Blind Veterans UK

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Inspection report

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Date of inspection visit: 6/10/2015
Date of publication: 22/12/2015

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

Overall summary

The inspection took place on 6 October 2015.

Blind Veterans is a care home with nursing for up to 77 people that require support and personal care. People at the home have sensory impairments and some people have additional physical disabilities. Some people may be living with conditions associated with advancing age, including dementia. At the time of our inspection 42 people were living at the home, 40 of whom were aged over 65 years. The home, which also provides respite and short breaks for people, is located in Ovingdean and is one of three centres run by the charity Blind Veterans UK.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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.

People spoke positively of the home and commented they felt safe. One person said, "I feel absolutely safe. There is always a carer around." People had confidence in the staff to support them and we observed positive interactions throughout our inspection. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Summary of findings

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

The registered manager was up-to-date with changes to the law regarding the Deprivation of Liberty Safeguards (DoLS) and they were making sure that people's legal rights were being protected.

People enjoyed the full range of facilities that the home offered such lounges, dining areas, IT training rooms, library, gym, pool, chapel, arts area and workshop. It benefitted from a magnificent position overlooking the South Downs to the North and English Channel to the South. The environment was designed to meet the needs of visually impaired people and those with frailties associated with ageing. There was signage to help people find their way around the building and it included colour and lighting which may add to orientation for people with sensory and cognitive impairment.

The home provided an impressive range of social activities. A health care professional told us about a, "Brilliant activities coordinator who has been instrumental, together with the manager, in setting up individual activity profiles" for people.

People were listened to and as a result received care that was suited to their preferences and needs. People were encouraged to express their views. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "They [the staff] understand my care needs and choices unbelievably well. They help me to be as independent as possible."

We observed friendly relationships between people and staff. People were glowing in their descriptions of the care they received; they were very complimentary about the friendliness and professionalism of the staff. Comments included, "They are second to none" and "I cannot speak too highly of the staff" and another said, "The quality of the care and nursing is beyond description". People told us the staff supported them to maintain their independence as it was important to them.

When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector.

Staff had received essential training and there were opportunities for additional training specific to the needs of the home. Staff received one to one meetings with their manager, nurses received clinical supervision and formal personal development plans, such as annual appraisals were in place.

People were supported to eat and drink well. There was a varied daily choice of meals. People were able to give feedback and have choice in what they ate and drank and special dietary requirements were met. A healthcare specialist told us, "The residents at Blind Veterans are well supported and cared for. From a dietetic point of view, there seems to be a lot of variety in the menu. With the staff that I have spoken to, they know the residents well and their likes and dislikes which is very helpful for my dietetic assessments."

People felt their physical health needs were looked after and this encouraged them to be as independent as possible. Health care was accessible for people and the home worked closely with GP's and therapists to maintain people's health and welfare.

Staff were asked for their opinions on the home. Staff enjoyed their work. They felt supported within their roles and described a caring management approach. They described how management were always available to discuss suggestions and address problems or concerns. A nurse told us that "The management are supportive. I can go to the manager or the Practice Development Nurse and there is an open culture".

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

Blind Veterans UK was safe.

People confirmed they felt safe living at the home. There were appropriate numbers of well-trained and appropriately recruited staff available over twenty four hours to support them.

Risks associated with the environment were managed safely.

Medicines were managed appropriately and people confirmed they received their medicines on time.

Is the service effective?

Good

Blind Veterans was highly effective.

People we spoke with were very positive about the standard of their accommodation. Blind Veterans UK was thoughtfully laid out with full consideration to the reasonable adjustment needed for people living with a visual impairment.

Staff and the registered manager were knowledgeable about the requirements of the Mental Capacity Act 2005.

People spoke highly of the food and the variety of choices. People could choose what they wanted to eat and had sufficient amounts to maintain a balanced diet.

Staff received ongoing professional development through regular supervisions. Both fundamental training and training that was specific to the needs of people was available and put in to practice. There was a comprehensive induction process for new staff members and the provider recognised the importance of a well trained staff team.

