person said, "Things are much better having more staff as I can do more activities." A relative also confirmed, "I'm happy with the service now, staff are good, regular and know [person's name] well."
- ☐ The provider ensured appropriate recruitment checks were followed to help ensure staff were safe to work with people who used care and support services.
- ☐ Staff confirmed that the rota was structured to ensure people received support when they needed it. Rotas showed that staffing levels were arranged flexibly in accordance with people's activities and individual

needs.

#### Using medicines safely

- ☐ People told us that staff supported them to take their medicines as prescribed. People talked about the ways they were involved in the management of their medicines. Where possible, staff supported people to learn the appropriate skills to become independent in this area.
- ☐ There were good systems in place to ensure medicines were managed and stored safely. Only staff who had been trained and competency checked were permitted to give medicines to people.
- ☐ Staff completed Medication Administration Records (MAR charts) following the administration of records. MAR charts were regularly returned to the office and audited to ensure any discrepancies were identified and rectified quickly.
- ☐ The most recent external audit of medicines confirmed the safe management of medicines across the service.

#### Preventing and controlling infection

- ☐ There were appropriate systems in place to manage infection control. Both staff and people using the service had received training in hand hygiene. One person told us, "Staff wear gloves where there is a risk of infection. Like if they have a plaster on their finger, then they will when they are cooking."
- ☐ A designated infection control champion completed regular audits across the service to ensure staff were compliant with best practice guidance.

#### Learning lessons when things go wrong

- ☐ Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe.
- ☐ The provider shared learning from incidents that had occurred across the organisation to ensure mistakes were not repeated.
- ☐ The service has been on its own improvement journey and management and staff talked openly about the things they now did differently to provide better outcomes for people.



# Is the service effective?

## Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At our last inspection in January 2018, we rated this Key Question as 'Good'. At this inspection we found that the care people received remained effective. People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People told us they received care and support which was in line with their needs.
- ☐ No one new had started using the service since our last inspection, but where people's homes or needs had changed, they had been comprehensively re-assessed.
- ☐ Each care plan contained a detailed assessment of people's needs which included personalised information about their care needs, wishes and expectations.

Staff support: induction, training, skills and experience

- ☐ Staff had the skills and experience to meet people's needs effectively. One person told us, "Staff are well-trained." A relative informed us, "They [staff] are brilliant. Knowing good staff are looking after him keeps me happy."
- ☐ Staff received ongoing mandatory and specialist training that provided them with the skills needed to deliver high quality support. For example, all staff, including temporary staff had completed bespoke vision training to enable them to support people with sight loss safely. Further specialist training in Parkinson's Disease had been arranged following a person's diagnosis with this condition.
- ☐ New staff were supported to complete the Care Certificate which is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives.
- ☐ Staff were now well supported by the management team who provided regular supervision and checks on their competency. Individual and group meetings with staff were used to knowledge check and develop skills in accordance with best practice.

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People were supported to maintain a healthy and balanced diet. One person talked about their success in reaching a healthy weight. Staff had supported them to attend a weekly weight loss group and plan their meals and snacks to achieve their goal. They told us, "I go to group every Saturday and last week I was awarded slimmer of the week."
- ☐ People were now more actively involved in the planning and preparing of their own meals.
- ☐ Care records outlined people's dietary needs, detailing any health risks and cultural preferences to ensure support was appropriately tailored to the individual.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People were supported to maintain good health and care records demonstrated a holistic approach to support. One person informed us that they had some ongoing dental problems and that staff had supported them to attend regular appointments. They told us, "They [the staff] help me to stay healthy and well and take me to my appointments."
- Staff worked in partnership with other healthcare professionals. Personalised health and vision passports were used to share key information about people's health care needs with those professionals who had a role in keeping them well. One person said, "Staff take me to the optician at least once a year for a check-up, but they always take me straight away if I tell them my eyes are sore."

Ensuring consent to care and treatment in line with law and guidance

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. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were now fully involved in all decisions about their care and staff understood the importance of gaining people's consent prior to delivering support. During the inspection were discussing the Deprivation of Liberty Safeguards with staff and a person asked a staff member what a Deprivation of Liberty was. The staff member explained this, to which the person turned to us and said, "Oh yes, I know I have a choice about where I live, we've talked about that, but I am happy here and want to stay."
- Care records highlighted that people's capacity had been considered and the steps taken to ensure care was provided in the least restrictive way.
- The management team knew what action to take to ensure a decision was made in the person's best interests if they identified a person lacked capacity. For example, staff talked confidently about what they would do if a person needed medical treatment but was unable to understand the risks and benefits to make the decision for themselves.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

At our last inspection in January 2018, we rated this Key Question as 'Good'. At this inspection we found that people were still receiving a caring service. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People were supported by staff who treated them with kindness and compassion. One person told us, "Staff are very kind to me and I can always talk to them." A relative informed us, "Both managers and all the care staff are very caring and supportive of [person's name]. He does appear to be very happy and content."
- ☐ Care records included information about people's religious and cultural wishes and staff observed these. For example, some people chose to go to church each week and a staff member told us, "We always have extra staff on a Sunday, so we can support those people who like to go to their preferred church."

Supporting people to express their views and be involved in making decisions about their care

- ☐ People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. Two people had been going through a difficult period personally and both told us, "The staff have been really supportive in helping us to work out what we want and how we get there."
- ☐ Care records reflected people's choices about how their support should be delivered. For example, people had regular meetings with their keyworker where they talked about the things that were going well and what they would like to change. One person had recently received a lot of support managing their emotional needs and told their key worker, "I've been really happy at last! I'm not angry anymore." A keyworker is a named member of staff who takes a lead role in a person's care.

