RNIB Charity

Wavertree House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
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 1 August 2016 and was unannounced.

Wavertree House provides accommodation for up to 36 older people. On the day of our inspection there were 31 people living at the home. Wavertree House is a residential care home that provides support for older people living with sight problems, some of whom are living with dementia and diabetes. Accommodation was arranged over three floors with stairs and a lift connecting each level. Each person had their own flat and there were communal lounges, a communal dining room and gardens. The home is situated in Hove, East Sussex. Wavertree House belongs to the provider The Royal National Institute of Blind People (RNIB), which is a national charity.

The home had a manager who was in the process of applying to be the registered manger. A registered manager is a '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.

We previously carried out an unannounced comprehensive inspection on 1 and 2 June 2015 and some areas of practice, such as staffing levels to enable staff to spend more one to one time with people, detail within care plan and risk assessments, the recording of mental capacity assessments and appropriate protocols for the administration of 'as and when required' medicines, were found to be in need of improvement. At the inspection on 1 August 2016 we found that significant improvements had been made. However, an area that needed improvement related to peoples' dining experience.

People were happy with the choice and range of food that they were provided with, however, there was mixed feedback in relation to the quality and quantity of food that was provided. When asked if they enjoyed the food, one person told us "Well, that's a bone of contention, sometimes it's perfectly alright, other times it is awful". Another person told us "The lunches are pretty good, it is the suppers that sometimes leave a lot to be desired". Whilst a third person told us "It's better than it was, but it is best if I don't comment". This is an area in need of improvement.

People's safety was maintained. They were cared for by staff that had undertaken training in safeguarding adults at risk and who knew what to do if they had any concerns over people's safety. Risk assessments were personalised and ensured that risks were managed whilst still enabling people to maintain their independence. There were safe systems in place for the storage, administration and disposal of medicines. Some people administered their own medicines. For those that received support from staff, people told us that they received their medicines on time and records and our observations confirmed this.

There were sufficient numbers of staff to ensure that people's needs were met and that they received support promptly. When asked why they felt safe, one person told us "If there is an emergency you press the button and they're there". Another person told us "They check on you every night before bedtime to make sure you're safe and that is important to me".

Staff were suitably qualified, skilled and experienced to ensure that they understood people's needs and conditions. Essential training, as well as additional training to meet people's specific needs, had been undertaken or was planned. People told us that they felt comfortable with the support provided by staff. When asked if they thought staff had the relevant skills to meet their needs, one person told us "Yes they know what you're trying to tell them and know what you're talking about". Another person told us "The staff are well trained".

People's consent was gained and staff respected people's right to make decisions and be involved in their care. Staff were aware of the legislative requirements in relation to gaining consent for people who lacked capacity and worked in accordance with this. People confirmed that they were asked for their consent before being supported and our observations confirmed this.

People's healthcare needs were met. People were able to have access to healthcare professionals and medicines when they were unwell and relevant referrals had been made to ensure people received appropriate support from external healthcare services. One person told us "I get to see the doctor straight away, you only have to ask and they'll get the doctor for you".

All of the people living in the home had varying degrees of sight loss. The home was adapted to enable people to orientate around the home safely. Although in the process of redecoration, paint colours had been chosen to provide contrast to areas such as doorways and corridors. Coloured and textured flooring enabled people to differentiate between different areas and levels of the building.

Positive relationships had been developed between people as well as between people and staff. There was a friendly, caring, warm and relaxed atmosphere within the home and people were encouraged to maintain relationships with family and friends. People were complimentary about the caring nature of staff, one person told us "They are very good, they are naturally kind and caring". Another person told us "They're all lovely girls, you couldn't ask for a better staff team".

People's privacy and dignity was respected and their right to confidentiality was maintained. People were involved in their care and decisions that related to this. Care plan reviews, as well as residents' meetings, enabled people to make their thoughts and suggestions known. People's right to make a complaint or comment was welcomed and acknowledged and action had been taken in response to people's concerns.

