

RNIB Charity

RNIB Gladstone House

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

RNIB Gladstone House is a care home that is registered to provide residential care to a maximum of six adults who are either blind or partially sighted. They may also have additional learning disabilities, autism, emotional or mental health needs. There were six people living in the home at the time of our inspection.

The inspection took place on 23 June 2016 and was unannounced.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The previous registered manager had left the organisation in January 2016 and another manager within the RNIB Charity is in the process of applying to be the registered manager for this service.

We previously carried out an unannounced comprehensive inspection of this service on 22 June 2015. At that inspection three breaches of legal requirements were found. As a result the service was rated as Requires Improvement overall and we issued three requirement actions. Following that inspection, the provider submitted an action plan which outlined the ways it intended to improve the way the service was managed, staffed and safely maintained.

At this inspection, we found that the provider had made the improvements they told us they would and the previous requirement actions had been complied with. An experienced team leader was now responsible for the day to day running of the service and this had had a positive influence on the way the service was managed.

The culture within the service had improved and both people and staff were empowered by the new leadership arrangements. Improved monitoring systems had been embedded which had enabled the service to self-develop and operate in accordance with the principles of reflective learning.

The physical environment was now safe for people with visual impairment because risks had been properly assessed and managed. The garden had been landscaped to provide people with an attractive and safe outside space.

Staffing levels had been reviewed and steps taken to ensure the service was appropriately staffed. Some staffing vacancies meant that the service regularly used agency staff. The impact of using temporary workers had however been mitigated by the use of the same agency staff who were familiar to people and their needs.

There were systems in place to ensure staff were safely recruited and had access to relevant training in order to perform their roles effectively. People were safeguarded from the risk of abuse and their legal rights

protected because staff understood their roles and responsibilities.

People received person centred care that was responsive to their needs. Each person had a detailed plan of care that was kept under regular review. People were involved in making decisions about their lives and supported to access a range of activities that were meaningful to them.

People had good relationships with staff and the atmosphere within the service was relaxed and friendly. Staff were kind and caring and respected people's privacy and dignity at all times.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Medicines were managed safely and there were good processes in place to ensure people received the right medication at the right time.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. Specialist dietary needs were managed well.

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.

People were appropriately safeguarded from the risk of abuse because staff understood their roles and responsibilities in protecting them from harm.

The service had good systems in place that managed risks to people in a proactive and enabling way.

Appropriate checks were undertaken to ensure only suitable staff were employed. Staffing levels were sufficient to meet people's current needs.

Medicines were managed safely with systems in place to ensure people received the right medicines at the right time.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and knowledge to meet people's needs.

People's legal rights were protected because staff understood the importance of gaining valid consent from them.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well.

Is the service caring?

Good ●

The service was caring.

People had good relationships with the staff that supported them. The atmosphere in the service was relaxed and friendly.

Staff promoted people's privacy and at all times.

People were actively involved in making decisions about their care. Staff respected people's choices and supported them to live their lives as they wished.

Is the service responsive?

Good ●

The service was responsive.

People received person centred support that was responsive to their needs.

People had access to a range of activities that were interesting and meaningful to them.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued.

Is the service well-led?

Good ●

The service was well-led.

The management of the service had significantly improved and people benefitted from a culture that was now open and inclusive.

The team leader responsible for the daily oversight of the service was an ambassador for people who used the service and an excellent mentor for staff.

Systems for monitoring quality and auditing the service had improved and were being used to continually develop the service.

RNIB Gladstone House

Detailed findings

Background to this inspection

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

This inspection took place on 23 June 2016 and was unannounced. The inspection team consisted of one inspector and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion we did not ask the provider to complete a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we were re-inspecting this service to follow-up on previous breaches of the regulations.

As part of our inspection we met with the six people who lived at the home. We interviewed five staff, including the team leader who was responsible for the day to day management of the service. After the inspection we gathered feedback from two relatives. We also reviewed a variety of documents which included the care plans for two people, two staff files, medicines records and various other documentation relevant to the management of the home.

We last inspected this service in June 2015 where we found three breaches in Regulations.

Is the service safe?

Our findings

At our previous inspection we found that the physical environment was not safe for the service's stated purpose. This was because the provider had failed to appropriately assess and manage the environmental factors which posed a risk to people with visual impairment. Following that inspection, the provider wrote to us to tell us about the actions they had taken to comply with the requirement action that we made in respect of these concerns.