People had access to relevant health care professionals and received appropriate assessments and interventions in order to maintain good health.

Is the service caring?

Good

Blind Veterans was caring.

Staff knew people and their preferences. Staff interactions with people were positive and valued the individual. People valued the friendliness and professionalism of the staff.

Staff were respectful and polite when supporting people who used the service. Staff actively supported people to make day-to-day decisions about their support and they respected the choices people made.

Staff promoted people's privacy and dignity. They were supported by a dignity champion, appointed from within the staff team to promote respect and dignity in the delivery of care.

Is the service responsive?

Good

Blind veterans was responsive.

Summary of findings

People's care and support was reviewed regularly. Plans were detailed, personalised and contained information to enable staff to meet people's needs.

Staff communicated with each other and the registered manager to ensure that information was shared about people's needs.

People were able to speak with staff or the management team about their experience of care.

Is the service well-led?

Good

Blind Veterans was well-led.

The culture of the home was open and friendly. Staff were supported and described a caring and open management approach.

There was an effective quality assurance process that audited processes and monitored outcomes experienced by people.

People, their relatives and professionals were routinely asked for their views of the home.

Blind Veterans UK

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. The inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the home and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 6 October 2015. It was carried out by two inspectors, an expert by experience and a specialist advisor. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The specialist adviser brought skills and experience in nursing. Their knowledge complemented the inspection and meant they could concentrate on specialist aspects of care provided by Blind Veterans UK.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. It included information about notifications. Notifications are changes, events or incidents that the home must inform us about. We contacted selected stakeholders including five health and social care professionals, the local authority and the local GP surgery to obtain their views about the care provided. They were happy for us to quote them in our report.

During the inspection we spent time with people who lived at the home. We focused on speaking with people and spoke with staff. We were invited by people to spend time with them and we took time to observe how people and staff interacted. We spoke with two relatives or friends of people. We spoke with the registered manager, two health care assistants, two nursing staff, ancillary and administrative staff.

We looked at five sets of personal records. They included individual support plans, risk assessments and health records. We examined other records including three staff files, quality monitoring, records of medicine administration and documents relating to the maintenance of the environment.

The last inspection was carried out on 11 November 2013 and no concerns were identified.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Blind Veterans. Asked whether he felt safe, a person replied, “Marvellous, could not be safer”. They told us there were enough staff. One person said, “I feel absolutely safe. There is always a carer around.” People told us they were able to have their medicines when they needed them.

Risk assessments were completed to manage and reduce risks to individuals as part of their care plan. These were followed to reduce the risk of an incident occurring. Care plans showed each person had been assessed before they moved into the home and any potential risks were identified. Risk assessments included risks associated with visual impairment but also included falls, skin damage, nutritional risks including swallow problems and risk of choking and moving and handling. For example, specially adapted beds were in place for those that were at risk of falls. Care plans highlighted general health risks such as diabetes and epilepsy. Where risks were identified there were measures in place to reduce the risks as far as possible. People who lived with diabetes had their blood sugar levels checked regularly to ensure it was within their normal range. Guidance for staff to recognise when their blood sugar was either too high or too low was in place for staff to refer to. People who live with diabetes need regular eye checks and foot checks as the disease has potential side effects. These were in place and evidence that risks to their health were mitigated. All risk assessments were reviewed at least once a month or more often if changes were noted.

Information from the risk assessments were included in a main care plan summary. All relevant areas of the care plan were updated when risks changed. Staff were given clear and up-to-date information about how to reduce risks. For example, if people lost weight, staff took action to ensure food was fortified and offered regularly. We saw that staff weighed certain people who were identified and updated the GP regularly. Reviews recorded that the risk reduced and was monitored by staff.

