

# The Royal London Society For Blind People

## Royal London Society for Blind People - BC

### Inspection report

31 Bromley Common  
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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection was carried out on 23 May 2016 and was unannounced. The Royal London Society for Blind People – BC currently provides specialist college services for up to five students aged 16 to 25 whom are visually impaired. At the time of our inspection 3 students were residing at the service. The Royal London Society for Blind People – BC is part of Dorton College which is run by the provider, The Royal London Society for Blind People. This was our first inspection of the service.

At the time of the inspection the college had a registered manager in post although they told us they were due to leave the service shortly. 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 and associated Regulations about how the service is run. The college principal confirmed with us they had appointed a new manager to run the service. The new manager was in the process of applying to the Care Quality Commission to become the registered manager.

Students said they felt safe and that staff treated them well. Appropriate recruitment checks took place before staff started work and there were sufficient staff to meet student's needs. Safeguarding adults and children procedures were robust and staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Student's medicines were managed appropriately and they received their medicines as prescribed by health care professionals.

Staff had completed training specific to the needs of people using the service, and they received regular supervision and an annual appraisal with a mid-year review. The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). Students were supported to have a balanced diet. Students had access to a GP and other health care professionals when they needed them.

Staff spoke to students in a respectful and dignified manner and they respected their privacy. Students and their relatives had been consulted about their care and support needs. Students were provided with information about the college and they were aware of the services and facilities available to them.

Student's care and support needs were assessed and there were appropriate guidelines in place advising staff how to support them. Transition processes were in place that ensured students received consistent, planned, coordinated care and support when moved between different services. There was a range of appropriate activities available for students to enjoy. Students and their relatives knew about the college complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of students through student meetings and surveys. They recognised the

importance of regularly monitoring the quality of the service they provided to students. Students were supported by a well-established staff team. Staff said they enjoyed working at the college. There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe. There were safeguarding adults and children's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Students and staff told us there was always enough staff on duty to meet people's needs.

Medicines were managed appropriately and students were receiving their medicines as prescribed by health care professionals.

### Is the service effective?

Good ●

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of the students.

The registered manager and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and were acting according to this legislation.

Students were supported to have a balanced diet. Students had access to a GP and other health care professionals when they needed them.

### Is the service caring?

Good ●

The service was caring. Staff spoke to students in a respectful and dignified manner. Student's privacy was respected.

Students and their relatives had been consulted about their care and support needs.

Students and their relatives were provided with information about the college and they were aware of the services and facilities available to them.

### Is the service responsive?

Good ●

The service was responsive. Student's care and support needs were assessed, and there were appropriate guidelines in place advising staff on how to support them.

Transition processes were in place that ensured students received consistent, planned, coordinated care and support when moved between different services.

There was a range of appropriate activities available to students to enjoy.

Students and their relatives knew about the college complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

### Is the service well-led?

Good ●

The service was well-led. The provider sought the views of students through regular meetings and surveys. They recognised the importance of regularly monitoring the quality of the service provided to students.

Students were supported by a well-established staff team. Staff said they enjoyed working at the college.

There was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

# Royal London Society for Blind People - BC

## **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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

This inspection was carried out by one inspector on 23 May 2016 and was unannounced. We spent time observing the care and support being provided to students. We looked at two students care records, staff training and recruitment records, and records relating to the management of the service. We spoke with three students, the relative of one student, two members of staff and the registered manager. We also asked health, education and social care professionals for their views about the service.

# Is the service safe?

## Our findings

Students told us they felt safe and that staff treated them well. One student said, "I feel safe living here." Another student told us, "I feel safe with the staff; they are cool. I never have problems with anyone here."

The college had policies and procedures for safeguarding adults and children from abuse. We saw the local authorities safeguarding procedures were displayed on the notice board in the staff office. The manager and college principal were the safeguarding leads for the service. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for and what they would do if they thought someone was at risk of abuse. They said they would report any concerns they had to the registered manager or the principal. Training records confirmed that all staff had received training on safeguarding adults from abuse. Staff said they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

Appropriate recruitment checks took place before staff started work. Staff told us they went through a thorough recruitment and selection process before they started working at the college. They attended an interview and full employment checks were carried out. We were unable to review staff recruitment records because the registered manager told us they were held at the organisation's head office. However, they showed us staff information sheets that included criminal record check reference numbers and recorded that all other required pre-employment checks had been completed. We spoke with the provider's human resources department who confirmed that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment. They also confirmed that they had obtained criminal record checks, two employment references, health declarations and proof of identification.