People received personalised and individualised care that was tailored to their needs and preferences. Person-centred care plans informed staff of people's preferences, needs and abilities and ensured that each person was treated as an individual. Staff had a good understanding of people's needs and preferences and supported people in accordance with these.

People, staff and relatives were complimentary about the leadership and management of the home and of the approachable nature of the management team. One person told us "She's alright, there is no problem there". Another person told us "We've had a new manager and she is getting things done and trying to do things to make things better for us". There were quality assurance processes in place to ensure that the systems and processes were effective and people's needs were being met.

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 home was safe.

There were safe systems in place for the storing and disposal of medicines. People received their medicines on time by experienced staff that had their competence assessed.

People's freedom was not unnecessarily restricted. Risk assessments ensured people's safety, people were able to take risks and their independence was promoted.

Sufficient numbers of staff ensured that people were safe. Staff were aware of how to recognise signs of abuse and knew the procedures to follow if there were concerns regarding a person's safety.

Is the service effective?

Requires Improvement

The home was not consistently effective.

People told us that they had sufficient choice of food, however a majority of people were not happy with the quality or quantity of food provided.

People were cared for by staff that had received training and had the skills and experience to meet their needs. People had access to healthcare services to maintain their health and well-being.

People were asked their consent before being supported. The manager was aware of the legislative requirements in relation to gaining consent for people who might lack capacity and had worked in accordance with this.

Is the service caring?

Good

The home was caring.

People were supported by staff that were kind and caring. Positive relationships had been developed between people as well as between people and staff. People were able to maintain their relationships with family and friends.

People were involved in decisions that affected their lives and their care and support needs.

People's privacy and dignity was maintained and respected. People were able to spend their time as they chose and their independence was promoted.

Is the service responsive?

Good

The home was responsive.

Care was personalised and tailored to people's individual needs and preferences.

People had access to a range of activities to meet their individual needs and interests.

People and their relatives were made aware of their right to complain. The manager encouraged people to make comments and provide feedback to improve the service provided.

Is the service well-led?

Good

The home was well-led.

People and staff were very positive about the leadership and management of the home.

Quality assurance processes monitored practice to ensure the delivery of high quality care and to drive improvement.

People were treated as individuals and their opinions and wishes were taken into consideration in relation to the running of the home.

Wavertree 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection took place on 1 August 2016 and was unannounced. The inspection team consisted of one inspector. On this occasion we did not ask the provider to complete a Provider Information Return (PIR). 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. Prior to the inspection we looked at previous inspection reports and notifications that had been submitted. A notification is information about important events which the provider is required to tell us about by law. We used this information to decide which areas to focus on during our inspection.

The home was last inspected in June 2015. We found areas in need of improvement in relation to the detail within care plans and risk assessments, insufficient staffing to meet people's one to one needs, a lack of mental capacity assessments for people who lacked capacity and insufficient protocols for 'as and when required' medicines. The home received an overall rating of 'Requires Improvement'. At this inspection it was apparent that significant improvements had been made.

During this inspection we spoke with seven people, six members of staff, two visiting relatives and the manager. We reviewed a range of records about people's care and how the home was managed. These included the individual care records for five people, medicine administration records (MAR), four staff records, quality assurance audits, incident reports and records relating to the management of the home. We spent time observing care and support in the communal lounges, observing the lunchtime experience people had, an activities session and the administration of medicines.

Good

Is the service safe?

Our findings

At the previous inspection on 1 and 2 June 2015, insufficient staffing to meet people's one to one needs, a lack of detail in people's risk assessments in relation to their conditions and inadequate protocols for 'as and when' required medicines, were areas of practice that were in need of improvement.