Observations and understanding of people’s dependency indicated that there were ample numbers of staff on duty to meet people’s care and treatment needs safely. We were provided with copies of staff rotas, they confirmed staffing levels remained constant. The registered manager shared with us the dependency level assessment that helped shape staff numbers. For example, we saw that over two floors of accommodation, eleven people were assessed as at high need, 2 had moderate and 3 people had lower levels of need. This assessment produced a figure for the nursing and care hours required to support people. We saw that this figure was met and at times exceeded as people’s needs changed and allowed for staff leave and occasional absence though sickness and training.

Staff had time to speak with people and to check that people across all areas of the home were safe. Staff told us they checked in with people who preferred to spend more time in their bedroom and we saw that no one was left alone for long periods of time. This included discreet observation of staff supporting a person receiving end of life care. We saw that this person had one to one care to ensure they were not alone and had someone with them to meet their every need.

We saw that staff were available to respond to people’s requests and needs promptly. Staff responded quickly to people’s call bells. Staff were deployed so that they were responsible for supporting a specific number of people, equivalent to one staff member for two people. A person receiving end of life care received one-to-one care. Individual bedrooms were fitted with call buttons both in the bedroom and in their en-suite wet room. This meant that people did not have to wait for staff to provide assistance. The registered manager told us, “Our staffing levels may appear high but remember people with a visual impairment may have greater need for support in some areas. Also bear in mind that there is an expectation of a high level of service and to deliver that we need the staffing levels that you see here.”

Staff recruitment practices were thorough, people were only supported by staff who had been checked to ensure they were safe and suitable to work with them. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. All potential employees were interviewed by the registered manager to ensure they were suitable for the role. All new staff were required to undergo a probationary period during which they received regular opportunities for practice supervision.

Good

Is the service safe?

People and their relatives all said that they and their possessions were safe. They felt free from harm and would speak to staff if they were worried or unhappy about anything. One person told us, “I feel safe, let me reassure you on that. You see, they understand the care I need.” Another person said, “[The registered manager] is around all the time. I can get hold of them any time I want.” People’s safety had been promoted because staff understood how to identify and report abuse. Staff were aware of their responsibilities in relation to keeping people safe. They were able to tell us about safeguarding protocols and the potential signs to look for and the different types of abuse that people might be subject to. Staff were aware of how to report any concerns to the registered manager or to the nurse in charge. This was in line with the provider’s procedures and the local authority protocols for reporting safeguarding issues. Records showed that staff had received training, and refresher training, to ensure they understood what was expected of them.

Nursing and care staff supported people to take their medicines. Storage arrangements for medicines were secure and were in accordance with appropriate guidelines. People’s medicine was stored in locked cabinet in their bedrooms. People we spoke with confirmed they were happy with the way medicines were administered. They told us that medication was administered on time and that supplies didn’t run out. We observed staff administer medicines to people. They were seen to administer the medicine safely, as prescribed and in line with agreed good practice. Medicines Administration Records (MAR) were up to date, with no gaps or errors, which meant people received the medicines as prescribed. Where people were prescribed when required (PRN) medicines there were clear protocols for their use.

Good

Is the service effective?

Our findings

People commented they felt able to make their own decisions and those decisions were respected by staff. One person told us, "They [the staff] understand my care needs and choices unbelievably well. They help me to be as independent as possible." People were cared for by staff who were suitably trained and supported to provide care that met people's needs. Staff told us they had received regular training opportunities in a range of subjects and this provided them with the skills and knowledge to undertake their role and to meet people's needs. One member of staff told us, "They [people] have the right to say no but we always ask people and give them choices."

People said they liked the home because it provided support which was varied to meet their needs at the time. Staff told us they aimed to provide a service that was responsive and flexible to take account of people's individual circumstances. People that chose to lead full social lives and participated in continuing social, occupational and therapeutic opportunities. There was an impressive range of social activities. There was entertainment every evening, including live music twice a week. Each week, there was one full-day excursion and two half-day outside visits. On the day of the inspection, many people attended a service at Westminster Abbey that commemorated Blind Veterans UK 100th anniversary. The fully staffed arts centre produced some artwork of remarkable quality and it and the sports facilities were open every weekday. There was also a bar in the main lounge, this was open during the afternoon and evening and people were able to choose what drinks they would like to enjoy.