There were enough staff on duty to meet student's needs. One student said, "We do lots of activities in the evenings. There is always plenty of staff here to support us." Another student told us, "We have enough staff here; there are teachers, residential staff and managers around all of the time. We are well looked after." Staff told us there were always enough staff on duty and said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff. The registered manager showed us a staffing roster. This indicated that residential support assistants supported students during the mornings, evenings and weekends and learning support assistants, Qualified Teachers of learners with Vision Impairment supported students to college or with their education during the day. The registered manager told us if extra support was needed for students to attend social activities or health care appointments, additional staff cover was arranged.

There were arrangements in place to deal with foreseeable emergencies. Student care files included personal emergency evacuation plans which detailed how to keep them safe in the event of an emergency. Care files also contained risk assessments that included information for staff on how to support them appropriately and keep them safe. These recorded the risk to the student, the harm that could occur and the measures staff must take to reduce the risk of harm occurring. We saw risk assessments relating to, for example, medicines and visual impairment. The risk assessments had been kept under regular review.

Students were receiving their medicines as prescribed by health care professionals. Where students had been prescribed medicines we saw this was recorded in their files. Medicines risk assessments had been carried out for each student to assess if they could self-medicate or if they required any support from staff. At the time of our inspection only one student had been prescribed medicines, this student was self-medicating. They showed us that their medicines were stored securely in a locked cupboard in their bedroom. This student told us, "I look after my medicines myself. I keep it all locked away and safe. Staff just check with me that I am okay taking it and if I have any problems." The registered manager showed us medicines audits which included spot checks, stocks and balance checks and records of medicines received and returned to the pharmacist and the safe storage of medicines. The registered manager told us that all staff had received training and annual competency assessments on the administration of medicines. Training records confirmed this.



# Is the service effective?

## Our findings

Students told us staff knew them well and knew what they needed help with. One student told us, "I can do most things for myself. I think the staff know me well enough by now and know what help I need." Another student said, "The staff are very supportive, they help us when we need it."

Staff had the knowledge and skills required to meet the needs of people who used the service. Staff told us they had completed an induction when they started work, they were up to date with their mandatory training and they received regular supervision and an appraisal of their work performance with a mid-year review. One member of staff told us, "I have worked here for eleven years and have had lots of training. I am up to date with all of my mandatory training. I am qualified to train and supervise staff at the local college on how to support students who are visually impaired." We also saw that staff were formally observed by managers, for example during key working sessions and activities with students. Reports from these observations recorded the staff member's strengths, areas for improvement and areas of best practice which could be shared with other staff. Following the observations an action plan was drawn up where the registered manager suggested strategies for improving the member of staff's performance. This helped ensure students were consistently supported by staff who were competent in their roles.

Training records confirmed that staff had completed an induction program which covered the 15 standards as set out in the care certificate standards (CCS). The CCS was introduced in April 2015 and is the benchmark that has been set for the induction standard for new social care workers. All staff had completed training that the provider considered mandatory. This included training in safeguarding adults and children, moving and handling, first aid, food hygiene, infection control and the administration of medicines. Staff had also completed training on the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and other training relevant to the needs of the students including fire evacuation, equality and diversity, Autism, braille and advanced sighted guide, the sighted guide technique enables a person who is blind to use a person with sight as a guide. Records also confirmed that all staff were receiving regular supervision and appraisals of their work performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that none of the current students living at Bromley Common required DoLS authorisations. If they had any concerns regarding a student's ability to make decisions they would work with them and their relatives, if appropriate, and any relevant

health care professionals to ensure appropriate capacity assessments were undertaken. If the student did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the Mental Capacity Act 2005.