At this inspection we could see that improvements had been made. The provider had introduced a dependency tool known as 'The Clifton Assessment Procedure for the Elderly' (CAPE). This was used to determine the required staffing levels and was based on an assessment of each person's individual needs and abilities. The manager ensured that when planning the rotas they took into consideration the skills mix and experience of staff, the environment, staff workload, dependency levels and the ratio of staff to people. The manager told us that she monitored the staffing levels based on people's needs and would feedback any required changes to the provider, who would amend the staffing levels accordingly. Staffing levels had increased since the last inspection, an additional member of staff, in the morning and afternoon, ensured that there were sufficient levels of staff to meet people's needs.

People told us that there were sufficient staff and when they called for assistance staff responded promptly and in a timely manner and our observations confirmed this. When asked if staff had time to spend on a one to one basis with people, one person told us "Most staff are as helpful as they possibly can be and if you want them to, they will sit with you and they always help if you need them to". Another person told us "There are enough staff, they are sometimes a bit scarce if there is an emergency but not to our detriment".

At the previous inspection the lack of protocols in relation to 'as and when required' (PRN) medicines was identified as an area that needed improvement. Following the previous inspection the manager had introduced a PRN protocol form. This provided clear guidance for staff as to how to recognise when someone might require the medicines. It detailed the name of the medicine, the purpose, when the medicines should be administered, the duration of time required in-between doses and when to seek further advice from a healthcare professional. People told us that they were provided with medicines when they needed them. Observations showed that people were asked if they were experiencing any pain and were given the appropriate medicine.

People were assisted to take their medicines by staff that had undertaken the necessary training and who had their competence assessed. Safe procedures were followed when medicines were being dispensed, the member of staff assisted one person at a time before moving onto the next person, to ensure that the risk of errors were minimised. People's consent was gained and they were supported to take their medicine in their preferred way. For example, one person preferred to have their medicine, which was a tablet, placed onto their hand. Medicine records showed that each person had a medicine administration record (MAR) which contained information on their medicines, these had been completed correctly and confirmed that medicines were administered appropriately and on time. Medicines were stored correctly and there were safe systems in place for receiving and disposing of medicines. One person told us "I used to do my own when I was first here but I prefer staff to help me due to my eyesight as I wouldn't know which tablet to take. I always get them on time and there has never been a problem". The manager had ensured that people's

independence was maintained with regards to their medicines. People, who were able, administered their own medicines. Risk assessments in relation to this identified the possible hazards and risks and appropriate measures had been taken to minimise the risks. For example, people were provided with a locked cabinet in their flat to store their medicines and larger print labels were on medicines to enable people to read them.

At the previous inspection the lack of detail in risk assessments with regards to people's individual health conditions was identified as an area that needed improvement. It was apparent that improvements had been made. Risk assessments were personalised and specific to people's individual health and social needs. One person's risk assessment contained information with regards to their mental health needs. The manager had undertaken a geriatric depression risk assessment scale to identify if the person was experiencing feelings of depression. In addition to this, measures had been taken to ensure that the person's room was nearer to staff and in a safer location in the building to meet the person's needs and enable staff to monitor the person. The manager had also ensured that each person's care plan contained information sheets describing the condition that the person had, the signs and symptoms and what action to take if there were concerns. People's freedom was not restricted and they were able to take risks. For example, observations showed people independently walking around the home and to the local park. One person told us "There are no restrictions, you can go out when you like, I prefer to go out with staff or relatives, but they never stop you".

Prior to staff commencing their employment, identity, security checks and their employment history had been gained. Staff's suitability to work in the health and social care sector had been checked with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with vulnerable groups of people.

Staff had a good understanding of safeguarding adults, they had undertaken relevant training and could identify different types of abuse and knew what to do if they witnessed any incidents. One member of staff told us "I'd go to my manager, document my concerns or go to someone higher up in the organisation or externally". There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. A whistleblowing policy enables staff to raises concerns about a wrongdoing in their workplace.