We were able to look in peoples own bedrooms, these were furnished with peoples own furniture and possessions. All the people we spoke with were very positive about the standard of their accommodation. We observed accommodation to be thoughtfully laid out with full consideration to the reasonable adjustment needed for people living with a visual impairment. So rooms were spacious, well decorated and well equipped. Individual bedrooms were fitted with call buttons both in the bedroom and in the ensuite wet room. Overhead panels were fitted to accommodate hoists, ensuring easier transfer from bed to chair. The rooms were fitted with state of the art aids to independent living that enabled, for example, the whole layout of the room to be altered to meets the individual needs of a person. Bathrooms were fitted with adjustable height sinks and showers. One person commented that their room was, "Absolutely lovely." Some people had memory boxes outside of their rooms with photographs and items that were important to them. These were chosen by the person and were used to help them to recognise their bedroom by association with significant items or images such as family photos or medals.

There had been a major refurbishment of the building and the registered manager explained to us that people had been invited to meetings with the architect and the building team so that they were fully involved with any decisions that were made about the building. She told us that "They were asked their opinions about the choice of colours, layout of the building and if there was anything they felt they wanted or needed in their rooms, residents were involved all the way, we took into consideration the residents wishes, visual impairment and independence as much as possible".

We were able to see evidence that Blind Veterans UK involved people and their relatives in the running of the home. A 'Members Meeting' was held once a month and we were able to see minutes of the meetings, it was evident that people were consulted and their feedback welcomed, they discussed issues such as activities, the layout of rooms and the building and menu options.

Several people were noted to have appropriate assistive technology equipment in place to meet their visual impairment. For example, telephones were with equipped with large keypad, there were large and talking clocks. The provider had adopted Royal National Institute for the Blind guidelines, 'Building Sight' and had a lighting formula installed that could be adjusted to meet people's needs and levels of visual impairment.

Staff training schedules confirmed all staff had received training for the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack mental capacity, and maximise their ability to make decisions or participate in decision-making. Staff understood the principles of consent and people's right to refuse consent.

The environment was also adapted to ensure that people with a visual impairment and those that were blind could orientate themselves around the building and therefore retain their independence. For example, there were

different floor coverings and colours of flooring to enable people to know if they were approaching a different room or corridor, there were raised symbols and letters on bannisters so that people could walk independently around the building and know that they were approaching certain rooms or floors of the building. The top of each flight of stairs was guarded by a swing rail that gave people an indication they were approaching a potential hazard. People were encouraged to walk to the right to enable people smooth passage through the home.

CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). In March 2014, changes were made to DoLS and what may constitute a deprivation of liberty. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. If someone is subject to continuous supervision and control and are not free to leave they may be subject to a deprivation of liberty. During the inspection, we saw that the registered manager had sought appropriate advice in respect of these changes and how they may affect the service. They told us that three people were subject to a DoLS referral as they had identified that these individuals' capacity and cognitive abilities had declined. They told us, "We liaised with the DoLS team in the assessment." Risk assessments considered the implications from the most recent court ruling. In this way the provider was able to demonstrate how they had individually assessed people and considered if the person was being deprived of their liberty or how care could be delivered in a least restrictive manner.

Staff induction included the following core subjects; equality and diversity, Mental Capacity Act, Deprivation of Liberty, safeguarding, manual handling, infection control and dementia training. Training schedules confirmed staff had received this and ongoing essential training. People told us that staff appeared well trained and were competent. One person told us, "They [staff] are very good." Staff had received an induction when they started work at the home. During the induction they began to familiarise themselves with the care that people needed and to understand their roles and responsibilities. New staff shadowed experienced staff to help them provide care consistently and then work alongside more experienced staff until the supervisor was confident they were competent to work alone. The registered manager worked with the training and development manager to the requirements of the Care Certificate and were supporting five staff to complete the training. This identified a set of standards that social care workers adhere to in their daily working life and one new staff members worked towards as part of their induction. Specialist training helped staff to effectively meet the needs of people. For example, sighted guiding training enabled staff to assist visually impaired people in activities that ranged from personal care to developing confidence in social situations. Registered nurse's training was recorded and was valid with renewal dates. Nurse's medicine competency assessment took place at their induction and was subject to an annual competency assessment.

