

The Royal Society for Blind Children

# Royal London Society for Blind People - BC

## 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

The Royal London Society for Blind People – BC provides specialist college services for up to five student's aged 18 to 25 who are visually impaired. At the time of our inspection five student's were residing at the college. The Royal London Society for Blind People provides residential care. People in residential care receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This inspection was carried out on 10 December 2018 and was announced. The college was given 48 hours' notice because we needed to be sure that student's would be available to speak with us. At our last inspection on 23 May 2016 the service was rated Good. At this inspection we found the service remained Good. The college demonstrated they continued to meet the regulations and fundamental standards.

The college 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. They were aware of the legal requirement to display their current CQC rating which was displayed at the college.

Student's said they felt safe and that staff treated them well. Safeguarding adults and children procedures were robust and staff understood how to safeguard students from abuse. Appropriate recruitment checks took place before staff started work and there were sufficient staff to meet student's needs. Action was taken to assess any risks to student's. Student's medicines were managed appropriately, and they received their medicines as prescribed by health care professionals. There were system's in place for monitoring, investigating and learning from incidents and accidents. Staff had received training in infection control and food hygiene, and they were aware of the steps to take to reduce the risk of the spread of infections.

Student's needs were assessed before they attended the college. Staff had completed training specific to the needs of the student's and they received regular supervision and appraisal. Student's 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. Student's were supported to have a balanced diet and they had access to a GP and other health care professionals when they needed them.

Student's had been consulted about their care and support needs. They were provided with information about the college and they were aware of the services and facilities available to them. Staff treated students in a respectful and dignified manner and they respected their privacy. Student's received personalised care that met their needs. Transition processes were in place that ensured students received consistent, planned, coordinated care and support when moved between different services. Student's were supported to partake in activities that met their needs. Student's knew about the college complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider sought the views of student's through regular meetings and surveys. They recognised the importance of regularly monitoring the quality of the service they provided to student's. Staff said they enjoyed working at the college, they were well supported by the registered manager and there was an out of hours on call system in operation that ensured management support and advice was always available when they needed it.

The registered manager told us that the college would no longer offer a residential provision after July 2019. They said the college's transition team was working hard to find alternative options for the student's currently attending the college.

## 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Good ●

The service remains Good.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Good ●

The service remains Good.

# Royal London Society for Blind People - BC

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on 10 December 2018 and was announced. The college was given 48 hours' notice because we needed to be sure that students would be available to speak with us. One inspector carried out the inspection. Before the inspection we looked at all the information we had about the college. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

During the inspection we spoke with two students to gain their views about receiving care. We spoke with the registered manager, the college Principal, two care staff and the provider's speech and language therapist about how the college was being run and what it was like to work there. We looked at three student's care records, staff recruitment records and records relating to the management of the college such as medicines, staff training, supervision, quality assurance audits and policies and procedures.

# Is the service safe?

## Our findings

Students told us they felt safe and that staff treated them well. The college had policies and procedures for safeguarding adults and children from abuse. Staff told us they would report any safeguarding concerns to the college's designated safeguarding leads, the local authority or CQC if they needed to. Training records confirmed that all staff had received training on safeguarding adults and children from abuse. We saw safeguarding procedures displayed on the notice board in the office with the details of who staff needed to contact within and outside of the organisation.

The provider had systems in place for monitoring, investigating and learning from incidents and accidents. They told us that incidents and accidents were monitored to identify any trends and actions had been taken to reduce the likelihood of the same issues occurring again. For example, following one incident the safeguarding policy was reviewed and safeguarding reporting flow charts were introduced and displayed at the college.

There were enough staff on duty to meet students' needs. One student told us, "There is always plenty of staff here. We all go to college during the day and there is always staff here to support us in the mornings before we go and when we get back." The registered manager told us staffing levels were arranged according to the students' needs and activities. If extra support was needed for students to attend social activities or health care appointments, additional staff cover was arranged.

Appropriate recruitment checks took place before staff started work. We were unable to view staff recruitment records because they were held at the organisation's head office. However, the registered manager showed us staff information sheets that included criminal record checks reference numbers and records of all other required pre-employment checks had been completed. The college's human resources department confirmed with us that all staff had completed application forms that detailed their full employment history with explanations for any breaks in employment. They also confirmed that they had obtained criminal record checks, two employment references, health declarations and proof of identification.

Action was taken to assess any risks to students. Care files included risk assessments and information for staff on the level of support to provide to keep students safe. We saw risk assessments relating to, for example, medicines, meal times, managing money and visual impairment. The risk assessments had been kept under regular review to ensure the student's needs were met.

Students were receiving their medicines as prescribed by health care professionals. Medicines risk assessments had been carried out for each student to assess if they could self-medicate or if they required any support from staff. At the time of our inspection one student was self-medicating. We saw that a competency assessment had been carried out with the student to make sure they could safely self-administer their medicines. Students had medication administration records (MARs) that included their photographs, details of their GP and any allergies. MARs had been completed in full and there were no gaps in recording. The registered manager showed us medicines audits which included stocks and balance

checks and records of medicines received and returned to the pharmacist. Training records confirmed that staff had received training and annual competency assessments on the administration of medicines.