Accidents and incidents that had occurred were recorded and action had been taken to reduce the risk of the accident occurring again. For example, risk assessments had been updated to reflect changes in people's needs or support requirements. The manager used a 'Falls Risk Assessment Tool' (FRAT) to identify possible risks and hazards and recommend measures to minimise the risk of falls. One person's risk assessment advised staff that the person's room should have adequate lighting, that hazards and obstacles were kept to a minimum and to ensure the person had their spectacles and their call bell available to them.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular checks in relation to fire safety had been undertaken and people's ability to evacuate the building in the event of a fire had been considered, as each person had an individual personal emergency evacuation plan.

Requires Improvement

Is the service effective?

Our findings

At the previous inspection on 1 and 2 June 2015, insufficient detail in people's care plans and the lack of mental capacity assessments were areas of practice in need of improvement. At this inspection we found that improvements had been made. However, an area of practice in need of improvement related to people's dining experience.

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).

At the previous inspection there were concerns relating to best interest meetings taking place before people's capacity had been assessed. We checked whether the manager was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The manager had ensured that for people who lacked capacity mental capacity assessments had been completed. Two people had DoLS authorisations in place, one of which contained certain conditions, these were acknowledged by the manager and there were measures in place to ensure that these conditions were being met. Observations showed that consent was gained before staff supported people and people confirmed this. Staff showed a good understanding of MCA and DoLS and the implications of this for the people that they supported, One member of staff told us "It is important to give people as much information as possible for them to make an informed decision and choice, for people who have a DoLS in place, it is for their safety as they can't go outside without staff".

At the previous inspection on 1 and 2 June 2015, the lack of detail in care plans for people who were living with dementia and sight loss was an area of practice in need of improvement. At this inspection there were only two people who had a diagnosis of dementia. Care plans for these people contained detailed information in regards to their needs and abilities and provided guidance to staff as to how to support them in their preferred way. One person's care records stated 'I like dimmer lights as the bright lights can affect my vision'.

Most people went to the dining room for lunch, however, some people chose to have their meals in their rooms and this was respected by staff. There were dining tables that were laid with placemats, cutlery and glasses. Tablecloths and placemats were in contrasting colours to enable people to distinguish between the two. People told us that they were given choice with regards to food and drink and our observations confirmed this. There was mixed feedback in relation to the food provided. Some people told us that the food was satisfactory, however, a majority of people were not happy with the quality, quantity or presentation of food. When asked if they enjoyed the food people provided comments such as "Well, that's a bone of contention, sometimes it's perfectly alright, and other times it is awful". Another person told us "The

lunches are pretty good, it is the suppers that sometimes leave a lot to be desired". Whilst a third person told us "It's better than it was, but it is best if I don't comment". The manager was aware that people were dissatisfied with the food and had taken measures to ensure that this was improved. An outside catering provider was responsible for providing the food within the home, a meeting had been arranged between the manager and the catering provider to agree ways to improve the dining experience for people. This is an area in need of improvement.

People were cared for by staff that had the appropriate training, skills and experience. People told us that they felt that staff had appropriate and relevant skills to meet their needs. One person told us ""Yes they know what you're trying to tell them and know what you're talking about". Another person told us "The staff are well trained". New staff were supported to learn about the provider's policies and procedures, undertake essential training and work towards the Care Certificate. The Care Certificate is a set of standards that social care and health workers work in accordance with. It is the new minimum standards that can be covered as part of the induction training of new care workers. In addition to this, staff that were new to working in the health and social care sector, were able to shadow existing staff to enable them to become familiar with the home and people's needs, as well as to have an awareness of the expectations of their role. Records showed that staff had undertaken essential training as well as training that was specific to the needs of people. For example, records showed that staff had completed 'Understanding sight loss' and 'Sight and how it can change' training. The manager had links with external organisations to provide additional learning and development for staff, such as the local authority, east sussex blind association, local hospices and the dementia in-reach team. The dementia in-reach team provides advice, training and information for care homes that provide care to people living with dementia.