Mechanisms were in place to support staff to develop their skills and improve the way they cared for people. Staff commented that they received supervision on a regular basis. Supervision is a formal meeting where training needs, objectives and progress for the year are discussed. These provided staff with the opportunity to discuss concerns, practice issues, training needs and work performance. Staff members told us how they found the use of supervision helpful and provided them with the opportunity to raise any worries. Nursing staff also received clinical supervision from a practice development nurse on a regular basis. The practice development nurse stated that staff receive clinical supervision to ensure that any problems or issues are identified and training is up to date.

People spoke highly of the food provided. People ate either in the communal dining room, or in their rooms, according to their choice. People said there was plenty of choice and that if they did not like the planned menu, an alternative was always available. A healthcare specialist told us, "Residents at Blind Veterans are well supported and cared for. From a dietetic point of view, there seems to be a lot of variety in the menu. The residents are given a lot of support and encouragement with their diet. I have requested food record charts and weekly weights for certain residents and I am very pleased to see that these have been completed and in good detail. With the staff that I have spoken to, they know the residents well and their likes and dislikes which is very helpful for my dietetic assessments."

People we spoke with confirmed they were given all the help needed at meal times. Adapted cutlery and plate guards were provided to enable people who needed or wanted them to eat independently. Where people required support with eating, care staff sat down with the person

Good

Is the service effective?

and provided one to one support at the person's own pace. Staff recognised the importance of supporting people to eat and drink well. The chef demonstrated sound awareness of people's nutritional needs and could clearly tell us who was diabetic or required a special diet. They told us, "We offer a diabetic diet for people and we can also offer fortified diets to enable people to gain weight." People were weighed to monitor for any signs of malnutrition. Where people lost weight, appropriate action was taken. For example, weight checks helped identify those who were gradually losing weight. People were referred to the GP to establish if there was an underlying condition leading to the change in weight. .

People's healthcare needs were met. People were registered with a GP and they visited the home twice per week. Specialist healthcare professionals, dentists and opticians appointments were all arranged to help people stay healthy. The home worked in close partnership with other agencies to meet people's needs. This was confirmed by a visiting health care professional who told us '"Nothing is too much trouble. Staff are always happy to assist and always refer to other agencies." Changes to people's health status and behaviour were identified and referrals were made in a timely manner to appropriate agencies. Referrals seen were to the end of life team, the outreach dementia team, the GP and the district nursing team. Each person's care plan contained a record of input from outside professionals and the outcome of their input. For example, staff reported working closely with the 'End of Life Team' facilitator. People were referred to the facilitator and an 'End of Life' pathway and care plan was developed in discussion with the person and their family members. Observation of the care received showed that the care was given as the person had requested.

Good

Is the service caring?

Our findings

People were treated with respect. Staff demonstrated kindness and compassion when supporting people and were mindful of privacy and dignity. People were very complimentary about the friendliness and professionalism of the staff. One person said of the staff, "They are second to none", another commented, "I cannot speak too highly of the staff" and another said, "The quality of the care and nursing is beyond description". One member of staff told us, "Most staff have worked here a long time, therefore we know people really well, we spend time talking to people, asking them what they want and how they want to be supported". When we spoke to staff it was evident that they knew people well and were able to explain to us what people liked and how they liked to be supported.

During our observations we were able to see that staff interactions with people were positive. Staff ensured that people were addressed using their preferred name and that they adapted and used the communication method that best met the persons needs and abilities. In a home for people living with visual impairment this was particularly important and we saw that staff communicated well with people. For example, staff were seen to kneel down or to sit beside a person to talk with them. Staff provided clear explanations to people about the care and support to be provided. These interactions were relaxed and friendly and staff were observed to have an excellent rapport with people by, for example using appropriate humour to create a social atmosphere. People appeared to enjoy the interaction with staff and it was apparent that staff knew the people well; they spent time with people talking about their day, asking how they were and what they were going to do that day.