At this inspection, we found that the environment had improved and risks to people had been appropriately identified and managed. For example, increased lighting and a more visible handrail had been installed to provide safer access to the stairs. A hob cover had been purchased which improved the safety for people when using the kitchen. First floor windows had been fitted with restrictors, fire exit routes had been cleared and the garden had been landscaped to provide a safe outside space for people to spend time.

People told us that they felt safe living at the service, with one person commenting; "I feel very safe, the staff look after me very well." Two people had moved into the service since our last inspection and they said that they had visited prior to moving in and that staff had supported them to orientate themselves with their new surroundings. Care records showed that comprehensive risk assessments and guidelines had been formulated as part of the transition to minimise the risks for both people living in a new service.

Risks to people were identified and managed in a person centred way. Staff adopted a proactive approach to risk assessment which enabled people to safely undertake activities which promoted their independence and reflected their interests. For example, we saw that through the process of risk assessment people were able to develop their skills in the kitchen and undertake a range of community based activities, including horse riding and swimming. Each person had a Personal Emergency Evacuation Plan (PEEP). The PEEPs had been updated following our last inspection to ensure they provided appropriate guidance to staff in the event of an emergency situation.

Our previous inspection identified a large number of staff vacancies within the service and a heavy reliance on agency staff. Last year people told us that they felt the service was insufficiently staffed to fully meet their needs.

At this inspection staffing levels had been reviewed and rotas were now based on the support people required at different times. People told us that there were now enough staff to look after them effectively and ensure they could access the activities they wanted to. The team leader said that the service was still recruiting for care staff, but that they used regular agency staff to ensure people's needs were met by familiar staff. People had good relationships with staff and everyone spoken with during the inspection confirmed that staffing levels now enabled people to be supported safely and effectively.

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of

other relevant documentation, including employment history, written references and identification documents in staff files to show that staff were suitable to work in the service.

People were protected from the risk of abuse. Staff were confident about their role in keeping people safe from avoidable harm and knew what to do if they thought someone was at risk of abuse. Training records showed that staff received refresher training in safeguarding and policies and procedures were in place for staff to follow if they suspected abuse. All staff confirmed that the team leader who was in charge of the day to day running of the home operated an 'open door' policy and that they felt able to share any concerns they may have in confidence. Staff were also clear about how to correctly report abuse to the outside agencies if necessary.

Medicines were managed safely and there were good processes in place to ensure people received their medicines appropriately. People told us they were supported with their medicines and had no problems with this. We saw that Medication Administration Records (MAR) were completed accurately following administration of medicines. Each person had a locked medicines cupboard in their own room and we saw that this facilitated medicines being given in a person centred way.

Staff understood how to support people effectively with their medicines. Only staff that had completed training and competency assessments were permitted to administer medicines. Policies and procedures provided staff with appropriate guidance to support people with their medicines in accordance with safe practices. There was also a policy for the use of "homely" or "domestic" remedies, such as those for minor ailments and this was reviewed each year by the doctor. This helped to ensure that people could have swift access to treatment if they had a cough or cold. Where people were prescribed occasional (or PRN) medicines, such as pain relief, there were appropriate protocols to inform staff how and when these medicines should be administered.

Medicines were audited and accounted for regularly. There was a system for recording the receipt and disposal of medicines to ensure that they knew what medicine was in the home at any one time. The service had a designated 'Medication Champion' who was responsible for the regular auditing of people's medicines and medicines records. This helped to ensure that any discrepancies were identified and rectified quickly.

Is the service effective?

Our findings

People were supported by a team of staff who knew and understood their needs. One person told us, "It's great here, the staff are grand." Similarly, another commented, "The staff are the best, really excellent."

Staff had the skills and experience to meet people's needs effectively. Staff demonstrated a good understanding about people's needs, preferences and anxieties. It was obvious from the examples staff gave us, that they had a good knowledge of people and how to support them. For example, staff told us how they had put a whiteboard in one person's room for them to write down their negative thoughts which they could then discuss with staff and remove when resolved.