Staff told us that the training they had undertaken was useful and enabled them to support people more effectively and that they were encouraged to develop within their role. One member of staff told us "We are always encouraged to do as many training days as we can. We have our own log-in details for the local authorities training, the manager is always encouraging us to look for courses we want to do". Some staff held diplomas in health and social care or were working towards them. People were cared for by staff that had access to appropriate support and guidance within their roles. Regular supervision meetings and annual appraisals took place to enable staff to discuss people's needs and any concerns. They provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs.

All of the people living in the home had varying degrees of sight loss. The home was adapted to enable people to orientate around the home safely. Although in the process of redecoration, paint colours had been chosen to provide contrast to areas such as doorways and corridors. Coloured and textured flooring enabled people to differentiate between different areas and levels of the building. People told us that they didn't experience any problems navigating the home and that staff would assist them if needed and our observations confirmed this.

People's communication needs were assessed and met. Observations of staff's interactions with people showed them adapting their communication style to meet people's needs. Care records for people provided guidance to staff about the most effective way of communicating with people. For example, one person's care records stated 'Staff are to speak clearly to ensure [person's name] understands, give clear, step-by-step instructions due to the person's dementia'. Communication between staff was also effective. Regular handovers and team meetings, as well as daily written communication records, ensured that staff were provided with up to date information to enable them to carry out their roles. Observations showed staff that had been working the previous shift passing on detailed information about each person to the staff coming on duty.

People's health needs were assessed and met. People received support from healthcare professionals when required, these included GPs, chiropodists, district nurses, speech and language therapists (SALT) and opticians. Records and observations showed that staff had responded promptly when there were concerns about people's healthcare. For example, one person, who was living with diabetes, had been experiencing increased thirst. Staff had recognised this and had contacted the person's GP and had arranged an appointment for them to ensure that their diabetes was managed well. In addition to informing staff of people's health conditions within their care plan, the manager had included information sheets within people's care plans. These informed staff of the health condition, the signs and symptoms and when to seek further assistance. Staff told us that they knew people well and were able to recognise any changes in people's behaviour or condition if they were unwell to ensure they received appropriate support. People told us that they had access to healthcare professionals when they needed them. One person told us "I get to see the doctor straight away, you only have to ask and they'll get the doctor for you".

Good

Is the service caring?

Our findings

There was a friendly, warm and relaxed atmosphere in the home. People were cared for by staff that were kind, caring and compassionate. When asked, people and relatives praised the caring approach of staff. One person told us "They are very good, they are naturally kind and caring". Another person told us "They're all lovely girls, you couldn't ask for a better staff team". A relative told us "The staff are marvellous, they're so kind to my relative, they treat her as if she is family and my relative is very fond of them". One person's care plan review contained comments from their relative, which stated 'My relative continues to amaze us all by their improved health which is a tribute to the staff who take such good care of them'.

Observations of staff's interactions with people demonstrated their kindness and compassion. People were treated with respect and were cared for by staff that knew them and their needs well. Staff took time to ask people how there day had been, what they had done at the weekend and what their plans were for the day. It was apparent that relationships had developed between people, as well as with staff. People were encouraged to maintain contact with family and friends. One person told us "We're able to invite friends and family for meals or to spend time here". People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identity, wearing clothes of their choice and furnishing their flats according to their tastes, with personal items and ornaments from their own homes. One person told us "My flat was decorated nicely before I moved in but I've been able to bring in my own bits and pieces from home and that's nice". Diversity was respected with regards to people's religion, this was documented in people's care plans and staff told us that if people wanted to go to a place of worship then this would be respected and they would be supported to do so.

People were involved in their care. Records showed that people had been asked their preferences and wishes when they first moved into the home and that regular reviews of their care as well as residents' meetings had taken place. People were able to air their concerns and express their wishes during these times. One person told us "We have residents' meetings, you can talk about and say anything. If you do raise anything the manager does something about it". Records of a recent residents' meeting showed that some people had discussed the garden, that one area of it was significantly overgrown and they weren't able to access it. The manager had taken action and had contacted a contractor and an appointment was arranged for them to clear the garden area to enable people to use all of the available space.