The college had an infection control procedure in place. We saw hand wash and paper towels in the bathrooms and staff told us that personal protective clothing such as gloves and aprons was available to them when they needed them. Training records confirmed that staff had completed training on infection control and food hygiene.

# Is the service effective?

## Our findings

Assessments were undertaken to identify student's support needs before they attended the college. The college's transitions coordinator assessed new student applications and arranged for them to visit the college. Pre-entry assessments were then carried out by a range of health care professionals including speech and language therapists, physiotherapists and occupational therapists to determine whether the college was able to meet the needs of the student. Once a placement was agreed, a baseline assessment of the student's educational and residential support needs was carried out, and care and support plans were drawn up.

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. The registered manager demonstrated a good understanding of the MCA and DoLS. They told us that none of the student's required DoLS authorisations. If they had any concerns regarding a student's ability to make decisions they would work with them and their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the student did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their 'best interests' in line with the MCA.

Staff had the knowledge and skills required to meet the student's needs. Staff told us they were up to date with training and they received regular supervision and an appraisal of their work performance twice a year. Training records confirmed that staff had completed an induction and training that the provider considered mandatory. This training included safeguarding adults and children, moving and handling, first aid, food hygiene, infection control, the administration of medicines, fire safety, equality and diversity, the MCA and DoLS, autism, braille and the advanced sighted guide. The sighted guide technique enables a person who is blind to use another person with sight as a guide.

Student's care files included assessments of their dietary needs and their food preferences. The registered manager told us that meal planning meetings took place with students every Tuesday. Student's chose their meals and staff promoted healthy eating and respected their choices. To maintain independence, three student's had their agreed weekly menu e-mailed to them and two students used a sequencing board which gave them access to hear their evening meals. Students had access to specialist equipment enabling greater independence which met their physical and sensory needs. One student showed us the equipment they used in the kitchen. This included talking microwaves, liquid level indicators and talking tin labels that



helped them to identify the contents of the tin. They told us, "All of the student's have cooking sessions. We all have targets to meet. I am doing good with mine. A different student will help the staff to cook a meal every evening. The food we get is pretty decent. I can choose what I want to eat, and we are encouraged to eat healthy, nutritional food."

Staff monitored student's health and wellbeing and where there were concerns they were referred to appropriate health professionals. The registered manager told us that most student's preferred to stay with their own GPs. Records also confirmed that student's had access to occupational and speech and language therapists where required, in support of their health and well-being. The college employed a speech and language therapist. They told us they attended the college two days a week to assess and support student's with their communication needs. They held regular discussions with staff and provided training for staff on how they should support individual student's.

## Is the service caring?

### Our findings

One student told us, "It's the best experience being here. The staff are nice, they are kind and caring. I have nothing bad at all to say about this place." Another student told us, "I enjoy it here. I am learning new things and I'm learning to live with other people. I enjoy going to college and I love my courses. Its intense sometimes, but it's really good."

Student's told us they had been consulted about their care and support needs. One student told us, "Before I started to attend the college I discussed everything I needed with them and they put a care plan in place. I have a key worker and we meet regularly to talk about things like cooking and cleaning and setting targets. We also talk about the activities I would like to do during the week and at weekends." A key worker is a specific member of staff designated to support an individual student with their life skills and care needs.

Throughout the course of our inspection we observed staff speaking with and treating student's in a respectful and dignified manner. We saw staff give people time and space to do the things they wanted to do and support was delivered in a way which met the student's needs. For example, one student told us they liked to watch the Jeremy Kyle show when they returned from college. We observed them watching the show. We saw a member of staff supporting a student to make the evening meal. The student said to us, "I'm making the mash potatoes, do you want some?"

Student's were treated with privacy and dignity and their independence promoted. One student said, "The staff knock on my bedroom door and ask if it's alright for them to come in. I would say the staff are definitely respectful and professional." A member of staff told us they knocked on student's doors and asked for their permission before entering their rooms. They said most student's could do most things for themselves however they sometimes had to prompt them to carry out personal care tasks such as washing their hair. They placed shower mats in some of the student's bathrooms to help with spatial awareness and checked water temperatures. They also said they made sure information about student's was kept confidential at all times.

Student's were provided with appropriate information about the college in the form of a 'Student Handbook' prior to them attending the college. The handbook was available in formats that met individual students' needs, included the complaints procedure, the services the college provided and ensured students were aware of the standard of care and support they should expect. The handbook also included a student agreement that they would attend all lessons and other additional support agreed, such as work placements to support them in achieving and getting the most out of their time at the college.

## Is the service responsive?

### Our findings

Student's received personalised care that met their needs. Assessments were carried out to identify their support needs and care and support plans were drawn up before they attended the college. Care files we reviewed were well organised, easy to read and accessible to staff. Care files included information on student's medical needs, mobility and orientation, decision making, religious and cultural needs, their communication methods and their personal care support needs. Care plans included detailed guidance for staff on how the student's care and support needs should be met. For example, we saw support guidelines for supporting a student with medicines and the support they required to evacuate the premises in the event of a fire. Care plans were reviewed regularly to ensure they remained reflective of each student's individual needs. The college's transition process also covered student's employment placements once they left college. The registered manager told us that the college would no longer offer a residential provision after July 2019. They said the college's transition team was working hard to find alternative options for the student's currently attending the college.

