

# Southend-On-Sea Blind Welfare Organisation

# Southend Blind Welfare Organisation

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

At our previous inspection to the service on 21 and 22 August 2017, there were two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This referred specifically to appropriate arrangements not being in place to recruit staff safely. Additionally, not all staff had attained up-to-date training or received an induction, supervision or appraisal of their overall performance. The overall assessment rated the service 'Requires Improvement'. The registered manager submitted an action plan detailing the steps they had or were taking to address the concerns found in August 2017.

This inspection took place on 31 August 2018 and 4 September 2018. We checked to see that the registered provider had made the required improvements. We found that the required improvements had been made and the service was now compliant with regulatory requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Southend Blind Welfare Organisation is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Southend Blind Welfare Organisation is registered to provide accommodation with personal care for up to 25 older people, people living with a visual impairment and others who may live with dementia related needs. Southend Blind Welfare Organisation is a large detached property situated in a quiet residential area in Westcliff on Sea and close to all amenities. The premises are set out on two floors with each person using the service having their own individual bedroom and adequate communal facilities are available for people to make use of within the service. There were 15 people receiving a service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our key findings across all the areas we inspected were as follows:

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these measures and the actions to take if abuse was suspected. Risks to people were identified and managed to prevent people from receiving unsafe care and support. The service was appropriately staffed to meet the needs of the people using the service. People received their medication as prescribed and in a safe way. Recruitment procedures were now followed to ensure the right staff were employed and all records as required by regulation sought. People were protected by the registered provider's arrangements for the prevention and control of infection. Arrangements were in place to learn from events when things go wrong.

Staff now received a thorough induction to carry out their role and responsibilities effectively. Staff had the right competencies and skills to meet people's needs and received regular training opportunities. Suitable arrangements were also now in place for staff to receive regular formal supervision and staff employed longer than 12 months had had an appraisal of their overall performance. People's nutritional and hydration needs were met and they were provided with drinks and snacks throughout the day. People received appropriate healthcare support as and when needed from a variety of professional services. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with care, kindness, dignity and respect. People received a good level of care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how individuals wished to be cared for and supported.

Support plans were in place to reflect how people would like to receive their care and support, and covered all aspects of a person's individual circumstances. Social activities were available for people to enjoy and experience. Information about how to make a complaint was available and people told us they were confident to raise issues or concerns and assured these would be addressed.

Suitable arrangements were in place to assess and monitor the quality of the service provided. There was a positive culture within the service that was person-centred, open and inclusive. The service sought people's and others views about the quality of the service provided.

Further information is in the detailed findings below.

## 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.

Staff were knowledgeable about recognising abuse and knew how to keep people safe.

Risks to people were assessed and managed well. Recruitment practices at the service were now robust and safe.

There were sufficient staff available to meet people's needs.

Medicines management was safe and ensured people received their prescribed medication.

### Is the service effective?

Good ●

The service was effective.

Suitable arrangements were now in place for staff to receive appropriate training and an induction. Arrangements were also now in place for staff to receive regular supervision and an appraisal.

People were supported effectively to have their nutritional, hydration and healthcare needs met.

Staff had a good understanding of the Mental Capacity Act 2005 and how to apply these principles.

### Is the service caring?

Good ●

The service was caring.

Staffs practice ensured people received care and support that was kind and caring.

People's privacy and dignity was respected and their independence was promoted where suitable.

People's preferences were documented and support was provided according to their wishes.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were sufficiently detailed and provided guidance for staff to support people effectively.

People were engaged in meaningful activities to ensure their wellbeing.

There was a low incidence of complaints and these were managed well.

### Is the service well-led?

Good ●

The service was well-led.

Quality assurance arrangements were now improved to ensure that the quality and safety of care was consistently assessed and monitored to meeting regulatory requirements and the fundamental standards.

People, staff and relatives were positive about the registered manager and the day-to-day management of the service.

People and those acting on their behalf were able to express their views about the quality of the service.

# Southend Blind Welfare Organisation

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 31 August 2018 and 4 September 2018 and was unannounced. The inspection was completed by one inspector.