Observations confirmed that people were asked their opinions and wishes and staff respected people's right to make decisions. Staff explained their actions before offering care and support and people felt that staff treated them with respect and that they took time to talk, explain information and listen to their needs. The manager recognised that people might need additional support to be involved in their care, they had involved people's relatives when appropriate and explained that if people required the assistance of an advocate then this would be arranged. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights.

People's privacy was respected. Information held about people was kept confidential as records were stored

in offices to ensure confidentiality was maintained. Staff showed a good understanding of the importance of privacy and dignity and how this should be maintained. People confirmed that they felt that staff respected their privacy and dignity. One person told us "They always knock on the door before they come in". Another person told us "They have to help me with personal things, and they are very good, they always ask me and tell me what they're doing". Observations of staff interacting with people showed that people were treated with dignity and respect. For example, when assisting people to access the toilet facilities, staff spoke quietly and sensitively with people, asking if they needed assistance in a sensitive and tactful way.

Independence was encouraged and staff recognised the importance of enabling people to be independent. Observations showed people walking independently around the home, to the local park, choosing where they spent their time and what activities or pass times they took part in. Staff told us that people were encouraged to be independent. One person told us "There are no restrictions here, we are able to go out to the local park, out with relatives or on outings".

Good

Is the service responsive?

Our findings

People were central to the care provided. People and relatives told us that they were fully involved in decisions that affected people's care. One person told us "When I first came here they asked me what I liked and what I needed help with". A relative told us "I've been involved in the care planning, they keep me informed".

People's social, physical and health needs were met. People's needs had been assessed when they first moved into the home and care plans had been devised, these were person-centred, comprehensive and clearly documented the person's preferences, needs and abilities. Person-centred means putting the person at the centre of the planning for their lives. Records showed, and people and relatives confirmed that they had been involved in the development and review of the care plans. One person's care records showed that a person was being weighed monthly. Records showed that the person had lost a small amount of weight, in response the person's care plan was reviewed and changes were made with regards to the frequency that the person was weighed. They were now weighed on a weekly basis and their food and fluid intake was monitored by staff.

The manager had started to encourage people to provide information about their lives before they moved into the home. Some people's care plans contained a document titled 'My Life'. This identified the person's family history, interests, hobbies and employment history and provided staff with an insight into people's lives. Staff told us that this was helpful and provided them with useful information that helped them to care for people in a way that was specific to them.

The Alzheimer's Society state that spending time participating in meaningful activities can continue to be enjoyable and stimulating for people and taking part in activities based on the interests and abilities of the person can significantly increase their well-being and quality of life. It was evident that encouraging people to partake in activities and increase their stimulation was an important part of life at the home. There were two activities coordinators, between the two of them they provided activities and stimulation for people seven days a week. Staff told us that several people had been in the forces when they were younger and had been asked if they would like to visit the Tangmere military aviation museum. People had shown an interest and the visit had taken place. One person told us about this and said how much they had enjoyed it.

There was a focus on enabling people who chose to take part, the opportunity to visit local places of interest and have access to the local community. People told us that they had enjoyed trips to various museums, garden centres and local shops. Observations showed people partaking in a health walk with a member of the local council, to the local park. Other activities provided that day included exercise to music and a quiz. People told us that they had plenty to do within the home and that they were able to choose if they participated or not. One person told us "I go down for the Bingo but I don't really join in with the other activities, I like to be in my room, I have my TV and I enjoy doing my word puzzles". Another person told us "I have plenty to do, I am involved in some charity work still myself". Whilst a third person told us "There are plenty of activities provided, we have a weekly timetable given to us so we know what is on and they're always asking us what we want to do. If there isn't any activities on for whatever reason we have plenty to

occupy our time, we sometimes enjoy a game of bowles or shuffleboard together". Some people enjoyed days at local services for people with sight impairment. One person told us "I go once a week to Blind Veterans UK, it's wonderful there".