People's differences were respected, people were able to make choices in all aspects of their lives, such as what they wanted to eat and drink, how they wanted to spend their time as well as who they wanted to support them. For example, people told us they appreciated having a dedicated key worker who took a special interest in their welfare and needs. One person said, "The staff are here for you the whole time. They do their best for you."

People had been involved in the development of their care plans and these reflected that their differences were respected; information about the person's life history was included and used to inform staff of people's interests and hobbies. For example, people were able to express their religious beliefs and staff offered support to people to worship, including attending the homes own chapel, if this was what the person wished. We were told that there was a, "Hot line" to a local racing bookmakers based on individuals passion for horse racing. The library was stocked with a large variety of talking books and staff and volunteers were on hand to enable people to make choices.

People were encouraged to make choices in all aspects of their lives; we observed this during the lunch period where people were asked what they wanted to eat and drink and where they wanted to sit. People had a range of food options to choose from and were able to choose to sit in the main dining area, smaller more private dining areas or in their own rooms. Staff respected peoples' right to make decisions and have choice over their lives. For example, on the day of our inspection some people had gone on a trip to visit Westminster Abbey. The registered manager explained to us that people had been given the choice to go on the outing; however some people had chosen not to go, as they felt that the day was too long for them. Staff had respected peoples' right to make this decision and alternative entertainment and activities had been provided.

Peoples' right to privacy and dignity was maintained, staff were discreet when supporting people. For example staff supported some people to meet their personal needs. Staff explained to us that all personal hygiene products were stored in peoples own bedrooms, therefore no one else can see that they are having support for this. One member of staff explained to us that privacy and dignity is promoted at all times, she explained that staff always knock on peoples bedroom doors, announce who they are and wait for a reply before entering the room, they said, " These are not just rooms in the building, they are people's houses and homes and we must respect this."

There was a member of staff who had been given the additional responsibility of becoming the dignity champion. This is someone who is responsible for ensuring that the home promotes peoples dignity. The registered manager explained to us that the dignity champion delivers training sessions to staff and runs dignity in action days. They told us about a recent dignity in action day where a resident had read a poem called, 'See Me'. The poem was written by an older person in a hospital and was

Good

Is the service caring?

found in her possessions when she died, it challenged others to view the person behind the illness or condition and treat people with dignity. The registered manager explained that in response she had written a poem about what the staff see when they support people. In this way they raised awareness and ensured staff were made aware of the importance of treating people with compassion and dignity.

Peoples' right to confidentiality was maintained. Staff undertook regular handover meetings to pass on information to other staff coming on shift, we were able to see that these were conducted in a private office to ensure that people couldn't overhear. Peoples electronic care plans were also stored on a computer that was password protected and written records were stored in locked cabinets to ensure that confidentiality was maintained.

On the day of our inspection a person was receiving end of life care. The registered manager explained to us that they had worked closely with a professional end of life care facilitator, this person had provided advice and support to staff so that peoples end of life care wishes could be respected. The registered manager explained to us that following a death, the staff team met to discuss and review the care the person received at the end of their life to ensure that they learn and develop their practice. A specialist healthcare professional told us, "They are caring and competent and have been very proactive in seeking support in their care for end of life patients."

Good

Is the service responsive?

Our findings

People's preferences, dislikes and life history were taken into consideration when they moved into the home. We were able to see 'All about Me' books which showed that peoples life history, likes and dislikes, personal choices and preferences, hobbies and interests, family information, major life events, and memories were used to ensure that each person was treated as an individual. Staff informed us that they knew people well and this was confirmed during our observations of interactions. One person said, "I am very happy here. You can ask for help from anybody, and it will be willingly given."