We reviewed information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four people who used the service, three members of staff and the registered manager. We reviewed three people's care files, three staff recruitment files and an additional three members of staff's supervision and appraisal records. We also looked at the service's arrangements for the management of medicines, staff training records, complaints and compliments information and quality monitoring and audit information.

# Is the service safe?

## Our findings

Safe was rated as 'Requires Improvement' at our last inspection on the 21 and 22 August 2017. This was because suitable arrangements were not in place to recruit staff safely. At this inspection, we found the required improvements had been made and the rating had improved to 'Good'.

People told us they had no concerns and that the service was a safe place to live. One person said, "I feel safe, they [staff] look after me well." Another person told us, "If I did not feel safe, I would tell the manager, they'd sort it out." Staff had a good understanding of how to keep people safe and did what they could to ensure people's safety was maintained always.

No safeguarding concerns had been highlighted since our last inspection to the service in August 2017. Staff demonstrated a satisfactory understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate any concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission [CQC]. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse. Discussions held with the registered manager demonstrated they too fully understood their roles and responsibility to safeguard people and to keep them safe.

Staff knew the people they supported and were aware of people's individual risks and how these could impact on a person's health and wellbeing. Where risks were identified, suitable control measures had been considered and put in place to mitigate the risk or potential risk of harm for people using the service. These assessments covered a range of risks, such as the risk of poor nutrition and hydration, poor mobility and falls, the risk of developing pressure ulcers and moisture lesions and people at risk of choking. Minor improvements were required to ensure risk assessment information was sufficiently detailed. Staff were aware of people's individual risks and our observations showed that staff's practice reflected that risks to people were managed well to ensure their wellbeing and to help keep people as safe as possible.

People told us there were always sufficient numbers of staff available to provide the support required to meet their care and support needs. Our observations showed that people received care from a consistent staff team and shifts were well organised. During the inspection we observed the deployment of staff was suitable to meet people's care and support needs in line with information documented within their care plan. Support from staff was provided in a timely manner and staff were always at hand within communal areas. One person told us, "If I press my alarm they [staff] come quickly, I've never had to wait too long." Another person stated, "Staff are there if you need them." The registered manager and staff confirmed suitable arrangements were in place to address staffing shortfalls as they arose. This referred to asking staff employed by the organisation to undertake additional shifts or to use staff from an external care agency.

Appropriate arrangements were now in place to recruit staff safely in line with regulatory requirements. Staff recruitment records for three members of staff showed relevant checks were carried out before a new member of staff commenced working at the service. These included the attainment of references, ensuring the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service [DBS], processing applications and conducting employment interviews. This showed staff

employed had had the appropriate checks to ensure they were suitable to work with people using the service. Additionally, prospective employees' equality and human rights characteristics, such as those relating to age, disability, ethnicity, religion or sexual orientation, were considered when recruiting staff.

People's medication preferences were documented so staff knew how to give them their medicines in a way they preferred. No one was identified as requiring their medication to be given without their knowledge or consent. We looked at the Medication Administration Records [MAR] forms for seven out of 15 people using the service and these showed that each person had received their medication at the times they needed them and these were kept in good order. No safety concerns had been identified in relation to medicines management since our last inspection in August 2017. Suitable arrangements were in place to ensure staff who administered medication were trained and competent to undertake this task safely. Medication audits were completed each month and showed few corrective actions were required.

People were protected by the prevention and control of infection. The service's infection control and principles of cleanliness were maintained to a good standard. Staff told us and records confirmed that staff received infection control training and understood their responsibilities for maintaining appropriate standards of cleanliness and hygiene; and following food safety guidance.

The registered provider operated an open and transparent culture whereby staff were encouraged to report concerns and safety incidents. Appropriate arrangements were in place to review and investigate events and incidents and to learn from these. The registered manager had proved at this inspection, that previous concerns relating to recruitment procedures and issues involving staff, had been dealt with.