Respecting and promoting people's privacy, dignity and independence

- ☐ Care was provided in a way which respected people's privacy. One person told us, "Staff always have to knock on my door and they do."
- ☐ Support was provided in a way that encouraged people to remain independent. One person said, "I make my own breakfast and my own drinks. I just need staff to carry it for me, otherwise I do it all on my own now."
- ☐ Staff were clear that their role was to support people in a way that enabled them to take control of their own lives. For example, one staff member said, "Our job is to find out what people want from their life and then help them achieve it." A relative confirmed, "His life is full. They [the staff] have taught him to do so much for himself, It's just brilliant, 5 stars."

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

At our last inspection in January 2018, we rated this Key Question as 'Requires Improvement'. This was because people had not had consistent opportunities to lead active and fulfilling lives. At this inspection we found that the service had improved and people received a more responsive level of support. People's needs were now met through good organisation and delivery.

#### Personalised care

- ☐ People received support that was now more personalised to their individual needs and choices. For example, one person told us, "Even though I'm living in Epsom now, staff still take me to my old hairdresser back in Redhill because I like it there." Another person who had previously expressed frustration at not being able to get out as much as they wanted to, told us, "It's great now we do more activities. I go trampolining every week, women's group has started up again and we have lots of social events now too."
- ☐ Each person had a comprehensive plan of care that outlined how support should be delivered. Staff demonstrated they understood people's individual needs and the support they described reflected the information recorded in people's records. Care plans now included detailed information about people's visual impairment and the impact this had on their support needs.
- ☐ People were involved in the planning of their own care that was regularly reviewed with them. During the inspection we overheard a phone call in which a person informed staff about the outcome of a health check they had attended that morning. The staff member told us, "He was ringing to let us know how it went so we can update his care plan."
- ☐ Support was responsive to people's changing needs. One person's needs had recently changed and staff and management had worked effectively with other professionals to increase the level of support for them. The person told us, "I'm very happy here" and their relative echoed, "Various issues have been dealt with extremely well."

#### Improving care quality in response to complaints or concerns

- ☐ The management team actively sought and welcomed feedback as part of their ongoing commitment to continually develop. One person told us, "If I had a complaint, I would go to one of the staff of the manager and they would sort it out for me."
- ☐ Information about how to complain was available in a format that was accessible to people, including a Dictaphone that people could record concerns on to if they weren't able to write them down.
- ☐ Staff took proactive steps to remind people of their right to complain in their group and individual meetings with people. We saw from records that even minor concerns were documented and treated seriously.

#### End of life care and support

- ☐ Staff had sensitively supported people to think and talk about how they would like to be supported at the end of their lives.
- ☐ Where people were happy to do so, staff had helped them complete advanced care plans which recorded personal information about their wishes. It was clear that these had been completed at a pace and level that was right for the individual.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At our last inspection in January 2018, we rated this Key Question as 'Requires Improvement'. This was because previous leadership failings were still having a negative impact on people's lives. At this inspection we found that whilst the registered manager and her team had made significant improvements to the quality of support that people received, provider-led monitoring still required development and embedding. As such, this area was still found to require improvement.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- ☐ The management team had been working against an improvement plan to address the issues outlined in previous inspection reports. Part of this plan had involved the development of a new governance framework to be able to monitor service delivery remotely and more robustly. At the time of this inspection, this was in the process of being implemented. To ensure ongoing improvement, this now needs to be embedded and owned at both location and provider level to ensure those responsible for quality are proactively monitoring it.
- ☐ The registered manager was aware of her responsibilities about reporting significant events to CQC and other outside agencies and ensured these were done in a timely way.
- ☐ Policies and procedures were accessible to staff and they knew who to contact if something went wrong or they needed to raise concerns.

Provider plans and promotes person-centred, high-quality care and support

- ☐ People spoke positively of the management team and felt confident to approach them with their views.
- ☐ An open and inclusive approach was now encouraged and promoted by the management team which enabled both people and staff to discuss any concerns they had with them.
- ☐ The service was becoming increasingly person-centred and putting people at the forefront of decisions that were made. One relative told us, "I've always been happy with how the local staff work with [person's name], but I feel that the RNIB at a senior level are trying much harder to do the right thing now too."

Continuous learning and improving care; the provider understands and acts on duty of candour responsibility when things go wrong.

- ☐ The management team have been open and transparent about their improvement journey and the areas that still need work and how this will happen.
- ☐ Managers have acknowledged and apologised for previous mistakes and demonstrated a commitment to learning from these for the future. For example, significant planning and engagement work was now being undertaken ahead of the re-opening of the Redhill site and people moving to new locations.

Engaging and involving people using the service, the public and staff working in partnership with others

- ☐ The management team had worked hard to improve engagement with people and their representatives. One relative told us in respect of communication, "They have improved a lot since we last spoke [at the last inspection]."
- ☐ People and their representatives now had better opportunities to both formally and informally share their views with staff and managers in a way that enabled them to influence the running of the service. For example, individual and group stakeholder meetings were held, in addition to satisfaction surveys. Where feedback had been provided, clear action plans were formulated to ensure identified areas for improvement were addressed.
- ☐ Staff had worked in partnership with other professionals to support people effectively. For example, staff had proactively taken learning from specialist advice to make improvements across the whole service in respect of areas such as supporting people with complex behaviours or managing medical needs.