Information about peoples' health and medical needs was used to devise individual care plans, these were written on admission and were reviewed with the person at the end of their trial period and every six months thereafter, unless changes had occurred before that time. Staff had recorded information in the care plans each day, showing the support and care that had been offered to people to ensure that other staff knew how the person had been supported. Care plans were electronic, however these were transferred onto a handheld device so that they could be taken to the person to be reviewed, therefore ensuring that these were made accessible to people living at the home and they were therefore able to contribute. Having sufficient information such as this in place ensures that staff were clear about the best way of supporting an individual and are therefore responsive to their needs. We were able to see evidence of how this type of person-centred care planning led to improvements in peoples' health. For example we saw evidence for one person who had a significant improvement in the condition of a pressure ulcer.

People were able to choose in all aspects of their daily life, we saw evidence of this documented in peoples care plans as well as their 'All about me' books and were able to see staff encouraging people to make choices. On the day of our inspection some people had chosen to visit Westminster Abbey in London. The registered manager told us that when people had been asked about the trip some had chosen not to go as they felt that the day would be too long for them. Their right to choose was respected and they were offered alternative activities to do that day.

Staff and the registered manager confirmed that people were asked for their opinions and suggestions. Annual surveys were sent to people living at the home, their relatives and visiting health professionals to ask for their opinions. We were able to see the results of these surveys and were also able to see evidence that the registered manager had taken action in response to these. For example, we saw that discussion continued about making even better the meal time experience for people and accommodating all opinions on the topic. Some people thought that the service could be quicker, while others valued the social opportunities that a more relaxed pace offered. Other people wanted to introduce round dining tables to help promote discussion around the table over a meal while others put forward the increased difficulties this posed for visually impaired people. Staff meetings minutes showed that the results of the survey were sent to the relevant departments and discussed to enable the implementation of changes as a result of peoples' feedback.

People were treated fairly, the environment and staff approach were adapted to meet peoples' needs and ensure that all people had fair access to facilities and activities offered. The registered manager told us, "Whatever people need, they get." Communication was adapted to meet peoples differing needs and ensure that people had equal access to information and resources. For example, information was available in various formats informing people about the home and what activities and resources it offered on that day. People living with a visual impairment were consulted on methods of communication and we saw how it had been put forward by a person that the daily newspaper might be read by a staff member in a lounge each day to keep up with news events and current affairs.

People's independence was promoted at all times. We observed staff asked people if they needed any assistance before they offered any support, therefore enabling the person to be independent if they so wished. People's independence and individuality was promoted as they were able to choose how they spent their day and what activities they participated in. For example, we saw that a person was learning to swim in the home's own pool. The person received one to one support to overcome the additional challenges facing a visually impaired person but what was even more remarkable was the age of the person, – they were ninety three years old. When people required

Good

Is the service responsive?

assistance to communicate and advocate of their behalf they could seek assistance from their keyworker, independent mental capacity advocate or the home's own social worker.

People said that they would be very comfortable to raise a complaint or concern and most said that they would raise this with the registered manager, who they knew was available to them. People confirmed they felt comfortable approaching nursing and care staff with any concerns. A copy of the complaints policy was provided to people when they moved into the home or arrived for respite and the policy was also on display in the home. A complaints log gave details of the complaints received and the outcome for each.

Good

Is the service well-led?

Our findings

People and staff spoke highly of the home and the registered manager. A person told us, “I have nothing but the highest regard for the Blind Veterans manager.” A member of staff said, “My manager is so organised and will support you in all ways. Our supervisors are also really supportive: they encourage you in every way.”

Blind Veterans UK was founded in 1915 and was previously known as St Dunstan's. They provide practical and emotional support to blind veterans to help them to recover their independence and discover a life beyond sight loss. The registered manager told us, “A focus has been on the culture and ethos of Blind Veterans. We work to our stated aims, that we are courageous, collaborative, resourceful and committed.” We heard how staff are recruited and assessed against these values. As part of the ethos of putting people first, people were actively involved in the recruitment process for their experience and caring demeanour. Staff were asked to reflect on the homes values at their appraisals. Staff felt the home operated in a culture of honesty and transparency with a real focus on person centred care.