# Is the service effective?

## Our findings

Effective was rated as 'Requires Improvement' at our last inspection on the 21 and 22 August 2017. This was because suitable arrangements were not in place to ensure all staff had received appropriate training, supervision and an appraisal of their overall performance. At this inspection, we found the required improvements had been made and the rating had improved to 'Good'.

Previous shortfalls with staff training had been addressed and suitable arrangements were now in place to ensure staff received suitable training at regular intervals. This was so they could meet the needs and preferences of the people they cared for and supported to a good standard. Staff training records viewed showed that since our last inspection in August 2017, staff had received mandatory training in line with the registered provider's expectations in several key areas. This was confirmed by staff as accurate. One member of staff told us, "Since the last inspection we have completed a lot of training."

The registered manager told us staff now received an induction comprising of training in key areas appropriate to the needs of the people they supported and an 'in house' introduction to the organisation. The latter comprised of being shown round the service, meeting people who lived at the service and staff. In addition, staff were given the opportunity to shadow a more experienced member of staff depending on their level of experience and competence. Furthermore, staff were required to undertake and complete the Skills for Care 'Care Certificate'. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.

Staff told us they felt supported by both existing staff members and the registered manager. One member of staff told us, "There is a very supportive team here and if you need support, there is always someone who can help; the manager is great. Working here is like being with your family." Supervisions were now being completed at regular intervals, allowing staff the time to express their views, to reflect on their practice and to discuss their professional development. Staff employed longer than 12 months had received an annual appraisal of their overall 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 so that they can 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.

Records showed that each person who used the service had had their capacity to make decisions assessed. At the time of our inspection no person at the service was deemed to lack the capacity to make day-to-day decisions. Furthermore, no person at the service was subject to authorisation under the Deprivation of

Liberty Safeguards. From our discussions with people using the service, we were assured that staff understood the importance of giving people choices and respecting their wishes. People were observed being offered choices throughout the day and these included decisions about their day-to-day care needs. People told us they could choose what time they got up in the morning and the time they retired to bed each day, what clothes they wished to wear, whether they required PRN 'as and when required' pain relief medication, where they ate their meals and whether or not they wished to participate in social and leisure activities.

The dining experience was noted to be relaxed, friendly and unhurried; with staff conversing with people using the service. People were supported to make daily choices from the menu provided and received food in sufficient quantities. Where people required assistance and support to eat and drink this was provided in a sensitive and dignified manner, for example, people were not rushed to eat their meal and were able to enjoy the dining experience at their own pace. People's comments about the quality of meals provided was positive. One person told us, "The food is good, not quite the same as good old fashioned 'home cooking', but nonetheless it is good." Another person told us, "The food is lovely, there is a choice and I have no complaints at all."

People told us their healthcare needs were well managed. People using the service had access to local healthcare services and healthcare professionals to maintain their health and wellbeing, for example, to attend hospital appointments, to see their GP or the District Nurse. The service was allocated a clinical nurse practitioner and two healthcare assistants from a local GP surgery. Healthcare professionals and staff spoken with, confirmed this relationship was positive and this ensured people's healthcare needs were proactively met and dealt with in a timely manner. People's care records showed their healthcare needs were clearly recorded and this included evidence of staff interventions and the outcomes of healthcare appointments. Relatives satisfaction surveys and comments made via an external well-known external website, about the quality of care and facilities at the service, suggested they were kept informed of their family member's healthcare needs.

The registered manager told us they were part of a new national initiative, the 'Red Bag Care Home Scheme'. The aim of this initiative is to promote and improve communication and relationships between the care service, ambulance crews and NHS Hospital. This enables relevant information about a person to be passed on and shared; and therefore, improving the person's experience of care and quality of life.

# Is the service caring?

## Our findings

People were satisfied and happy with the care and support they received. One person told us, "The staff are lovely and the care I receive is very good." Feedback recorded from satisfaction questionnaires completed in 2017 recorded people's response to the quality of care provided as 'satisfied' or 'very satisfied'. One person's comments recorded, "The staff always try to help, the staff are wonderful and I am very happy here." Another person commented, "The staff are angels, I would not want to live anywhere else." A third person wrote, "The girls [staff] are lovely and worth their weight in gold."