Training and support were provided to ensure care staff undertook their roles and responsibilities in line with best practice. Staff told us that they had access to a range of training courses relevant to their role. For example, all staff completed mandatory training in supporting people with visual impairment before they were permitted to support people. This training was also extended to external agency staff. In addition we saw that staff had completed ongoing training such as safeguarding, dignity in care and various courses relating to health and safety.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. Those staff who had been recently recruited confirmed that their induction had helped provide them with the necessary skills and knowledge to support people effectively.

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. Staff demonstrated a good understanding of the MCA, including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. We observed that people were fully involved in their care and that staff always asked for their consent. We read in care records that people's consent had been considered in relation to a range of topics and that people were routinely involved in all decisions about their care. The people living at the service had the capacity to choose where to live and as such no one was currently deprived of their liberty.

People had choice and control over their meals and were effectively supported to maintain a healthy and balanced diet. People were complimentary about the food they received and one person described it as

"Excellent." The provision of equipment such as a one-cup kettle and cereal dispenser enabled people to independently make themselves drinks, snacks and light meals. The lunchtime meal was provided flexibly according to people's individual routines and preferences.

Staff showed us that menus were compiled on a weekly basis in consultation with people. Each person chose the main meal for one day of the week and staff told us that people were supported to prepare that meal for others on that day. We saw that people were free to select something different from the planned meal and the service had a good stock of food to facilitate any last minute changes or requests. One person was a vegetarian and we saw that the food choices for this person were also respected. The service had a designated 'Menu planning Champion' who ensured that people had access to a choice variety of food options when planning menus for the week and promoted healthy eating diets.

People were supported to maintain good health. The service had good links with other health care professionals to ensure people kept healthy and well. Care records documented that people attended regular health checks with their doctors, dentists, opticians and the community learning disability team. Each person had a 'Care Passport' which was a document that provided a summary of key information about people's health needs which could be shared with other healthcare professionals in the event of an admission to hospital.

Is the service caring?

Our findings

Everyone told us that they were treated with dignity and respect and people were complimentary about the friendliness of staff towards them. One person told us, "I think that my keyworker is excellent" and another commented "I really like this house." A keyworker is a named member of staff who oversees a person's care and provides the link between the person and the registered manager. Relatives echoed the positive comments about how their family members were treated and described staff as "Very good" and one said their son was "Well looked after."

The atmosphere in the home was relaxed and friendly and it was obvious that people were comfortable in the company of staff. We observed people laughing and joking with staff and support was provided in a caring way. It was obvious that staff were very familiar with people's individual preferences and habits.

People's privacy and dignity were respected. We observed that staff strictly respected people's private space and as such they routinely knocked on people's bedroom doors and sought permission before entering. We saw that where people preferred to spend time in their rooms, staff monitored these people in a thoughtful way that balanced safety and privacy considerations. Where people required personal assistance that this was provided in a discreet and sensitive way.

Staff really cared about the people they supported. Staff demonstrated a genuine commitment and empathy for people. Care records evidenced that staff had spent a lot of time getting to know each person and researching ways of providing meaningful support. For example, one person had a keen interest in music and had expressed a wish to visit a radio station. The person's keyworker had liaised with the local hospital radio team and arranged for them to do a session on the hospital radio. From this, a national radio station had offered the opportunity for the person to go and tour their studio. It was obvious that this was something which the person was very excited about and proud of.

People were actively involved in making decisions about their care and staff understood the importance of respecting people's choices and supporting them to live their lives as they wished. People told us they had control over their daily routines and were free to choose when to get up and go to bed and how to spend their leisure time. We found that staffing levels were provided flexibly to enable people to participate in activities and outings that were meaningful to them.

People said that they had monthly meetings with their keyworkers where they talked about what was going well and the things they might like to change. Care records showed that people were routinely involved in the planning and reviewing of their care.

People living in the care home proudly showed us their rooms and said they were decorated and furnished as they had chosen. People also told us that since our last visit they had been involved in the redecoration of the lounge and discussing plans for the recently landscaped garden. Minutes from residents' meetings highlighted that people were given regular opportunities to discuss topics such as group activities, holidays and who and when visitors could come into their home.

Is the service responsive?

Our findings

People's care and support was planned in partnership with them and it was clear that people had choice and control over their daily routines and decisions about their lives.

Each person had a detailed plan of care that outlined their individual needs and preferences. This included a summary of their needs, interests and care preferences. The pen portrait along with the overview of the person's typical day provided a good level of information for staff to support people effectively.