Student's were supported to partake in activities that met their needs. One student told us, "We went to the theatre last week to see Cinderella. I also go out shopping regularly with my keyworker. I tend to go home to my parents at weekends and I am able to help my mum with some of the cooking skills I have learned. My friends are welcome to visit me here too. They come along, and we go out." Staff received training in equality and diversity. Staff were knowledgeable about student's needs in relation to disability, race, religion, sexual orientation and gender and supported people appropriately to meet identified needs or wishes. One student told us they were supported to cook meals appropriate to their cultural and religious background. Another student told us they attended Church every Sunday supported by a member of the Church, as this was their expressed wish.

From April 2016 all organisations that provide NHS care or adult social care are legally required to meet the requirements of the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information they can easily read or understand to support them to communicate effectively. The registered manager told us that students could understand information in the individual formats that was provided to them, for example computer programmes, braille, large print or on yellow paper. They said information could be provided in other formats to meet student's individual needs for example, in different written languages.

Student's said they knew about the college's complaints procedure and they would tell staff or the registered manager if they were unhappy or wanted to make a complaint. They said they were confident they would be listened to and their complaints would be fully investigated and action taken if necessary. We saw a complaints file that included a copy of the college's complaints procedure and forms for recording and responding to complaints. The complaints procedure was also available in the student's preferred reading format. Complaints records showed that when concerns had been raised these were investigated and responded to appropriately, and where necessary, discussions were held with the complainant to resolve their concerns.

The registered manager told us that none of the student's required support with end of life care. They said the college would liaise with family members if student's became ill and would expect the appropriate health care professionals to support the student's if the need arose.

## Is the service well-led?

### Our findings

The college had a registered manager in post. They were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and they demonstrated good knowledge of student's needs and the needs of the staffing team. They were aware of the legal requirement to display their current CQC rating which was displayed at the college. A student told us, "I think the college is well run. The registered manager and staff are all very good." Staff told us they received good support from the registered manager and there was an out of hours on call system in operation that ensured management support and advice was always available for staff when they needed it.

Throughout our inspection it was clear from the registered manager and staff that the purpose of the college was to support student's with their education and to help them learn new skills and gain independence. The registered manager told us they worked with a number of external organisations for example, health care professionals, local colleges, local authority transition teams and social workers in order to provide good care and support to the student's. We saw evidence in student's care records confirming that the college worked closely with health and social care professionals in assessing student's needs and planning for their care and education. A member of staff told us, "I love working with young people. I like the challenge of teaching students' new skills and watching them achieve things that will benefit them for life." The college won the Great British Care Award, "Putting People First", for the London region in 2017. The registered manager told us the college was then entered into the national finals in Birmingham in 2018. They didn't win a national award but told us they thoroughly enjoyed the experience and had learned a lot. The college achieved a rating of Good from Ofsted following an inspection in September 2018.

The provider recognised the importance of regularly monitoring the quality of the service. We saw records that demonstrated regular audits were being carried out. These included infection control, medicines, staff training, supervision and appraisals, and care file audits. The registered manager showed us the college's quality improvement plan (QIP). The QIP covered CQC's five key questions of safe, effective, caring, responsive and well led and was kept under regular review. For example, the QIP recorded that a new staffing structure had been introduced in September 2018. This was to ensure staff had a good work life balance and students benefited from being supported by staff that were confident in their roles. Also, more quality monitoring visits and drop ins were to be carried out. The Principal confirmed with us that termly quality monitoring visits were being carried out at the college. We saw a report from a quality monitoring visit carried out at the college by a senior manager in September 2018. The report recorded that the senior manager met with student's and staff, they observed a key worker meeting, fire evacuation procedures were checked, the staff office was well organised and student's said they were pleased to be back or joining the college.

Assessments of the service had also been undertaken by "Independent listeners". These were people employed by the college to provide independent listening sessions for student's, offering them the opportunity to voice their thoughts and feelings in a safe and independent space. This includes how student's feel they are being supported by staff. The registered manager told us they used the feedback from

the independent listener's reports, student's' meetings and the student survey to make improvements at the college.

to provide independent listening sessions for students, offering them the opportunity to voice their thoughts and feelings in a safe and independent space.

The provider took into account the views of student's through surveys. The registered manager told us that the annual student satisfaction survey was due to be sent out to student's in January 2019. They said they would evaluate the feedback from the survey, produce a report and an action plan and make improvements at the college where required. The Principal showed us a report and an action plan from a recent well-being survey carried out with students at the college. Actions included reviewing student social activities and reviewing the effectiveness of the current format for students meetings. The report recorded, and the Principal told us, that student's had been offered the opportunity to work directly with staff for alternative options which met their individual needs.