Additionally, since our last inspection in August 2017, five reviews by relatives had been posted on a well-known external website, about the quality of care and facilities at Southend Blind Welfare Organisation. These were very positive and rated the care home 4.4 or above out of 5. Relatives documented staff were kind, caring and friendly. Relatives confirmed the quality of care provided for their family member by staff was, "impressive" and "excellent". One relative wrote, "I have peace of mind that they are in the best place." Another relative also wrote, "My relative is well cared for; I would not hesitate to want to stay here myself, if the need should arise."

Our observations showed that people received personalised care. People valued their relationships with the staff and spoke positively about individual staff members. People told us they had a good rapport and relationship with the staff who supported them, including newer members of staff employed at the service. During our inspection we saw that people and staff were relaxed in each other's company and it was clear that staff knew people very well. People were addressed by their preferred names and staff interacted with people in a kind and compassionate way, taking the time to listen closely to what people were saying to them.

Staff understood people's different communication needs and how to communicate with them in an effective and proactive way. People were noted to have appropriate assistive technology equipment in place to aid their visual impairment. Some people were observed to have a telephone with a large keypad, handheld magnifying devices, talking watches and clocks. The registered manager advised people also had access to talking books and newspapers through the Royal National Institute for the Blind. Additionally, the provider's Statement of Purpose, Service User Guide, the complaints procedure and newsletters could be produced in other presentations such as, braille, larger print or audio format.

People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support to be provided. People and their relatives had been given the opportunity to provide feedback about the service through regular reviews and through the completion of annual questionnaires. There was also evidence to show people and those acting on their behalf had signed their care plan, confirming they had been actively involved in the care planning process and agreed the information recorded.

Information about local advocacy services was held within the service. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for

themselves. The registered manager confirmed one person currently utilised the local advocacy service.

People told us their personal care and support was provided in a way which maintained their privacy and dignity. They told us the care and support was provided in the least intrusive way and were always treated with courtesy and respect by staff. Our observations showed that staff respected people's privacy and dignity. We saw that staff knocked on people's doors before entering and staff were observed to use the term of address favoured by the individual. People who needed support with personal care were assisted discreetly to protect their modesty. For example, staff spoke quietly with people about matters relating to personal care to respect their dignity. In addition, we saw that people were supported to maintain their personal appearance to ensure their self-esteem and sense of self-worth. People were supported to wear clothes that they liked, that suited their individual needs, were colour co-ordinated, included jewellery and were appropriate to the occasion and time of year.

People were supported to maintain relationships with others. People told us their relative and those acting on their behalf could visit them at any time. Relatives through written feedback confirmed there were no restrictions when they visited and they were always made to feel welcome by the registered manager and staff. One relative wrote, "I am able to visit ant time of day."

## Is the service responsive?

### Our findings

Suitable arrangements were in place to assess the needs of people prior to admission to the service and they and their relatives were involved in this process. This ensured that the service were able to meet the person's needs and provide sufficient information to guide staff in meeting their needs.

Care plans covered all aspects of a person's individual care and support needs, focussing on the care and support to be delivered by staff, the person's strengths, what was important to the person and their personal preferences. Information available showed that people's care plans were reviewed and updated to reflect where people's needs had changed.

People confirmed they could choose whether or not they participated in leisure and social activities provided at the service. On the first day of inspection several people enjoyed several games of dominoes. Later the person responsible for facilitating and providing activities was observed to spend time sitting and talking with individual people. Records showed people were supported to play games such as 'I-Spy', a game whereby a variety of items were placed on a tray and people had to use their sense of smell and touch to guess what these were and quizzes. The person responsible for facilitating and providing activities also spent time with people who preferred to spend time in their bedroom.