Care plans were kept under regular review and people had the opportunity to discuss and change the way their support was delivered. For example, one person had recently changed when they took their bath so they had more time to do an activity they enjoyed. Staff maintained daily records about people's care, including details about people's health, well-being, social activity and appetites which were then regularly discussed with people in order to improve their care.

The management of risks to people's health or well-being were well documented and regularly reviewed. For example, people were weighed each month and appropriate action taken where changes occurred. Similarly, where people had identified behavioural support needs there was clear guidance for staff about how to recognise possible triggers, the preventative measures they should take to support the person and the necessary interventions if behaviours escalated. The team leader was able to show us how the strategies they had put in place had led to a reduction in behaviours that challenged the service.

People spent their time doing things that were meaningful to them. People talked to us about the types of activities they participated in and how much they enjoyed attending day services, trips out and a variety of clubs. It was clear that people led busy lives and had lots of opportunities to socialise with people, have fun and develop their skills. One person talked to us about how happy they were that the two people who had most recently joined the service liked to go to the pub at weekends, because they now had friends to do this activity with rather than just going alone with staff.

People were supported to develop their independent living skills and achieve their potential. Each person had individual goals that they were working towards and staff were clear about what these were and described how they assisted people to develop. It was clear that the goals were meaningful to the person and reflected the skills they themselves wanted to develop. For example, one person talked to us about how important music was to them and they had a goal in place to learn to play the keyboard.

Some people undertook employment at a local café and they shared with us how much they enjoyed their sessions there. During the inspection, we visited people at this location and saw how much value this activity offered to people's self-esteem and confidence.

People were confident about expressing their feelings and staff ensured that when people raised issues that they were listened to and people's opinions were valued. Relatives also told us that whilst they had not had cause to complain, that they would feel confident to do so.

A copy of the complaints policy was displayed in the entrance of the home. This also included a voice recorder for people to leave messages about anything they were unhappy about. The service had only received one minor concern since our last visit and we saw that this had been investigated properly and satisfactorily resolved.

Is the service well-led?

Our findings

The previous registered manager had left the service in January 2016 and another manager within the RNIB Charity was in the process of applying for registration.

Our last inspection identified concerns with the leadership and direction of the service. Following that visit, the provider wrote to us to tell us about the steps they had taken to improve the management of the home. As such, an experienced team leader was allocated to RNIB Gladstone House to provide oversight and support to the service.

At this inspection we found that the management of the service was much improved. Systems for monitoring and auditing quality had increased. Staff reported that there had recently been greater engagement from the management team and we saw that monthly monitoring visits were being completed by a representative of the provider. The reports from these showed a comprehensive audit had been completed with clear actions that had been set and followed up.

We found that the provider had introduced designated champions to lead on key areas such as health and safety, infection control and medication. Leads were expected to undertake regular auditing. These had led to the provider identifying their own areas for improvement and taking appropriate action. For example, as a result of an audit by the infection control lead, a separate hand-washing sink had been installed in the kitchen.

The service had also commissioned the services of an external consultant to undertake an independent audit of the service. The report from this identified the areas that the service was currently working on. A recent satisfaction survey completed by people who used the service also showed that the majority of people received a service in which they felt happy, healthy and safe in.

The daily management of the home was by a team leader. We saw that people had a positive relationship with this person and it was evident that he had a good knowledge of how to support them. Staff confirmed that the team leader was an excellent mentor for them and ambassador for people. The culture within the service was open and positive and provided care that placed people at the centre. Regular residents' meetings gave people an on-going voice in how the service operated.

The team leader had a good understanding of the legal responsibilities of a registered person. For example sending in notifications to the CQC when certain accidents or incidents took place and making safeguarding referrals where necessary. Records relating to the management of the home were well maintained and confidential information was stored securely.

There were good systems in place to ensure that staff received on-going supervision and appraisal. Staff were involved in the decisions about the service and their feedback was regularly sought. There were regular staff meetings and we read in the minutes how staff were encouraged to speak openly with the management team and to each other about how to work effectively together as a team. Supervision and

appraisal records showed that staff were monitored against a clear set of objectives in order to develop and improve their practices.

The provider had recently reviewed contingency plans to ensure the service could continue in the event of power failure or adverse weather. These plans now provided detailed guidance and useful contacts for staff to use in the event of an emergency situation.