Student's care files included assessments of their dietary needs, their food preferences, the equipment they required and the support they required from staff at mealtimes. Students had access to specialist equipment enabling greater independence which met their physical and sensory needs. For example, equipment in the kitchen included talking microwaves, scales and clocks, one cup tea/coffee makers, water level indicators and adapted cutlery and plates. One student told us, "One of my targets is to cook dinner for my parents. I have been practising this meal during cooking sessions and trying it out on the other students. They seem to like it so I hope my parents will like it too." Another student said, "The food is brilliant here, the students rotate amongst each other who is cooking. We sometimes buy take away food too which is also nice."

Staff monitored student's health and wellbeing and where there were concerns they were referred to appropriate health professionals. The registered manager told us that most students preferred to stay with their own GP's. Records also confirmed that students had access to dentists and opticians, dieticians where required, in support of their health and well-being.

## Is the service caring?

### Our findings

A student told us, "I like living here. The staff are great, they're very caring, really understanding and they listen to our voices." Another student told us, "The staff are caring and respectful." A relative told us, "I have no complaints at all about the staff; I think they care for, and do very well for my relative." A health care professional told us staff were always welcoming towards them and that they were both caring and respectful toward the students. They said the staff demonstrated a good understanding of the student's support needs and went to some lengths to meet those needs.

Students and their relatives told us they had been consulted about their care and support needs. One student told us, "Before I started to attend the college, I came to visit and stayed overnight. The staff discussed my needs with me and my parents. I had another assessment when I started. They put a care plan in place and I meet with my keyworker once a week and we discuss and set my targets. The staff are supportive and I am learning lots of new things." A relative said, "My relative visited the college about a year before they started going there. We completed all the assessments and staff asked lots of questions about my relative's needs. I always attend the review meetings where we discuss my relative's needs together with the college staff."

Throughout the course of our inspection we observed staff speaking with and treating students in a respectful and dignified manner. Staff were knowledgeable about people's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. Staff received training in equality and diversity. We saw staff give people time and space to do the things they wanted to do. Support was delivered by staff in a way which met the student's needs. For example, staff supported a student to make a cup of tea by making minor prompts whilst observing them. We also saw learning support assistants supporting students on computers with their educational needs. Students told us that staff treated them with dignity and respect at all times. One student said, "The staff respect my privacy, they always knock on my bedroom door and ask if it's alright for them to enter my room."

Students and their relatives were provided with appropriate information about the college in the form of a 'Student Handbook'. The handbook included the complaints procedure, the services the college provided and ensured students were aware of the standard of care and support they should expect. The handbook also included a student agreement that they would attend all lessons and other additional support agreed, such as work placements to support them in achieving and getting the most out of their time at the college. The registered manager told us this was given to students and their relatives before they started at the college.

## Is the service responsive?

### Our findings

A student told us, "I do a lot here and I am always busy doing and learning new things or going out on activities." Another student told us, "I really like being here in the company of other students. I have learned a lot since I came here. I still have targets that I need achieve. I walk to the local college for classes and sometimes I study here at the house." A member of staff said, "The college is very much student led. The students decide on most things, for example, what they want to eat and the activities they want to do." An education officer told us they found the college to be very proactive and supportive of the students, both educationally and residentially. They said students were suitably stretched academically and with life skills such as travel training and independent living skills. The packages developed by the college for the students were person centred with an evident desire to meet the student's aspirations and needs. A social care professional told us the college had been very thorough in devising person centred support plans with and maximising their clients independence, quality of life and life skills as well as setting goals and supporting them with their educational needs.

Pre-Entry Questionnaires were undertaken to identify student's support needs before they attended the college. The college's transitions coordinator told us they assessed new student applications to the college, and arranged for them to visit, which included an overnight stay. Initial assessments were then carried out by a range of health care professionals employed by the college including, for example speech and language therapists, physiotherapists, occupational therapists to determine whether the college was able to meet the needs of the student.

Once a placement was agreed, a baseline assessment of the student's educational and residential support needs was carried out, and care and support plans were drawn up. These were reviewed regularly in order to ensure they remained reflective of each student's individual needs. A member of staff told us they attended college for Inset days during August each year to read information about new students starting at the college in September. The college's transition process also covered student's placements once they left college. This student's relative told us, "My relative enjoys the college and is learning well. We attend all of the review meetings where we talk about how my relative is progressing and their plans for the future."