Staff were mindful of people who chose not to go to the communal lounge and ensured that they were not isolated in their rooms. People were informed about the activities available and encouraged to participate, however people's right to choose how they spent their time was respected. Observations showed people who had declined to take part in activities, choosing to spend their time in their rooms or in quieter spaces within the home. Staff took time to spend with people, if they wished and people told us they regularly saw staff and spent time with them.

People were supported to make choices in their everyday life. Observations showed staff respecting people's wishes with regard to what time they wanted to get up, what clothes they wanted to wear, what activities they wanted to do and what they needed support with. People told us that they were always given choices and involved in decisions that affected their lives. One person told us "Whatever you want, you just have to ask".

There was a complaints policy in place. There had been one complaint since the last inspection, this had been dealt with appropriately and in accordance with the provider's policy. The manager encouraged feedback from people and their relatives. There was a comments and concerns book for people and relatives to use. Records of this showed that people had used this to voice their concerns in relation to the quality and quantity of food. People told us that they were able to complain and that when they had any concerns these were listened to and acted upon.

Good

Is the service well-led?

Our findings

People, relatives and staff were extremely complimentary about the leadership and management of the home. One person told us "We've had a new manager and she is getting things done and trying to do things to make things better for us". A relative told us "The manager is very good, she is fair to the staff and is committed".

The home belongs to the provider The Royal National Institute of Blind People (RNIB), which is a national charity for people affected by sight loss. A registered manager had not been in post for five months, however, the manager, who was in the process of applying to become the registered manager, had been in post, as the manager, since this time. The management team consisted of the manager and a deputy manager. RNIB state that their homes have been designed to make life easy, in a warm, homely environment. This was embedded in the practice of staff and within the atmosphere of the home. There was a relaxed, friendly and homely atmosphere. People appeared to be at ease and told us that they were happy and able to live their lives as they chose to. Relatives' further confirmed people's positive comments. One relative told us "It's great for all of us, I know they are happy and safe, I'm really reassured". When asked about their vision of the service, the manager told us "To ensure every day is made better for people with sight loss, that the home is a better place for them to live".

People, relatives and staff told us that the home was well managed and that the manager was approachable and receptive to any ideas and suggestions that they made. One member of staff told us "I think the management is great, compared to my last job this place is amazing. The manager is fair, she is so bubbly, her attitude makes you all relax. She is fair but she knows what she is doing". One person told us "If something needs doing, she'll make sure it's done".

There were good systems in place to ensure that the home was able to operate smoothly and to ensure that the practices of staff were effective. There were quality assurance processes such as internal and external audits, these included medication audits, infection control and manager and provider audits which looked at all of the areas to do with the running of the home. These provided the manager and provider with an oversight and awareness of the systems and processes to ensure that people were receiving the quality of service they had a right to expect.

There were links with external organisations to ensure that the staff were providing the most effective and appropriate care for people and that staff were able to learn from other sources of expertise. These included links with the local authority, east sussex blind association, local hospices and the dementia in-reach team. There were also links with local schools and volunteers, who frequently visited people in the home. The manager worked closely with external health care professionals such as the GP and district nurses to ensure that people's needs were met and that the staff team were following best practice guidance.

The manager was aware of their responsibility to comply with the CQC registration requirements. They had notified us of events that had occurred within the home so that we could have an awareness and oversight of these to ensure that appropriate actions had been taken. The manager also recognised and understood

the importance of openness and transparency. One relative told us "When I came to look around the home to see if this was a good place for my relative to live, the manager took time to show me the last CQC report. They explained that there were some areas that they needed to improve on and then explained the actions that they had taken to improve the home, I thought that was really good".