People also had the opportunity to attend external clubs and support groups through the local Southend Blind Welfare Organisation, for example, Macular Support Group. People were supported to maintain religious observance, external entertainers visited the service fortnightly and a 'Pat' dog visited the service. A quarterly newsletter 'In-Touch' was also available for people using the service and others, providing useful information on managing sight loss, awareness of current issues affecting people with a visual impairment and local news.

Suitable arrangements were in place for people if they had a concern or were not happy with the service provided to them. The registered provider had a complaints policy and procedure in place and this could be provided in an appropriate format, for example, large print, braille or audio format. One complaint had been raised since our last inspection to the service in August 2017 and this had been appropriately managed and addressed. People told us they would either speak to a family member, the registered manager or staff if they had any worries or concerns. People told us they were confident that any complaints or concerns raised would be listened to, taken seriously and acted upon by the registered manager.

Although no one living at the service was receiving end of life care, the registered manager provided an assurance that people would be supported to receive good end of life care to ensure a comfortable, dignified and pain-free death. Furthermore, they told us they would work closely with relevant healthcare professionals and provide support to people's families. 'Advanced Care Planning' discussions had been completed with individual people, those acting on their behalf and GP surgery. Currently information was being sought from people's relatives where Lasting Power of Attorney [LPA] arrangements were in place.

# Is the service well-led?

## Our findings

Well-Led was rated as 'Requires Improvement' at our last inspection on the 21 and 22 August 2017. This was because the service's quality assurance arrangements were not as effective as they should be. At this inspection, we found the required improvements had been made and the rating had improved to 'Good'.

No changes to the management team had occurred since our last inspection in August 2017. A registered manager was in post, were actively visible within the service and who had a very good knowledge of the people living there, working closely with them, their families, staff and healthcare professionals and services. The registered manager worked as part of the care staff team on occasions. This enabled them to know how the service was run on a day-to-day basis and the care people using the service received. Although the registered manager was predominately supernumerary to the staff roster Monday to Friday, this could be flexible to meet the day-to-day needs of people and the demands of the service. The registered manager confirmed an administrator had been recently appointed and they were due to commence employment on 10 September 2018.

Staff were complimentary about the registered manager and told us they liked working at Southend Blind Welfare Organisation. Staff told us they felt valued and supported by the registered manager and they were approachable. Staff confirmed they enjoyed working at the service, that communication was good and morale between team members was positive.

The registered manager knew the people they cared for well and had a good relationship with the staff team. We saw that people using the service, relatives and staff were very comfortable with the registered manager and spoke freely with them throughout our visit.

The registered manager monitored the quality of the service through the completion of several audits and other checks to assess and monitor the quality of the service provided, for example, medication, health and safety and infection control. Similarly, data relating to the incidence of accidents and incidents, falls, weight gain and loss and pressure ulcers was recorded. Information and data collated was reported to a 'Board of Trustees' and the registered manager attended quarterly 'Trustee' meetings. In addition to this, a representative from the 'Board of Trustees' visited the service each month and completed a written review of their findings. An annual development plan was evident and this demonstrated where improvements to the environment, both internally and externally were planned and completed.

The registered manager had taken our concerns seriously following our previous inspection in August 2017, and shortfalls identified relating to recruitment procedures, staff training, induction, supervision and appraisal had been addressed. There was a strong emphasis on continuous improvement and the registered manager had recognised where these were required. For example, the registered manager had devised and implemented a new form to capture people's feedback about the admission process and plans were underway to source and introduce a new electronic care planning system.

Arrangements were in place for collecting information from people using the service. This included seeking

the views of people who used the service, those acting on their behalf and seeking the views of staff employed at the service. Comments from people using the service and those acting on their behalf were very positive. Staffs' comments were also positive, particularly about the support they received from the management team.

Staff told us they were well supported, that their views were respected and they could express their views and opinions freely. The registered manager advised that staffing meetings and meetings for people using the service and their relatives were not undertaken as these had proved unsuccessful and not well attended. The registered manager confirmed they did not have staff meetings as they participated in daily handovers with staff and met with them most days. Additionally, they had an 'open door' policy and people using the service, relatives and staff could speak with them whenever they chose.