Care files we reviewed were well organised, and information was easy to read and accessible to staff. Care files included information on student's medical needs, mobility and orientation, decision making, religious and cultural needs, their communication methods and their personal care support needs. We saw care plans that included detailed information and guidance for staff on how the student's care and support needs should be met. For example we saw support guidelines for one student were in place regarding their using bowls and cutting tougher foods at mealtimes, and wearing a scarf in cold weather.

Students told us that student meetings were held each week. They told us they usually discussed activities, house meals, student achievements, maintenance and health and safety issues. One student said, "We all talk about things that are important to us like food and activities. The minutes are made available for us in braille." The registered manager showed us "records of requests from students to arrange specific activities which staff had subsequently supported them to undertake. For example, one student requested a party

with the students from the provider's other service, another student wanted to attend a disco, and another student wanted to go bowling. We saw that college staff had made arrangements for these activities to take place. One student told us the college had its own transport so they went on lots of day trips. They said, "We've been to Chessington World of Adventure, out for lunch and we go bowling." Another student told us, "I regularly go to the gym, to a 4D cinema and bowling." A third student said, "I go horse riding twice a week which I love and we have board games to play in doors."

Students and their relatives said they knew about the college's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. One student said, "I know what to do if I need to make a complaint but I would just tell staff if I wasn't happy." A relative said, "I know about the procedure for complaining and would use it if I needed to." We saw a complaints file that included a copy of the college's complaints procedure and forms for recording and responding to complaints. The complaints procedure was also available in the student's preferred reading format. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately, and where necessary, discussions were held with the complainant to resolve their concerns.

## Is the service well-led?

### Our findings

A student told us, "I think the college is well run. The manager and staff are great." The college achieved a rating of Good from Ofsted, December 2015 in the effectiveness of leadership and management. Ofsted inspectors noted that students were benefiting from outstanding personalised support that helped them to achieve their main goals and develop independence.

Throughout our inspection it was clear from the registered manager and staff that the purpose of the college was to support students with their education and to help them learn new skills and gain independence. One member of staff told us, "I really like working with these young people and seeing them achieve the things they want. It's very rewarding." Another member of staff told us they had worked at the service for eleven years and many of the other staff had been there a long time too. The low staff turnover meant that students received consistent support from experienced staff.

At the time of our inspection the service had a registered manager in post. However the registered manager told us they were leaving the college. The college principal confirmed with us they had appointed a new manager to run the service who was in the process of applying to the Care Quality Commission to become the registered manager. Staff told us there was an out of hours on call system in operation. Staff said management support and advice was always available for staff when they needed it.

The provider recognised the importance of regularly monitoring the quality of the service. We saw records that demonstrated regular audits were being carried out. These included health and safety, infection control, medicines, staff training, supervision and appraisals, and care file audits. We also saw reports from quality monitoring visits carried out by the provider. These were carried out every three months and monitored the college's compliance with the regulations associated with the Health and Social Care Act 2008. The visits and subsequent reports considered if the service was safe, effective, caring, responsive and well led and included recommendations for further service development. The last report concluded that the manager had addressed the recommendations made. We saw the 'Principals Report to the Governors 2015' which recorded details of the college's performance in the previous academic year, the student's achievements and the college's plans for the next academic year including delivering a programme on equality and diversity. The report also covered incidents, safeguarding concerns, student complaints, student activities, staff recruitment and training and the findings from the staff survey.

The provider took into account the views of students and their relatives through annual surveys. In the 2015 survey students said they received enough information and support about their course and settling in at the beginning of the year. Access to sport facilities and transport was good. Students felt safe and they were treated fairly. Where students had identified any issues, we saw the provider had taken action to make improvements. For example, one student fed back that they were unable to manage a particular class and so was supported to change to a more structured programme. Another student had fed back that their special dietary requirements were only mostly met. We saw that an action was put in place to address any concerns the student in question had with their mealtimes and diet. Assessments of the service had also been undertaken by "Independent listeners". These were people employed by the college to carry out

unannounced visits to the service and observe how students were being supported by staff. The registered manager told us they used the feedback from the independent listener's reports, students meetings and student survey to make improvements at the college.