The registered manager was committed to the smooth running of Blind Veterans. They were part of a management team that included a general manager and practice development nurse. Staff members spoke highly of the registered manager’s ability and dedication. There was an open culture at the home and this was promoted by the registered manager who was visible and approachable. Staff were aware of the line of accountability and who to contact in the event of any emergency or concerns. Staff said they felt well supported within their roles. The registered manager was seen as supportive and took an active role in the day to day running of the home. People appeared very comfortable and relaxed with them and people were observed to approach them freely. Staff dedication was marked by the use of the ’jelly bean’ award, that was used to recognise the particular skills or achievements of an individual. More formal recognition included the thank you card system and the Chairman’s commendation award for outstanding service. A nurse told us, “The management are supportive. I can go to the manager or the Practice Development Nurse and there is an open culture”.

Engagement and involvement of people and staff was encouraged and their feedback was used to drive improvements. Staff and ‘residents’ meetings were held on a regular basis. They were used as opportunities to share ideas and discuss with staff and people changes or plans for the home or where concerns were aired and addressed. Feedback was collated on a monthly basis and analysed for learning at the monthly service delivery managers meeting. It was clear that there were good opportunities for people to give feedback about the home and people were supported and encouraged to do so. This was used an additional way to give feedback and complimented other forms of gathering feedback such as filling in surveys or questionnaires. For example, a canteen committee was established where management, catering staff representatives and a number of people met to discuss this important aspect of the service. Changes were made to the menus following the establishment of the committee and it gave people opportunities to influence decisions relating to catering within the home. A similar scheme was introduced by the housekeeping manager whereby they had a monthly ‘catch-up with all the people to ensure they received a good housekeeping service.

There were systems in place to monitor the quality of the service provided to ensure people were receiving the best possible care and these included regular health and safety checks, led by the providers own health and safety officer based in the building. Quality assurance checks covered all areas of the home and considered the running of the home, they looked at care plans, medication, fire safety, infection control, staffing, training and recruitment. Action plans were developed where needed and followed to address any issues identified during the monthly monitoring form. External audits were also completed and these included visits by the pharmacist and specialist contractors, for example in water quality monitoring. If they were required, action plans were generated and changes implemented following their visits.

People, their relatives, staff and healthcare professionals were actively involved in consulting and improving the home. Satisfaction surveys provided people with the opportunity to give feedback on the running of the home. Feedback from the relative of one person noted, ‘I am able to relax knowing my husband was being well looked after and nursed.’ The registered manager was committed to obtaining on-going feedback from visiting healthcare professionals and regular feedback was sought. Feedback

Good

Is the service well-led?

included, 'We have completed a range of workshops including, dementia awareness, meaningful occupation and medicine awareness. They were well attended by staff. [The registered manager] has been keen to involve us and welcoming.'

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.

Mechanisms were in place for the registered manager to keep up to date with changes in policy, legislation and best practice. For example, the registered manager was aware of their new responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent and sets out specific guidelines providers must follow if things go wrong with care and treatment. The registered manager was supported by a team of people including the general manager and was able to meet regularly with them. In these meetings they discussed and reviewed changes in the home against outcomes for people. The registered manager kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area. For example, the home hosted the care homes forum meeting at which updates on best practice was shared and guest speakers shared their knowledge about changes to social care.

Throughout the inspection, the inspection team commented on the atmosphere of the home and its friendly feel. We observed several interactions where people and staff clearly felt at ease together and were laughing. People living at the home had also formed some friendships and appeared to, "Look out" for each other too. It was clear staff and the registered manager had compassion and empathy for everyone living at the home. Strong and consistent leadership ensured that staff had an understanding and respect for people's individual needs, personal histories and had spent time building a rapport with people. People were positive about the performance of senior management and in the way that the home was run, one person said, "I have nothing but the highest regard for Blind Veterans." People described a happy atmosphere in the home, where they could enjoy a joke with staff.